Office of the Comptroller and Auditor General

Community and Social Services for Adults and Older Adults – Follow-up

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JERSEY AUDIT OFFICE

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Community and Social Services for Adults and Older Adults – Follow-up

Introduction

1.1 In 2015 I undertook a review of the Community and Social Services operated by the (then) Health and Social Services Department (HSSD). At that time, the Community and Social Services Division (C&SSD) of HSSD provided a range of health and social care services to three groups – children, adults and older adults. The report assessed the extent to which HSSD:

- specified what is required from C&SSD services in line with its overall strategic objectives and monitored the achievement of those objectives;
- analysed existing provision and identified options for change;
- chose between in-house and external provision;
- managed and monitored delivery;
- starting with children's services, had appropriately diagnosed the problems and identified what needs to change with services;
- identified the barriers to change and evaluated their significance;
- where barriers had been recognised, identified appropriate 'levers for change' and made appropriate plans for implementation; and
- where plans for overcoming barriers had been identified, implemented or was on course to implement those plans.

1.2 My report identified significant issues for Community and Social Services, and made a series of recommendations relating to:

- overall management arrangements;
- risk assessment processes;
- information and communication;
- implementation; and
- monitoring activities.

1.3 Since my 2015 review there has been extensive further scrutiny of Children's Services:

- in 2017 the Independent Jersey Care Inquiry reported and made a series of recommendations many of which directly related to Children's Services;
- following a review commissioned by the Jersey Care Commission, in July 2018 Ofsted, the Office for Standards in Education, Children's Services and Skills for England, found significant work was still needed for Children's Services to deliver:
    - compliance with procedural and practice guidance and legal requirements;
    - a consistent understanding of what good practice looks like and how it can be achieved; and

- a stable and skilled workforce without which progress will be adversely affected.

1.4 In addition, as a result of the new Target Operating Model introduced in the second half of 2018:

- Children's Services have moved to the newly formed Department for Children, Young People, Education and Skills; and
- Adult Services and Older Adult Services have formed the Community Services element of the reorganised Health and Community Services Department (HCS).

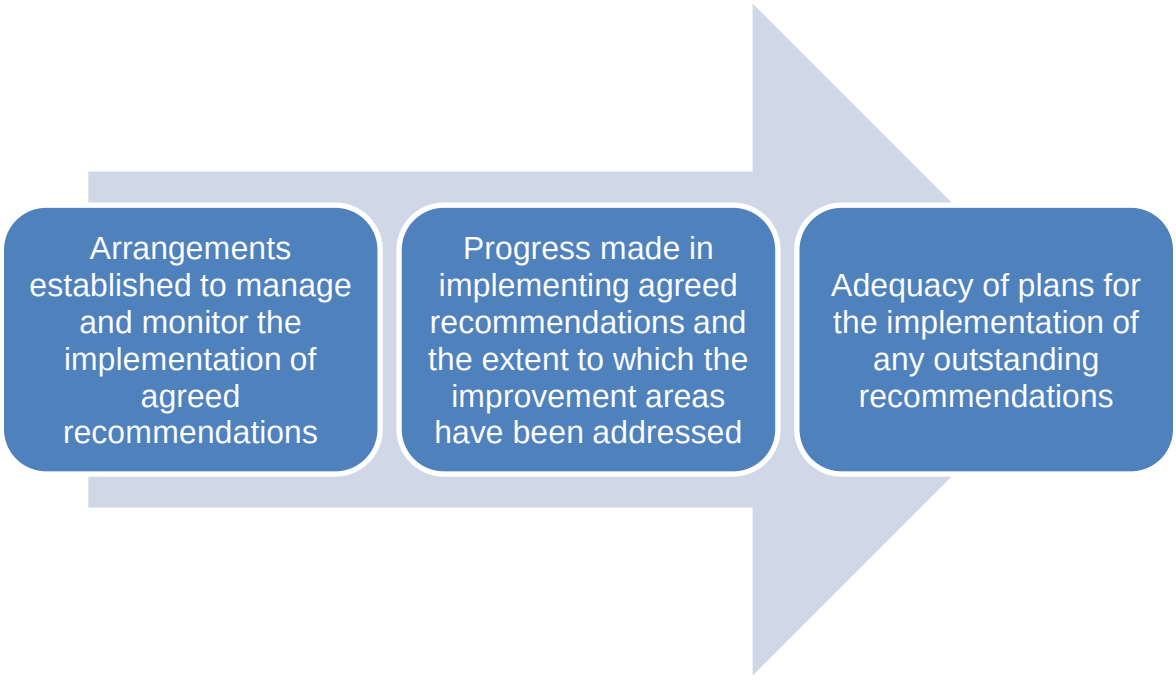
1.5 Throughout my report I refer to the Community and Social Services Division (C&SSD) and to Community Services as appropriate by date.

Scope and objectives

1.6 This follow-up review focusses on the implementation of recommendations in so far as they relate to Adult Services and Older Adult Services. Given the scrutiny of and structural change relating to Children's Services, this review does not extend to those services. For this reason, I have not assessed progress against recommendation R13 in my 2015 report which applies solely to Children's Services.

