
STATES OF JERSEY



MANAGEMENT OF THE HEALTHCARE RESPONSE TO THE COVID-19 PANDEMIC (R.70/2021): EXECUTIVE RESPONSE

Presented to the States on 1st July 2021
by the Public Accounts Committee

STATES GREFFE

REPORT

In accordance with paragraphs 64-66 of the [Code of Practice](#) for engagement between ‘Scrutiny Panels and the Public Accounts Committee’ and ‘the Executive’, (as derived from the [Proceedings Code of Practice](#)) the Public Accounts Committee presents the Executive Response to the Comptroller and Auditor General’s Report entitled: [Management of the Healthcare Response to the COVID-19 Pandemic](#) (R.70/2021 presented to the States on 29th April 2021).

The Committee notes that some of the recommendations of the C&AG’s second report on Covid-related matters have only been partially accepted and it intends to submit comments on this shortly, and to undertake a full review in September 2021 once the C&AG has completed her final report in the series.

Deputy I. Gardiner

Chair, Public Accounts Committee

The Chief Executive and Director General of Health and Community Services response to Comptroller and Auditor General's (Covid-19) Review: Management of Healthcare Response

June 2021

Glossary of Terms

C&AG – Comptroller and Auditor General

HCS – Health and Community Services

JCM – Jersey Care Model

STAC – Scientific and Technical Advisory Cell

OH – Occupational Health

PPE – Personal Protective Equipment

Chief Executive and Director General of Health and Community Services Response to C&AG (Covid-19) Review: [Management of Healthcare Response](#)- Executive Response to PAC by 1 June 2021 please.

Summary of response:

The Chief Executive and Director General of Health and Community Services (HCS) welcome the Comptroller and Auditor General's (C&AG) report and have reviewed the recommendations. Of the 19 recommendations, we accept 14 in full and 5 in part. Recommendations 17 & 18 have already been completed and evidence has been included in the narrative.

COVID-19 was an overwhelming event that required very pro-active and reactive responses in managing the rapidly changing healthcare environment and often new decisions were required to be implemented on an hour by hour basis. Information and international advice, as well as global competition, that came through around the management of COVID-19 and the use of recommended PPE at times changed frequently – sometimes over the course of a day – consequently rapid decisions were undoubtedly made to ensure care of Islanders was to the highest standards possible. It was a worrying time for patients and staff, and it was of paramount importance to HCS to safeguard the wellbeing of all, particularly of those on the frontline of healthcare services to ensure healthcare provision would be available for all Islanders throughout the pandemic. To mitigate risk and enable as many vulnerable staff as possible to remain in/or return to work, risk assessments were completed for staff and staff were re-allocated into roles outside of their normal job to support the business to be agile and reactive to the changing situation. A positive outcome of this change to normal working practice is that staff engaged with different experiences as they were placed in different roles and specialities, enabling them to have a broader outlook across health.

There has been a significant amount of learning across HCS arising from the COVID-19 response. It facilitated the fast-tracking of change within certain services which would have seemed insurmountable pre COVID-19, such as the establishment of virtual outpatient clinics – which HCS has been able to retain and build upon. It built good resilience amongst staff, and enabled teams to come together to work and deliver care and services differently and quickly.

Subsequent lessons learned sessions following the stepping down of Hospital and Community Bronze Group recognised the pressures at the time and the need to formulate a coherent management plan to prepare for any similar future scenario. During the second phase a COVID-19 policy was developed along with briefing action cards to support staff to follow the correct procedures for each eventuality in managing a second surge in COVID-19 cases.

The action plan outlined below has been carefully considered and HCS has a willingness for departments to work together to implement changes to improve outcomes.

