

19-21 Broad Street | St Helier
Jersey | JE2 3RR

Deputy Inna Gardiner
Chair
Public Accounts Committee
By email

03 December 2021

Dear Deputy Gardiner,

PAC Covid-19 Response Review

Thank you for your letter of 5 November regarding the Public Accounts Committee's review into the Government's response to the Covid-19 pandemic. I have sought to answer your questions below.

1. How did your responsibilities as Director General change during the COVID-19 Pandemic? What new responsibilities did you take on and what responsibilities did you hand over to other officers?

a. How was this tracked?

b. What new responsibilities did your department take on and what responsibilities did you hand over to other departments? How were these tracked?

c. How did you work with other departments and key stakeholders to identify new areas of work to mitigate the impact of the pandemic?

The Department for Strategic Policy, Planning and Performance (SPPP) is responsible for the development of public health policy and strategy. This responsibility was not handed over to any other department. My formal responsibilities as Director General were unchanged throughout 2020 and most of 2021, although the primary focus of the department's work was pivoted to focus on responding to the Covid-19 pandemic and this has been the priority for much of 2020 and 2021.

More recently, following the departure of the former Director General for Justice and Home Affairs, formal responsibility for test, trace and Covid safe operations transferred to my department on 15th October 2021. In addition, the Director of Public Health now Chairs the vaccination programme board and so oversees the deployment of Covid-19 and Flu vaccination. The Interim Director of Public Health Policy and Strategy now Chairs the Covid Safe Certification programme board. These recent changes have added to the responsibilities of my department.

Other departments have played a significant role in responding to the pandemic. In particular Justice and Home Affairs has overseen Covid-19 operations during 2020 and most of 2021, including test, trace and Covid safe, Customer and Local Services has managed the Covid Helpline and Connect Me activity, and of course Health and Community Services has played a significant role in the healthcare response, alongside primary care and the wider residential and home care sector. It should also be recognised that central departments have played a vital role in supporting the response to the pandemic. For example, colleagues from Treasury & Exchequer and the Chief Operating Office have provided essential support in financial and people resourcing, commercial services and digital solutions. External Relations has played an important role in relation to the safer travel policy and in supporting global procurement, sometimes in quite challenging

circumstances. Departments such as the Office of the Chief Executive, States Greffe and Law Officers' Department have also been vital to the response, supporting communications, democratic decision making and the preparation of emergency legislation.

In addition to working with these departments and organisations to mitigate the health risks of Covid-19, we have worked with other departments and stakeholders to support the delivery of a Covid-19 strategy based upon achieving outcomes which cause the least overall harm. This has included, for example, colleagues and stakeholders from education and childcare, business and industry, travel and transport, law enforcement and border controls.

2. We know there has been a huge impact of COVID-19 response measures on departmental business as usual activities, including the secondment of Government staff to other departments to aid the response effort. Do you have a 'back-to-normal' recovery plan for your department?

a. In respect of the secondment of Government staff to other departments to aid the response effort, how did you ensure disruptions to certain workstreams were prioritised in an objective and consistent way?

b. What would you do differently next time?

This was explained in the CEO's response provided on 11th October 2021, as below.

Departmental Impacts

SPPP:

At the outset of the emergency response to the pandemic in Jersey, the strategic focus of the whole department was pivoted to focus on the provision of public health advice, legislation and intelligence in order to protect Islanders. At the peak points of the pandemic, more than half of the department's capacity was fully deployed on COVID-19 work, often with the addition of many valuable secondments from elsewhere in the public service and also supplemented by interim specialist support as needed.

In addition, some mainstream work was identified at the outset as needing to continue throughout the pandemic due to statutory, Assembly or external timelines (examples include the Island Plan, Government Plan, Brexit, Climate Emergency, Redress Scheme and Census) and these projects were kept going by a small number of dedicated colleagues, often working alone, to ensure that these workstreams would still be able to deliver as Jersey emerged from the peaks of the emergency.

This approach was supported by Ministers and explained in the Annual Report and Accounts 2020 (see pages 86-87). The status of each work-stream was published in the SPPP Departmental Annual Report 2020 and the Mid-Year Review 2021, which also illustrate the evolution and how items that were deferred initially have started to come back on track as capacity has been gradually released back onto mainstream activities during 2021.

There were a number of positive aspects to highlight from this experience, not least the huge commitment of our public servants to protecting their community, and the commendable flexibility and agility demonstrated by the public service. SPPP conducted a professionally facilitated emergency response debrief with all staff, which highlighted not only the sense of achievement amongst all involved, but also many of the challenges of having the civil service on the front line of an emergency response for a sustained period of time, given that previous civil service working practices were not necessarily set-up to support a sustained 24/7 emergency response in the same way as the blue light services. These lessons can be taken forward as part of updating contingency

planning arrangements for the department and the development of a strengthened public health protection function for the future.