1.7 My report is structured around the three objectives of my work (see Exhibit 1).

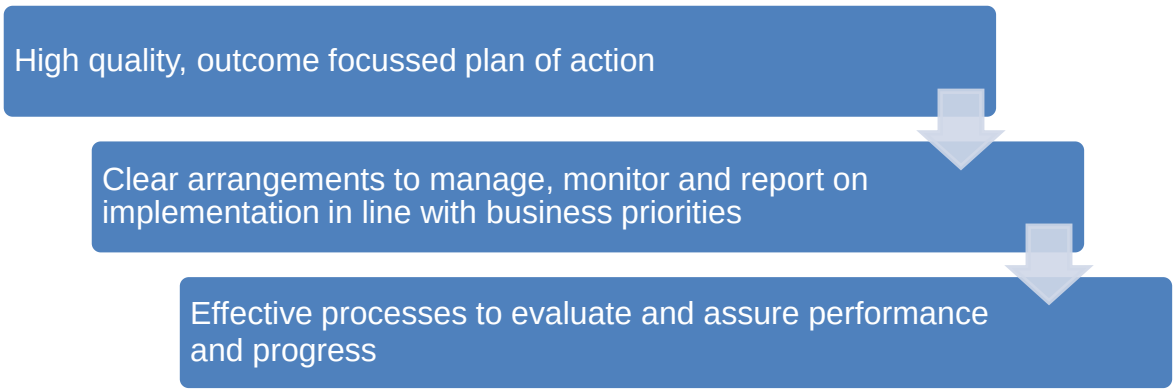
Exhibit 1: Areas evaluated in this review



Arrangements established to manage and monitor the implementation of agreed recommendations

2.1 I have analysed the arrangements put in place to respond to my report against three components of best practice (see Exhibit 2).

Exhibit 2: Three things to get right in order to secure improvement



High quality, outcome focussed plan of action

2.2 A plan of action is more than a list of things to do. Done well, it:

- clarifies the objectives;
- builds consensus, for example about priorities;
- directs or aligns resources;
- creates ownership and accountability;
- clarifies timescales; and
- identifies measures of success.

2.3 HCS accepted all of the recommendations in my December 2015 report and in February 2016 submitted an action plan to the Public Accounts Committee (PAC). In many respects this action plan met the requirements of best practice as it was:

- comprehensive – it addressed the various aspects of my recommendations;
- SMART – it set out Specific, Measurable, Achievable, Relevant and Time limited actions;
- appropriate and meaningful – actions were typically set in the context of 'managing and improving the business';
- owned – those responsible for the actions were listed; and
- internally consistent – it was clear than some early, prioritised actions underpinned those to come later in the timeframe.

2.4 However:

- in some cases actions were not linked to outcomes, a theme to which I return later in this report; and
- it did not specifically identify the resources required for implementation.

Clear arrangements to manage, monitor and report on implementation in line with business priorities

2.5 The recommendations from my reports are designed to deliver improvements. Good practice involves the use of outcome focussed action plans to facilitate implementation, monitoring and reporting in the context of achieving business priorities.

2.6 This is important: understanding the contribution of each action to achieving agreed service priorities can:

- leverage staff skills and productivity in working towards a common target;
- reduce redundant effort; and
- facilitate transition from 'new ways of working' to 'business as usual'.

2.7 The States established a process to manage implementation of the action plan arising from my 2015 review within existing business structures:

- C&SSD's Quality Assurance and Governance Service (QAGS) group included the action plan as part of its 2016 Workplan, recognising that the majority of actions were due for completion in 2016; and
- QAGS' Terms of Reference required it to issue reports on its activities to:
    - C&SSD's Care Quality Group that reported to:
    - the C&SSD Senior Management Team (SMT) and the Department's Integrated Governance Committee; and
    - the SMT and Integrated Governance Committee reported to the HCS Management Executive.

2.8 However, the action plan was not successfully integrated into the management, monitoring and reporting of the QAGS' Workplan: in May 2016 the QAGS report to the Care Quality Group noted only that:

> *'Comptroller & Auditor General Workplan review of progress: of the 59 actions, 41 are rated green and only four red'.*

2.9 This was insufficient: it was not linked to target outcomes and business priorities. Even in the narrower context of 'tick box' monitoring, it was of little use – and potentially misleading - for decision makers:

- it is not clear which specific actions were rated as red and so did not provide assurance or indicate where the Care Quality Group's attention was needed;
- the criteria for rating an action red, amber or green were not set out: green for instance might mean actions are delivered, or are not yet due;

- there was no information about the risks the States continued to run as a consequence of the actions rated red;
- there was no indication of the nature or scale of the barriers to progress; and
- the implications for delivery of specific recommendations and achievement of specific outcomes were not set out.

Effective processes to evaluate and assure performance and progress

2.10 Governance arrangements for managing any improvement plan should ensure a systematic process is in place so that:

- progress is evidence-based and that the evidence is tested;
- coverage is comprehensive, all actions and outcomes are assured;
- where outcomes have not been met, management action – including escalation - ensues; and
- record keeping supports all parts of the process, including learning.

2.11 However, the governance arrangements to manage improvement did not reflect best practice and in my view were inadequate (see Exhibit 3).

Exhibit 3: Weaknesses in governance arrangements

Area	Evaluation
Evidence base	None of the steps in the QAGS governance chain - the Care Quality Group, the SMT, the Integrated Governance Committee or the Management Executive – required or tested evidence of progress. In September 2017, almost a year after most actions were due, HCS management was asked for an evidence-based update against all relevant recommendations from my reports, as part of the States' Chief Executive designate's 'due diligence' exercise. This could not be provided. Instead, in September 2017 C&SSD held an Extraordinary Senior Management Team (ESMT) meeting to: *'understand what actions are in progress against the CAG recommendations and to reiterate the importance of providing evidence of these actions'*
Assurance processes	The ESMT meeting in September 2017 did not ensure that all recommendations – and more importantly all planned outcomes – were properly considered and accounted for. It reviewed only five of the 15 recommendations, with no explanation as to why all 15 were not revisited. Notes from the meeting show that:

Area	Evaluation
	• despite 'outcomes' being relatively well described in the action plan submitted to the PAC, the discussion was limited to evidencing completion of tasks: for example, establishing standing items for SMT meetings; • managers did not know why some tasks scheduled for early implementation and intended to become routine practice (such as the sample quality review of case files due to commence in June 2016) had not been actioned**.** The meeting discussed the need for a forward plan to establish the practice; • key developments required to underpin quality outcomes were not in place: for example, service standards had not then been set out; and • there was little 'corporate memory' at the meeting: the Managing Director C&SSD, and the Director, Community Care & Health, were both absent. This meeting was in any case unsuccessful in establishing an assured position: in October 2017, two weeks after ESMT met, the C&SSD Finance and Performance meeting noted: *To date no response received [so X] to sit with each Head of Service / Director to go through evidence required for the C&AG's recommendations* In December 2017 HCS's Director of Finance and Performance asked the newly appointed Interim Director of Governance for Community Services to establish an evidence based position. From this work: • all 15 recommendations were considered 'open' (not achieved); • gaps in assurance or controls were identified for all recommendations; • a new set of actions to resolve these gaps was established; and • a timetable for delivery concluding in December 2018 was set out. However, as detailed below, this was not achieved.
Management response to non-delivery	As owners of the action plan as submitted to PAC, HCS's Management Executive (MEx) did not perform a monitoring role. In October 2016 HCS's MEx appointed an Assurance Officer on a temporary agency contract to record and report on the status of recommendations from internal and external reports. HCS's Assurance Officer first contacted C&SSD for an update on actions in November 2016. Further emails and face to face meetings for the next eight months elicited no information on the status of recommendations.

Area	Evaluation
	During this period, MEx meetings failed to address the Assurance Officer's comments contained in the Integrated Performance Report, such as in August 2017: *Still attempting to obtain a satisfactory update on recommendations in the 2015 C&SSD report. A response was first requested in November 2016.* Following the December 2017 review of the action plan, in January 2018 the Assurance Officer reported in the Integrated Performance Report that all 15 actions were now 'open'. There is no record of MEx responding to this clear failure to deliver the action plan.
Record keeping	Progress against the action plan has not been consistently recorded: setting aside the lack of recorded evidence, even the status of actions within the action plan has not been properly tracked. The first comprehensive documented consideration was not until January 2018.

2.12 To the extent that there was recording and assessment of progress in implementing agreed recommendations, I am concerned that it was:

- inconsistent; and
- focussed on individual actions without a context of the impact on intended outcomes.

2.13 Exhibit 4 shows, for two recommendations, the reported status of actions at three dates in 2017 and 2018.

Exhibit 4: Recorded progress on recommendations

R1: Establish clear milestones for the completion and implementation of the C&SSD-wide governance framework, covering all C&SSD services, 'business as usual' and change initiatives, and monitor delivery against those milestones.

Actions in HCS's February 2016 plan:

1. Complete mapping of governance arrangements (April 2016)
2. Progress reporting to Care Quality Group overseen by SMT (April 2016)
3. Issues identified and escalated as appropriate (April 2016)
4. Review reporting governance structure and undertake audit (May 2016).

Status: September 2017

ESMT did not discuss R1: it was treated as if closed (delivered). Actions rated as:

- Actions 1, 2 & 3 green: fully implemented
- Action 4 amber: additional work required

No new timeframe for delivery is included.

Update: January 2018

Identified that Action 4 required an audit tool due to be approved by end Q1 2018 and implemented in Q2 2018.

A gap in controls is identified: *Team meetings are not incorporated into meeting schedule.*

Status: November 2018

No further progress:

- governance arrangements did not include frontline staff meetings; and
- no audit process had been established.

Management noted that the TOM would lead to a revised governance structure.

R7: For all C&SSD services:

- develop clear performance standards;
- identify the data required to monitor these;
- establish data quality criteria for all data items; and
- ensure information systems routinely record performance against service standards

Actions in HCS's February 2016 plan:

1. Implement self-evaluation framework: quantitative and qualitative information, service user feedback, case sampling, file audit, benchmarking (no date)
2. Integrated performance report to Finance & Performance meeting (Feb 2016)
3. Benchmark with appropriate comparators (Aug 2016)
4. Develop performance dashboards (June 2016)
5. Service standards developed and integrated (Dec 2016)

Status: September 2017

Open – the ESMT discussed R7.

Action 1 was not rated; Actions 2, 3 & 4 were green; Action 5 was amber.

ESMT noted: *Service standards will need to be developed and integrated*

Update: January 2018 Concludes green actions incomplete.

Gaps in assurance / controls identified. New action plan:

a. Produce strategic plan for quality (March 2018)

b. Draft service quality standards (March 2018)

c. Develop roll-out programme (latest Sept 2018)

d. Engage in NHS benchmarking for community hospitals (Sept 2018)

e. Develop plan for roll-out of quality dashboards (Dec 2018)

f. Develop benchmarking for other services (March 2019)