Action Plan

Recommendations	Action	Target date	Responsible Officer
<p>R1 In light of the COVID-19 experience, 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.</p>	<p>Undertake review of public health function, to ensure it is equipped to support delivery of the JCM and future health protection emergencies. Includes a requirement to revisit the public health resources provided via the Jersey Care Model (JCM) to ensure they are sufficient to deliver the prevention agenda that is central to the success of the JCM</p>	<p>Jan 2022</p>	<p>Director of Public Health</p>
<p>R2 Introduce formal procedures to improve the documentation of specialist public health advice to make it clear what advice was given, and why that advice was given, as opposed to alternative advice that was not given.</p>	<p>The new Public Health Law, subject to approval from the Assembly, will include a statutory duty to publish arrangements and procedures for public health decision making, including standards associated with reporting and recording advice given.</p>	<p>Dec 2022</p>	<p>Director of Public Health</p>
<p>R3 Ensure that all future material pieces of public health advice that are provided to Government contain appropriate impact assessments, that take into account the impact of that advice on vulnerable communities.</p>	<p>The new public health law will bring forward mandatory requirement for impact assessments including, where appropriate, in emergency response scenarios.</p>	<p>Dec 2022</p>	<p>Director of Public Health</p>
<p>R4 Develop and implement a Code of Practice for future STACs to encompass principles and procedures to be followed in determining membership, relationship with the sponsor department within Government, independence and objectivity, working practices and communication and transparency.</p>	<p>Code of Practice for STAC to be developed and published.</p>	<p>End Q3 2022</p>	<p>Director General, SPPP</p>

<p>R5 Improve the records and minutes of future STAC meetings to provide a more complete audit trail as to:</p> <ul style="list-style-type: none"> • how advice given has been determined • the action plans arising from the meetings (including timescales and responsibilities for actions); and • the follow through of matters arising and actions taken. 	<p>Record keeping requirements to be included in the Code of Practice for STAC (as referenced in R4 above).</p>	<p>End Q3 2022</p>	<p>Director General, SPPP</p>
<p>R6 Ensure risk assessments are documented to support decisions made on guidance issued to staff.</p>	<p>Partially accepted</p> <p>Findings in the report refer to decisions being made on closure of services in the first weeks of the Covid outbreak, decisions on testing and PPE for patients and staff. Lessons learned from these early days have been incorporated into operational decision-making during the year and risk assessments have taken place and better communicated to all staff. For example, ‘action cards’ have been produced as part of our operational plan which set out clear guidance on procedures to be followed and have been a great support to staff during the second wave.</p> <p>However, sometimes, decisions needed to be made based on public health advice and legal requirements which had to be implemented.</p> <p>This recommendation is partially accepted because relative to decisions taken in the emergency command and control structure and considering the limited availability of staff to support the documentation and administration, a fully documented risk assessment may not be reasonable for every decision made at this time. However, HCS will endeavour to acknowledge and document any associated risks as part of the decision-making process and a risk log will be maintained.</p>	<p>Arrangements in place</p>	<p>Group Managing Director, HCS</p>

<p>R7 Undertake a formal reflective evaluation of the lessons learnt on business continuity planning during 2020.</p>	<p>Partially Accepted This recommendation is partially accepted as a corporate review of Business Continuity was already planned in 2020 and an internal review of Business Continuity arrangements was started in Q2 in 2021.</p> <p>Furthermore, the outcome of the review and actions required relative to lessons learnt to support business continuity planning will be agreed with the Department as well as corporately.</p> <p>Recommendations arising from internal reviews, such as the last internal review of Business Continuity arrangements in 2017 are tracked and monitored, and a summary report is considered by the Risk and Audit Committee (which is attended by the C&AG, External Audit as well as the Chief Executive, Chief of Staff and the Treasurer of the States).</p>	<p>Dec 2021</p>	<p>Director of Risk and Audit.</p>
<p>R8 Introduce formal arrangements to review the effectiveness of Business Continuity Plans on an annual basis and report the findings of these reviews to the Risk and Audit Committee.</p>	<p>Partially Accepted At Departmental level, the departmental Risk Register, is discussed at least quarterly by the HCS executive includes a consideration of Business Continuity. Additional arrangements will be created to review the effectiveness of HCS Business Continuity Plans annually and to present back for assurance to the HCS Finance and Performance Committee and Quality and Risk Committee. (see appendix 1. Governance structure).</p> <p>It is the responsibility of departments for their own Business Continuity effectiveness, arrangements for which are confirmed as part of departments' annual</p>	<p>Mar 2022</p>	<p>Group Managing Director, HCS</p>