In relation to secondments, it should be noted that my department was generally a beneficiary of secondees from elsewhere in government, which had a very positive impact in supporting the Covid-19 response.

3. How have you monitored the effects of the COVID-19 Pandemic on departmental business as usual activities and the disruptions to it?

- a. What tools were developed by your departments to monitor this?*
- b. How do you minimise the impact on services and key deliveries?*
- c. What decision making tools/approach did you use to decide on who should be seconded, and to where?*
- d. How did you compensate for staff seconded to other departments to aid the response effort?*

The effects on other work were managed using normal methods, such as the reprioritisation and rescheduling of policy and legislative projects in consultation with relevant ministers. As noted above, some mainstream work was identified at the outset as needing to continue throughout the pandemic. This included the Island Plan, Government Plan, Brexit, Climate Emergency, Redress Scheme and Census. These projects were kept going throughout the peaks of the Covid-19 response by a small number of dedicated staff.

As noted above and in the CEO's response of 11th October 2021, the impacts were then reported in Mid-Year Reviews, Annual Report and Accounts, and Departmental Annual Reports.

Also as noted above, my department was generally a beneficiary of secondments from elsewhere and so this had a positive impact.

4. Was any departmental authority changed during the Pandemic, including as a result of crisis management efforts, and if so, were they consistent with existing laws and regulations?

Formal authorities were unchanged and so remained consistent with existing legislation. This question was addressed in the CEO's response of 11th October 2021, as below.

SPPP:

There were no changes made to departmental authority during the pandemic, however, additional resilience was introduced. For example, in response to the situation emerging at the start of 2020, a need was identified to ensure that the statutory function of the Medical Officer of Health (MOH) could always be sustained, in order to provide appropriate public health authorisations and statutory advice. As a result, at all times during the pandemic, there have been three appropriately qualified people designated by the Minister as MOHs - starting with Dr Turnbull, Dr Muscat and Dr McInerney, and now being Professor Bradley, Dr Muscat and Mr Armstrong. This was consistent with the existing legislation, which allows for the designation of alternate MOHs.

5. Who is responsible for monitoring the performance of services established in response to the COVID-19 Pandemic within your department?

- a. What and how have you documented lessons learnt?*
- b. How do you intend to incorporate lessons learned from the performance of these services into the wider performance of your department?*

The arrangements for monitoring the performance of the department were unchanged, and so the outputs of public health policy work were monitored in the usual way by means of management and ministerial oversight. As ever with policy work, the outputs are highly visible and subject to scrutiny through the democratic system and by the wider public. This process has been heightened and accelerated during the Covid-19 pandemic, with policy and legislation developed rapidly, and with real time feedback loops throughout all the phases of the pandemic.

More recently, the department has been more involved with Covid operations and the deployment of the vaccination programme. These emergency response operations are managed closely by the relevant managers, who have needed to respond to continuous changes in operational requirements arising from developments in the global pandemic and policy changes necessary to deal with ever changing circumstances. Some operational dimensions have been critical at different points in time and so have been subject to close management, such as testing turnaround times, test centre throughput, contact tracing capacity and vaccination centre throughput and progress through key population groups.

Programme and project boards have been used to oversee test and trace, Covid safe certification and vaccinations. These have been chaired by the relevant senior officer and comprised representatives from partner departments, including People Services and Treasury. Programme boards have met regularly to review delivery requirements, make improvements and manage risks. Significant issues have generally been reported to Competent Authority Ministers as they arise.

We have benefited from the Covid-19 reviews undertaken by the Comptroller & Auditor General (C&AG) and by Scrutiny, which have captured and documented a number of useful lessons from the pandemic response to date. The improvements identified through these reviews have either been incorporated or are in hand, as per the formal responses provided to these recommendations, which are then reported subsequently through the tracker process.

6. How were self-assessment frameworks and Key Performance Indicators used to ensure that key services continued to operate?

a. What worked well?

b. What would you do differently?

As explained in the CEO's response of 11th October 2021, departmental performance systems have been maintained, including service performance measures, programme and project performance, and financial management and monitoring. This has all worked well.

As noted above, there are lessons that can be drawn from having the civil service on the front-line of an emergency response for an extended length of time. The work we have done to gather the views of our staff on this experience has surfaced many useful points and will help us focus more on the wellbeing of our people during these particularly demanding periods.

7. What role did your respective Ministers play in deciding on resource and staff reallocations? What level of consultation was provided to them?

a. What level of responsibility as the head of your department did you have on how staff should be reallocated and what resources could be taken from your departments and applied to the COVID-19 responses? How was this decision making formalised?