Status: November 2018

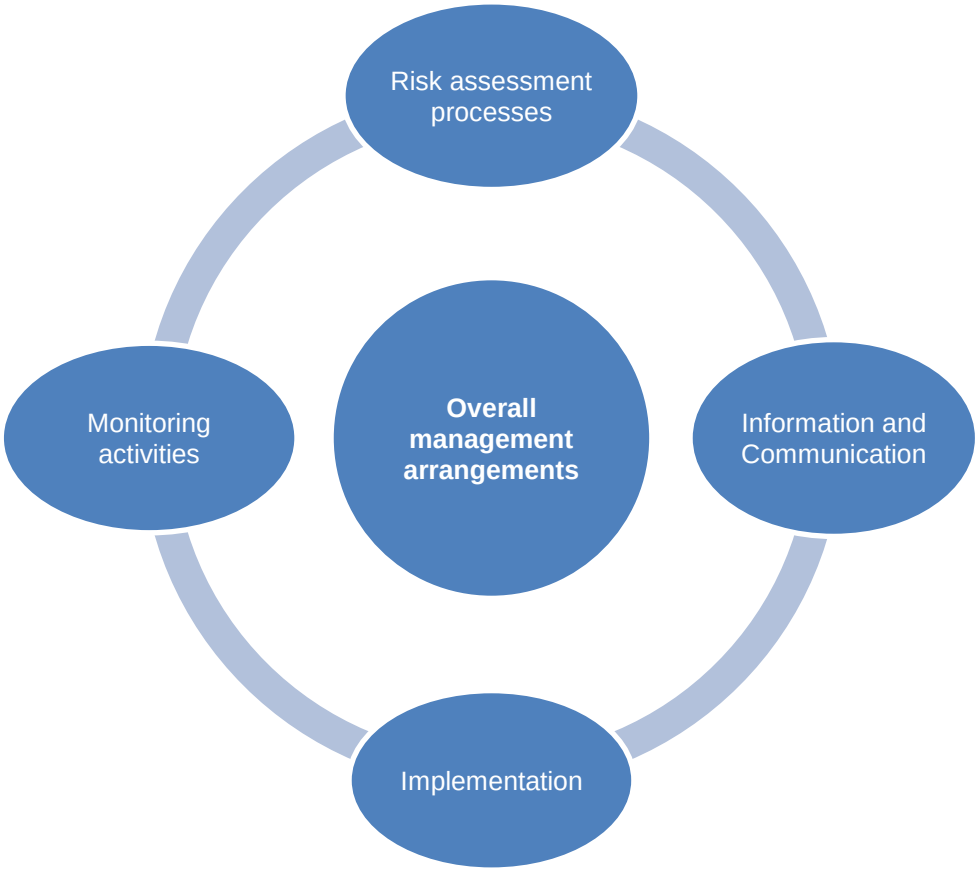
Progress only in actions a. and d.; significantly, b. and c. were noted as amber: *Standards formulated but need to be refreshed regarding implementation following changes arising from the TOM*

Progress made in implementing agreed recommendations and the extent to which the improvement areas have been addressed

3.1 The action plan that C&SSD submitted to the PAC in February 2016 made clear that the vast majority of actions were to be delivered by the end of 2016. However, as at December 2018, I have found that none of the recommendations from my 2015 report has been fully implemented for Adult and Older Adult Services. Even where actions have been undertaken and there has been some general progress towards improvement, there has been no mechanism in place to test whether the intended outcomes have been achieved.

3.2 My findings are structured around the areas identified in my 2015 report (Exhibit 5).

Exhibit 5: Focus of my work – for Adult and Older Adult Services



Overall management arrangements

3.3 Good overall management arrangements are required to support attainment of organisational objectives. My 2015 findings related to weaknesses in three key areas:

- governance: the lack of an overarching governance framework;
- leadership: in particular the risks of relying on interim staff; and

- clarity of message: the need to establish effective engagement with staff.

3.4 I made a recommendation in each of these. Exhibit 6 summarises the progress made and evaluates the outstanding risk.

Exhibit 6: Overall management arrangements: progress and outstanding risks

Intended outcome: HCS's Feb 2016 plan	Actions and summary position Dec 2018	Evaluation
R1: Establish clear milestones for the completion and implementation of the C&SSD-wide governance framework, covering all C&SSD services, 'business as usual' and change initiatives, and monitor delivery against those milestones.		
'C&SSD governance framework in place which has been developed, implemented and embedded and aligned to HCS corporate governance arrangements.'	As detailed in Exhibit 4, C&SSD has mapped its governance structures and developed a governance framework. However the framework: • is incomplete – service level team meetings are not included; and • is untested – no review or audit process has been undertaken to assure the framework.	**Outcome not met** Community Services' governance arrangements remain inadequate, risking: • quality of care; • staff safety; • continuous learning / improvement; and • value for money.
R2: In developing the workforce strategy for C&SSD, identify specific measures to reduce reliance on interim staff		
'Permanent staff are recruited and retained. *Staff morale is improved.* *Jersey is a desirable place to work.'*	There is no HCS-wide workforce strategy. C&SSD has worked to redesign service delivery and to identify resource needs, but this has been undertaken in isolation and is not complete. Actions are not achieved: • a Chief Social Work Officer role is agreed but not established; • succession planning is ineffective due to the lack of: ○ personal development plans: only c. 36% of community staff had	**Outcome not met** Piecemeal efforts have lacked any systematic understanding of: • the skills and capacity needed to meet longer-term objectives (including safe staffing levels); • priorities for development of the current workforce to meet these; and • productivity and efficiency opportunities. The risks I identified in 2015 have not been mitigated. High reliance on interim staff

Intended outcome: HCS's Feb 2016 plan	Actions and summary position Dec 2018	Evaluation
	an appraisal recorded in 2018; ○ guidance to promote consistency and equality of opportunity; and ○ a process to monitor any impact; and • a baseline position of staff morale has not been determined.	can: • dilute the capacity to lead in a time of change; • affect consistency and continuity of care; and • impact on value for money.
R3: Put in place steps to evaluate the effectiveness of work designed to improve engagement with C&SSD staff and make changes where necessary		
'Effective engagement is improved and evident with staff in all areas across the service. *Staff communicate freely with confidence.* *Staff morale is improved.'*	C&SSD has failed to develop and implement an engagement strategy. Initiatives such as: • 'meet the team' bi-annual meetings; • 'new starter' lunches; and • a confidential email address for queries to senior managers have been taken but: • management has not assessed the efficacy of such initiatives; and • these are not part of a comprehensive approach to meet the needs of all staff groups. Importantly, there is no protocol on responding to feedback, including that received via the confidential email address.	**Outcome not met** Community Services has not: • achieved a strategic approach to staff engagement; • ensured the approach meets business and staff needs; or • established indicators to measure the impact of engagement. As I reported in 2015, having disengaged staff risks: • achievement of operational and strategic objectives; • compliance with policies; • a shared view of risks / opportunities for improvement; • stability of workforce and staff morale; and • value for money.