	<p>Governance Statements. Issues arising from these Governance Statements are reviewed by the Risk and Audit Committee.</p> <p>At an organisational level, regular corporate oversight is achieved through the enterprise risk management system and a formal risk review is undertaken monthly by People and Corporate Services. The outputs of these regular reviews inform departmental and Government risk registers and improvement opportunities will be considered by the Executive Leadership Team.</p> <p>The Risk and Audit Committee is also due to consider the output of the internal review described in R7 above. However, this recommendation is only partially accepted as it is unlikely that a formal internal review will be conducted and presented to the Risk and Audit Committee annually due to the existing controls and reviews that are in place.</p>		<p>Head of Corporate Services</p>
<p>R9 Review the COVID-19 experience and develop future emergency pandemic preparedness to deal with the risk from high consequence infectious diseases such as flu and COVID-19. There should be a formal public report produced to summarise the outcome of this review.</p>	<p>Partially accepted</p> <p>HCS sees emergency planning as very important and lessons learnt from COVID-19 are incorporated into operational plans on a regular basis. Therefore, this recommendation is partially accepted with HCS focus: HCS Emergency Planning Team will produce an influenza response plan & ensure the COVID-19 response plan is current.</p> <p>Reviewing the experience of Covid-19 has been or is still being undertaken at various levels in HCS and across other Government departments, for example,</p>	<p>Dec 2021</p>	<p>Group Managing Director, HCS</p> <p>General Manager for Medicine, HCS</p>

	the HCS Community Bronze Cell review, internally at HCS across the affected hospital wards, and throughout the Government in the various teams. The findings feed into the above business continuity planning and the flu and Covid-19 response plans.		
R10 Ensure that the Operational Plan for 2021 prioritises reducing waiting lists and catching up on the cancer screening backlog.	<p>HCS Operational Recovery Plans to be developed as part of the Operational Business Plans for 2021 and 2022.</p> <p>Detailed review and planning to take place across specialities and cancer screening programmes to define the requirements and costings to reduce the backlog.</p> <p>Alongside this, clinical triage to be in place to minimise risk & productivity review to ensure maximal use of current capacity across breast & cervical services and development and implementation of pilot bowel screening model which could further mitigate the impact of Covid on this screening programme.</p>	Sep 2021	Group Managing Director, HCS
R11 Ensure future business cases for new facilities include an explicit assessment of the staffing risks and planned mitigations.	Future development of business cases for new facilities will capture robust staffing data to mitigate operational risk. This element of work ties in with forecasting new revenue budgets/costs.	Dec 2022	Head of Estates, HCS
R12 Complete the final, independent internal audit review of the GP surgery contract payments and ensure the outstanding income due is recovered promptly.	<p>13 GP surgeries were contracted by GoJ to deliver this element of the response. Over the course of the 4-month contract term, GP salaries were paid by GoJ, and 90% of an estimated reasonable surgery expenses amount was paid in monthly tranches.</p> <p>Subsequent reconciliation of surgery expenses over the contract period has resulted in balancing payments being made to 9 of the 13 practices. 4 remain outstanding. In terms of recovery of GP surgery income, invoices totalling £2.548m were raised to surgeries in December 2020 on the basis of CLS appointment data.</p>	Jul 2021	Finance Business Partner HCS

	As at 14/05/21, £0.715m of the invoiced amount remains unpaid, and is to be followed up with individual surgeries before the end of May.		
R13 Undertake a review, led by the Jersey Care Commission, of business continuity and resilience planning in primary and community care services.	<p>Partially accepted</p> <p>This recommendation is partially accepted because such a review would be outside of the scope of the Jersey Care Commission.</p> <p>However, the Government of Jersey recognises that a review of business continuity and resilience planning across primary and community care services to ensure joined up collaborative working would be beneficial. In support of this a Bronze Community Cell Review has taken place and is informing the development of the group to ensure future resilience across the community and primary care sector.</p>	Dec 2022	Group Managing Director, HCS
R14 Introduce systems to ensure comprehensive records are maintained of completion of mandatory training requirements.	HCS to develop further its use of Virtual College as the system to record mandatory training. Comprehensive records such as training details for PPE may need additional systems and resources and are therefore dependent on additional funds.	Dec 2022	Associate Director of People, HCS
R15 Review the States wide Occupational Health service and ensure that any new tender meets the future needs of all HCS staff including access to confidential external counselling and support.	AXA is the current Occupational Health (OH) provider with a three year+ contract that expired 31 March 2021. The latest OH tender exercise is currently being finalised and yielded a limited response in terms of level of interest and ability to provide the required services from the market. This is in part attributable to timings of the tender exercise coinciding with the height of the pandemic and its associated demands. This included the limited capacity and appetite that providers had for completing tender exercises.	Dec 2021	Associate Director & Head of Organisational Development