Ministers were involved where a reallocation of resources may have had an impact on their policy, legal or administrative responsibilities. Such matters were generally discussed with ministers as part of emergency decision making, which throughout the pandemic has often had significant resource implications, and formalised as part of that overall decision making process. As the head of my department and Accountable Officer, I am fully responsible for the deployment of resources

provided to my department to support the Covid-19 response, including any necessary reallocation of those resources.

8. Can you update us on how your department has responded to the recommendations made by the C&AG on the response to the COVID-19 Pandemic? Have any recommendations been implemented?

a. Have any changes made to the operations or working practices?

There are six such recommendations assigned to my department, all of which are in hand. The recommendations are being addressed through the development of a code of practice for STAC, the development of a new public health law, and through expanding the public health function to ensure it is properly equipped to address future health protection emergencies.

9. What thought has been given to ‘future proofing’ services?

As noted above, there is a need to review the expansion of the public health function proposed as part of the Jersey Care Model to ensure that it is properly equipped to address future health protection emergencies. This includes the need to strengthen the public health protection function and the public health intelligence function, which has been critical to inform decision making and the wider public during the pandemic. This will also allow us to monitor the indirect impact of the pandemic on health and recommend action to address health need.

The pandemic has identified to governments worldwide (including Jersey) the importance of data in making decisions in the light of uncertainty. For example, the UK report on *Improving health and social care statistics: lessons learned from the COVID-19 pandemic*¹ concluded that “Sharing and linking data can have life-saving impacts. This must be prioritised by governments beyond the pandemic.” There is, therefore, a need to join-up more administrative data across the wider public service for both operational and statistical purposes (with appropriate data protection and privacy controls) and to do this ahead of any future public health emergencies. These improvements have been initiated and will be taken forward during 2022

10. How did you work with Commercial Services to understand your department’s procurement needs during the pandemic?

Commercial Services have been an invaluable partner during the pandemic, supporting the procurement needs that have arisen through test and trace and the vaccination programme. These needs have often arisen at short notice and in the context of very challenging global supply chains. Commercial Services have participated in programme boards, where such needs are generally identified and discussed. Colleagues from Commercial Services have responded promptly and effectively on each occasion, sometimes with the able support of External Relations. We are grateful for the excellent support they have provided and continue to provide.

11. How have you measured, monitored, and reported on your performance, financial management (including value for money and cost benefit analyses) and impact on work programmes during the Covid-19 pandemic? What 3 things could be improved?

As noted above, departmental performance systems have been maintained, including service performance measures, programme and project performance, financial management and

¹ [Improving health and social care statistics: lessons learned from the COVID-19 pandemic – Office for Statistics Regulation \(statisticsauthority.gov.uk\)](https://www.statisticsauthority.gov.uk/insights-and-analysis/reports-and-publications/improving-health-and-social-care-statistics-lessons-learned-from-the-covid-19-pandemic/)

monitoring, along with mid-year and annual reporting, which includes the impact on wider work programmes.

Considering the lessons from the Covid-19 response more broadly, our ability to monitor and report upon the direct and indirect impacts of the pandemic could be improved considerably through better research and more joined-up administrative data sets across public services. This is an area that the Director of Public Health, Chief Statistician and Head of Public Health Intelligence intend to take forward in 2022.

12. What would you do to improve how your department communicated with the rest of the Government of Jersey and external stakeholders?

My department has been central to providing Covid-19 briefings for ministers, States Members, the media, other government departments, key stakeholders such as business associations, and the wider public. These briefings have routinely covered updates on public health intelligence and analysis, public health policy changes, operational delivery of testing, tracing, Covid safe and vaccination. At times, this has stretched the capacity of the public health function and added to the need to work 7 days a week and late into the evenings. To help improve the position going forwards, investment in a public health communications capability, and in more senior public health capacity, will form part of the overall strengthening of public health.

My department has been supported throughout by the Communications Directorate and so the CEO's response of 11th October 2021 includes a number of relevant points. Highlighted in that response is an opportunity to consider at the outset how a policy might be communicated, particularly where the policy has nuances or complexities. The introduction of behavioural science into policy development has been particularly helpful and has improved aspects of public health policy design to help support better communications.

In closing, I would like to pay tribute to all the public servants and health care workers who have worked tirelessly over the last two years to keep our Island safe. Jersey is fortunate to be served by such dedicated and indefatigable teams of people and I continue to be humbled by what they can achieve.

I hope this response is of assistance to the Committee and am content for this to be published.

Yours sincerely,



Tom Walker
Director General
E t.walker@gov.je

cc: Chief Executive