Risk assessment processes

3.5 Managing risk is fundamental to planning, delivering and monitoring community services. Doing it well enables consistently high quality, value for money services that meet the needs of patients and service users.

3.6 My 2015 review found fundamental weaknesses in:

- identifying and evaluating risks to the attainment of objectives; and
- the development and monitoring of appropriate responses to risks.

3.7 Although there has been activity against the recommendation I made, it has not been in the context of a clear and well communicated understanding of what those activities sought to achieve (see Exhibit 7).

Exhibit 7: Risk assessment processes: progress and outstanding risks

Intended outcome: HCS's Feb 2016 plan	Actions and summary position Dec 2018	Evaluation
R4: Establish and monitor implementation of effective arrangements for reporting, evaluating, escalating and responding to risks		
None is recorded	The individual actions that C&SSD listed in its 2016 plan lack a focus on any outcome. For example: • 'Health and Safety' and 'Risk' were to be included in meeting agendas by April 2016 – but in 2018 C&SSD identified that not all staff understood how to identify and report risks; • risk registers at service level were to be challenged twice yearly by SMT – but this happened only twice and nothing is recorded to show what was found; and • from June 2016 line managers were 'regularly' to sample case files to ensure completion of individual risk assessments. But there is no: ○ guidance to support a consistent approach;	**Not fully implemented** Community Services has not adequately supported – or challenged - staff to improve arrangements for reporting, evaluating, escalating and responding to risk. The lack of a clear intended outcome indicates that Community Services did not understand why it was undertaking these actions. Consequently there is nothing in place against which to monitor performance and progress. The impact of this failure can be seen in the Case Study on failures in Health and Safety below.

Intended outcome: HCS's Feb 2016 plan	Actions and summary position Dec 2018	Evaluation
	○ follow-up to ensure it was happening; ○ record of findings; or ○ evidence of shared learning.	

Information and Communication

3.8 In 2015 I made recommendations in four important areas to do with:

- **information systems**: the nature of community-based health and care services makes imperative the ability to readily record, analyse, report and share information;
- **information for performance management**: data is most useful when it is complete, accurate, up to date and can be compared with targets and tolerances;
- **using performance information**: relevant, concise and accessible summary information allows management, politicians and other stakeholders to understand 'at a glance' how services are performing; and
- **information for staff:** to be effective policies, procedures and guidance need to be well communicated to staff.

3.9 My report recognised that some initial steps had been taken which could support improvements in these areas. However, efforts have not proved effective (see Exhibit 8). I am concerned about the lack of progress in this area, in particular because of the importance of communication where there is high staff turnover and high reliance on interim staff.

Exhibit 8: Information and Communication: progress and outstanding risks

Intended outcome: HCS's Feb 2016 plan	Actions and summary position Dec 2018	Evaluation
R5: Develop mechanisms for sharing information between FACE ***[see Note]*** and the newly procured system for Children's Services to facilitate management of whole family issues		
'Staff across the service access information appropriately, routinely and easily about service users of all ages.'	The FACE (now called Care Partner) system has continued to be used for Adult and Older Adult Services and so any 'mechanistic' improvements in data sharing capabilities were reliant on the specification of the new Children's Services IT system. The actions listed are about specifying and	**Outcome not met** Despite having the opportunity to do so, management has not prioritised information sharing in support of high quality, joined up care. Significantly, the 'outcome' identified by Community Services is an 'output': it does not clearly set out the

Intended outcome: HCS's Feb 2016 plan	Actions and summary position Dec 2018	Evaluation
	tendering for this new system and the need for a 'portal' interface as the data sharing solution. However, the action plan does not address the wider, sometimes cultural and behaviour based, barriers to information sharing within and between services.	benefits of appropriate sharing of information – that is, reducing risk to patients, service users and to staff. The risk continues that poor or inconsistent sharing of data hampers identification and management of whole family, often complex, issues.
R6: Develop a set of expectations and a timetable for the provision of management information from FACE ***[see Note]*** and monitor delivery.		
'Performance management information is collected, analysed and used to improve services and make best use of resources.'	While some actions are completed the outcome has not been delivered. C&SSD has: • developed a framework for Adult and Older Adult Services data as part of HSC's Integrated Performance Report; and • included HCS's Head of Informatics in QAGS meetings to develop performance indicators. However, specific information from the Care Partner system – for example response times to complete assessments, or the quality of assessment information – is not routinely reported.	**Outcome not met** The potential to develop and use management information from a range of sources, including the Care Partner system, has not yet been exploited. Risks continue that valuable performance information is not available or not used: • strategically to improve adult services; • operationally to make best use of resources; or • at a team and staff level as part of appraisals.
R7: For all C&SSD services: • develop clear performance standards; • identify the data required to monitor these; • establish data quality criteria for all data items; and • ensure information systems routinely record performance against service standards.		
'C&SS has a robust performance management system in place which supports quality service.'	My recommendation set out a logical order starting with performance standards – but these are not established for all services.	**Outcome not met** There has been an inadequate focus on setting service standards and identifying relevant hard data