	<p>Following detailed scrutiny of the tender bid by the evaluation panel, AXA have been awarded preferred bidder status. Negotiations are ongoing to finalise the detail of the new contract. and an agreement reached whereby AXA will continue providing services under the existing terms until the new contract is signed.</p>		
<p>R16 Undertake a 'lessons learnt' exercise from COVID-19 to understand staff health and well-being needs (both physical and emotional) and build these lessons learnt into future training programmes and service designs.</p>	<p>For HCS, a lessons learnt exercise to be undertaken through the implementation of SCHWARTZ Rounds.</p> <p>Further detail is provided about a corporate response in R17 below.</p>	<p>Jun 2022</p>	<p>Associate Chief for Allied Health Professions and Wellbeing</p>
<p>R17 Maintain comprehensive health and well-being assessments for all staff including any identified risks and how these are being managed.</p>	<p>Completed</p> <p>Following the second wave of COVID-19, HCS have continued to offer a range of timely and accessible wellbeing support to HCS staff. A full-time counsellor and psychological wellbeing practitioner are offering targeted therapy through self-referral for individuals where the need is identified. All HCS staff who are tested COVID-19 positive are offered a telephone wellbeing check and further support. Targeted group reflective sessions have been implemented in service areas that have found responding to COVID-19 challenging. A weekly drop-in wellbeing session has commenced offering group mindfulness and stress management strategies. A comprehensive self help guide about how to support your wellbeing is available for all HCS staff including access to digital apps. Recognising that improving wellbeing is most effective through peer support, managers and supervisors of HCS staff are being trained in having 'psychological</p>	<p>Completed</p>	<p>Associate Chief Nurse for Allied Health Professions and Wellbeing</p>

	<p>savvy conversations' and signposting for support when needed. An HCS Wellbeing Committee has been set up for the purpose of co-ordinating and endorsing the development of a staff wellbeing programme for HCS.</p> <p>On a corporate level, health and safety risk assessments are completed for individuals where there is a specific need. During the 2020 period, more specific need than during the Government's normal operational environment was recorded. Some reasons for risks assessments during 2020 were that more colleagues were experiencing stressful situations, some were highly vulnerable to Covid-19 and many were working from home. The Government provides training courses for line managers that cover how to carry out risk assessments as part of its commitment to ensuring staff have the necessary training to perform their roles effectively.</p>		
<p>R18 Undertake a retrospective reflection and learning exercise with key stakeholders during the Spring of 2021. This exercise should seek to identify lessons from the COVID-19 pandemic for future whole system working.</p>	<p>Completed:</p> <p>Two reflections and learning exercises have taken place:</p> <p>The Covid-19 Hospital Bronze group undertook a reflective session on 4 August 2020. The output with lessons learnt from this session were presented to the HCS Senior Leadership Team in September 2020.</p> <p>The Covid-19 Community Bronze Cell also undertook a session with their members and stakeholders as to their reflections in August 2020.</p> <p>In addition, as part of COVID-19 planning for a second surge, a tabletop exercise was undertaken on 2 December 2020 with operational and clinical managers</p>	<p>Completed</p>	<p>Group Managing Director, HCS</p>

	<p>within HCS to test our resilience and performance in the management of a Covid-19 surge. A reflective report was produced in December 2020 which included learning. This was presented to the HCS Emergency Preparedness and Resilience Group on 15 February 2021.</p> <p>On a wider level, there is commitment to completing the revised Channel Islands Pandemic Strategy as soon as practicable possible. However, this requires each jurisdiction (Jersey and Guernsey) in the coming months to consider their response to the pandemic, recognising the different strategies of suppress and elimination that were adopted. This will include lessons learnt, the management of risk and solutions implemented to identify good practice which will inform strategic planning in the future. This will include what learning is available in both the local and wider contexts.</p>		<p>Director General, Justice and Home Affairs</p>
<p>R19 Provide greater clarity as to the roles and responsibilities of the HCS Accountable Officer and the Chief Nurse/HCS Director of Nursing when HCS step in to support services provided by third party organisations.</p>	<p>Report with greater clarification on roles and responsibilities to be created.</p>	<p>Jan 2022</p>	<p>Chief Nurse, HCS</p>

APPENDIX 1 - HCS governance and assurance committee structure