Intended outcome: HCS's Feb 2016 plan	Actions and summary position Dec 2018	Evaluation
	The September 2017 ESMT noted: *Service standards will need to be developed and integrated* At the same time ESMT rated other actions as 'achieved': for example: • developing dashboards; and • taking reports to the Finance and Performance meetings. In the absence of comprehensive standards, it is difficult to understand how performance dashboards and reports can have been expected to be useful as a basis for making decisions.	and softer intelligence as a basis for decision making. Currently Adult and Older Adult Services cannot: • monitor progress against goals and objectives, including quality; • secure an evidence base for decision-making, risk assessment, forecasting and planning; • shift from 'inputs' towards 'outcome' indicators; and • demonstrate value for money.
R8: Establish a clear programme with milestones for delivery and use of summary information for all community and social services, including KPIs and dashboards, and monitor delivery.		
'Performance management information is used appropriately and proportionately and is part of a learning culture.'	C&SSD's KPIs and dashboards are not explicitly aligned to its business priorities - for example, the impact of the Safely Removing Costs programme. C&SSD has not yet articulated the benefits of and made decisions about sharing summary information: • routinely with staff; and • across stakeholder groups.	**Outcome not met** Being unclear on how or where data will be reported and used risks: • confused governance roles and responsibilities; • poor staff engagement; and • missed opportunities to improve transparency and openness.
R9: Monitor access to policies, procedures and guidance and take corrective action as necessary.		
'Staff are using appropriate systems to ensure their interventions / treatment are	C&SSD has not established any process to monitor access to policies.	**Outcome not met** Management has not acted to mitigate very real risks

Intended outcome: HCS's Feb 2016 plan	Actions and summary position Dec 2018	Evaluation
in line with policy, legislation, procedure and guidance. *Practice development and engagement sessions are informed by information obtained.'*	In 2015, an external company was providing a service to C&SSD to update and maintain policies and procedures online. However, in 2016 this contract ended and no alternative system was established. C&SSD also planned to include compliance with policies as a required part of staff supervision sessions and staff appraisal. However, there has been no follow-through to understand the extent to which this is happening and no report on any findings (see also R10 below).	and issues: since my report was published there have been: • Serious Case Reviews which cite lack of compliance with policies; and • Health and Safety Inspectorate improvement notices (see Case Study) which note poor understanding of key policies. Without information on how staff access policies the risk is increased that: • staff are unaware of - and non-compliant with - policies and procedures; • practice is out of date; and • staff feedback is not used to ensure policies are fit for purpose.

Note: *FACE (Functional Assessment in a Community Environment) software has been renamed 'Care Partner'*

Implementation

3.10 Effective service delivery requires that good arrangements are in place to implement policies and plans. As part of my 2015 review I:

- evaluated service planning, decision making, programme and project management; and
- made recommendations to improve implementation arrangements through enhanced workforce management (see Exhibit 9).

Exhibit 9: Implementation: progress and outstanding risks

Intended outcome: HCS's Feb 2016 plan	Actions and summary position Dec 2018	Evaluation
R10 Identify steps to improve: • the recording and monitoring of the completion of annual appraisals; and • the incidence of annual appraisals and their effectiveness.		
'All staff will be provided with the opportunity to receive an annual appraisal. *Appraisals are linked to supervision and training needs assessment.* *Performance against appraisal target achieved.'*	Management has clarified and communicated roles and responsibilities in staff appraisals, including mechanisms for reporting non-compliance. However, this has not improved the incidence, recording and monitoring of annual appraisals. When ESMT met in September 2017, it simply noted that: *appraisals should be completed and recorded.* ESMT did not though seem to recognise the pivotal role of appraisals in other recommendations (see R12). The three actions noted in 2018 as required to close fundamental gaps in assurance and control are yet to be completed.	**Outcome not met** Community Services has no clear picture of the incidence of annual appraisals and their effectiveness. Management cannot be sure that appraisals mitigate risks to: • quality of staff performance; • service user and staff safety; • staff development and succession planning; • compliance with policies; and • communication and engagement.
R11: Establish a timeframe for the roll-out of the Practice Workbook and monitor delivery.		
'The Practice Workbook is in use across the service.'	C&SSD identified two actions: • roll-out to adult Mental Health services in early 2016; and • review and roll-out to all services by July 2016. The Practice Workbook was introduced in adult Mental Health services in 2016. However, there was: • no documented evaluation of its use and	**Outcome not met** Interim managers are not clear whether or where the Practice Workbook is being used. The Practice Workbook was developed in 2015 to help staff: *'in the process of reflecting on their daily working practices to understand how it influences the outcomes attained by people who use*

Intended outcome: HCS's Feb 2016 plan	Actions and summary position Dec 2018	Evaluation
	value; and • no formalised roll-out to other services. In 2018 senior management struggled to establish how this recommendation has been managed and the current status of the Practice Workbook.	*services, and carers'* It remains unclear how Adult and Older Adult Community Services intend to meet this important aim.
R12: Identify a longer-term solution to delivery of identified training needs		
None is recorded	The individual actions that C&SSD listed in 2016 lack a focussed outcome: C&SSD cannot determine whether actions have been successful. C&SSD's action plan included that Training Needs Assessments (TNAs) would be undertaken as part of staff appraisals. Managers cannot be confident in staff appraisals as a vehicle for improvement. C&SSD noted in 2018 that without good TNAs it could not be sure that expenditure on training was: • aligned to business and staff need; and • prioritised, including in terms of: ○ mandatory; ○ professional / regulatory; and ○ service and personal development.	**Not implemented** In 2015 I reported a piecemeal approach to identifying and delivering training. Although some action has been taken, Community Services cannot be confident that the position has improved. Without a robust system of staff annual appraisal, management cannot assess the type and volume of staff development and training required. Community Services still runs the risk that: • training needs are not identified or properly prioritised; and • the training budget does not deliver value for money.

Monitoring activities

3.11 My 2015 review considered how well C&SSD monitored and managed:

- review and accreditation of services;
- learning from complaints; and
- implementation of agreed recommendations.

3.12 Exhibit 10 sets out my assessment of progress against the two overarching recommendations I made in 2015.

Exhibit 10: Monitoring activities: progress and outstanding risks

Intended outcome: HCS's Feb 2016 plan	Actions and summary position Dec 2018	Evaluation
R14: Adopt a C&SSD-wide risk based framework for review and / or accreditation and / or audit of all services and monitor its implementation		
'Required improvements in quality and service developments are clearly identified and actioned. *Validation of performance against agreed standards is evidenced by audit activity.* *C&SS has a culture of learning in place.'*	There has been activity in this important area but C&SSD has not achieved its plan to: • drive audit strategically in line with business needs; • programme risk based audit; and • prepare for the coming into force of key provisions of the Regulation of Care (Jersey) Law 2014 (due September 2016). Fundamental issues are unresolved: • the January 2018 updated action plan noted a lack of evidence that staff undertaking audits had attended any audit training; and • HSC's Clinical and Care Audit and Effectiveness Department has highlighted concerns that: ○ audit reports do not always have well developed action plans;	**Outcome not met** Management has not established an effective framework where targeted and well managed audit reduces risk. Additionally, whatever activity is being undertaken, there is no process in place to ensure it is: • of a high quality; and • used to drive improvements. The lack of preparation for the Regulation of Care (Jersey) Law 2014 is worrying - as I set out in my 2018 report *Governance Arrangements for Health and Social Care*.

Intended outcome: HCS's Feb 2016 plan	Actions and summary position Dec 2018	Evaluation
	○ where there are action plans, these are not always formally monitored; and ○ audits are abandoned for no clear reason.	
R15: Adopt a C&SSD-wide structured approach to: • monitoring implementation of agreed actions arising from reviews, accreditation and complaints; and • assessing the effectiveness of the action taken.		
'Services are responsive to the needs of those who use them. *Stakeholders experience improvement based on their feedback.* *Improvement is data driven and evidence informed.* *Improvements in performance can be tracked and linked to specific quality standards and indicators.* *We know what we do well and where we have areas for improvement*.'	The outcome that C&SSD set itself in delivering this recommendation was ambitious: it rightly focussed on service users and the importance of taking every opportunity to learn and improve service quality. However, the actions required to achieve this have not been delivered: there were significant flaws in C&SSD's approach to managing and monitoring the implementation and impact of improvement plans. In 2017 the ESMT meeting seemed to consider this recommendation to be 'closed' i.e. delivered, at the same time as discussing holes in the evidence for a number of my other recommendations.	**Outcome not met** Failure to implement accepted actions from my 2015 report means that Community Services: • does not consistently use learning to drive improvement; • has few service quality standards against which to evaluate and improve services; • has an under-developed set of management information – including from staff appraisals and IT systems - for use in assessing progress and identifying priorities; • cannot show that money is well spent on targeted audits, reviews and accreditation, from which changes are made; and • runs the risk that patients, service users, carers and staff do not feel their views are valued.

3.13 There have been significant and well documented Health and Safety failings within the States' community and social services. Although the problems I identified in Adult and Older Adult Services in 2015 did not of themselves

directly cause these Health and Safety failings, had my recommendations been properly implemented, then the risks could have been better understood and mitigated

3.14 The following Case Study highlights how specific Health and Safety failings identified in community services for Adults and Older Adults might have been addressed by implementing my recommendations.

Case Study: failures in Health and Safety

Since 2006, six improvement notices have been issued by the Health and Safety Inspectorate (HSI) concerning HSSD, later HCS:

> *failure to adequately manage violence and aggression and ensure a safe environment in a healthcare setting.*

Two of these notices were issued in 2018.

In addition:

- in 2017 the States Employment Board was convicted over a 2016 fatal incident in a States' care home. The Royal Court concluded that '*this case represented a wholly avoidable and unnecessary loss of life resulting from inadequate training, poor procedures and a failure at all levels of management over a long period of time'*; and
- in 2018 an improvement notice was issued regarding the failure to provide a suitable and sufficient Personal Alarm System in Orchard House, a States' inpatient facility providing adult mental health services.

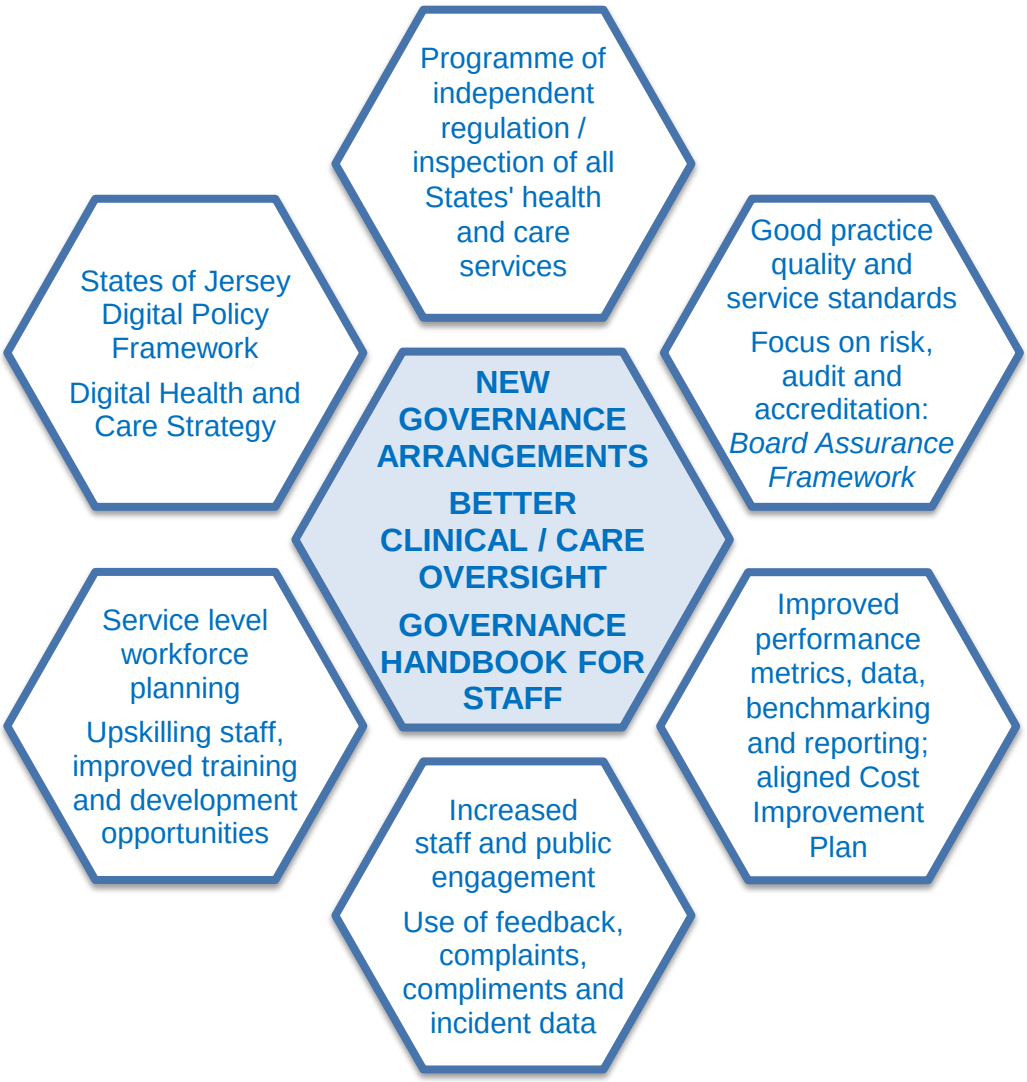
Key weaknesses in management of health and social care that the HSI has highlighted are set out below. I have categorised these under the section headings in my 2015 report, to indicate how they might have been addressed by the C&SSD 2016 action plan. That they have not been addressed - and opportunities to reduce risks were not taken – is very disappointing.

Overall arrangements	Risk assessment processes	Information and communication	Implementation	Monitoring activity
• Poor / unclear corporate approach to safety • Ineffective process to report / resolve issues • Lack of proactive management • Temporary staff not properly managed e.g. training	• Ineffective risk policy • Failure to assess and control risks • Poor / confused risk reporting • Staff 'give up' reporting risk as not resolved / staff feel vulnerable	• Standards not always clear • Failure to respond to staff complaints / comments • Staff views not routinely sought • Staff made approaches to HSI because not listened to	• Staff not adequately involved in decisions e.g. choice of alarm • Failure to ensure training needs assessed / met • Mandatory and refresher training not well identified / monitored	• Lack of sustained progress on agreed action plans • Incidents not driving organisational learning • Poor record keeping • Inadequate process to ensure action has desired impact

The adequacy of plans for the implementation of outstanding recommendations

4.1 During later 2018 and early 2019 the Health and Community Services Department has developed a number of well specified workstreams which are relevant to delivering the outstanding recommendations from my 2015 *Review of Community and Social Services* (see Exhibit 11).

Exhibit 11: Key relevant workstreams as at March 2019



4.2 Many of these workstreams directly relate to the recommendations in my 2018 report *Governance Arrangements for Health and Social Care*. However, there is no:

- specific mapping of workstreams to ensure all requirements of my 2015 recommendations are explicitly captured;
- confirmation or re-evaluation, in light of developments since 2015, of intended outcomes;
- new timeframe for delivery of actions and of overarching recommendations;

- clarified ownership within the new organisational structure; or
- a confirmed recording and reporting process, including a timetable for reporting back to the Public Accounts Committee.

Conclusion

5.1 The services covered by this review are provided to some of the most vulnerable people in Jersey. My concerns about the way in which those services were managed were significant.

5.2 However, progress in implementation of agreed action has been poor. Perhaps most concerning is that there were no effective arrangements for monitoring implementation of agreed actions or their impact. The former Health and Social Services Department did not display a learning culture: it did not take on board my recommendations or those from other external reviews (including those of children's services) to drive improvement. As a result, risk has not been effectively managed, which may have contributed to the repeated Health and Safety failures and the findings of the recent quality and safeguarding review.

5.3 Over the last 12 months arrangements have improved. However, more work is required to embed a robust approach to responding to external reviews and agreeing, implementing, monitoring and reporting on change.

5.4 Until the States focus on implementation of agreed actions and the outcomes of implementation, opportunities to drive improvements in the services provided and to mitigate the very substantial risk to vulnerable people will not be secured.

Recommendations

R1 In respect of all previous recommendations agreed but not implemented, establish robust arrangements for:

- developing actions;
- assigning responsibilities;
- agreeing target dates;
- monitoring implementation of agreed actions;
- evaluating the impact of implemented actions;
- recording and reporting progress on implementation and impact; and
- taking corrective action where agreed actions are not implemented or implemented actions do not secure the desired outcomes.

R2 For the outstanding recommendations covered by this report:

- map existing workstreams to the recommendations;
- identify any gaps in agreed actions; and
- agree appropriate further action.

R3 Submit six monthly progress reports to the Public Accounts Committee detailing:

- action taken to implement outstanding recommendations;
- any slippage in implementation of agreed actions;

- an evaluation of the impact of the implementation of agreed actions; and
- an assessment of remaining risks.

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