

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY R.G. LE HÉRISSIER OF ST. SAVIOUR**

ANSWER TO BE TABLED ON TUESDAY 24TH FEBRUARY 2009

Question

“What is the annual cost of the Governance function within the Health and Social Services Department and how is its effectiveness measured?”

Answer

Whilst the concept of clinical governance and the framework for its management was introduced into the English NHS in 1997 (in an important White Paper ‘the New NHS Modern, Dependable’), its introduction here in Jersey was a little later – and it began in an ad-hoc and formative way rather than as a result of some grand plan. From such early times (the earlier years of this decade), it has developed exponentially and has touched all aspects of my Department’s work from front line clinical medicine, through social services, and through to all other departments, including the corporate functions. As such, governance is no longer ‘a thing that is done’, but has become ‘a way of doing things’. In this way, governance provides for a safe and reliable environment in which patient and client care is delivered.

The formal implementation of a governance framework took place in 2005 when my Department recruited an expert in this field. That person now holds the post of Director of Nursing and Governance – and her title bears testimony to how important such a governance framework is in Health and Social Services. However, it is important that governance is not personified and seen to be the preserve of one person – and is seen to be a set of behaviours which all members of staff understand and are committed to.

Notwithstanding the fact that governance is a way of ‘doing business’, in the interests of granularity the following services support governance in my Department. These are:

- Head of Risk Management – 1 FTE
- Clinical Risk Manager – 1 FTE – temporary post
- Clinical Audit – 2 part time staff
- Medical Records – 32 staff
- Health and Safety – 1 FTE
- Manual Handling – 2 part time staff
- Resuscitation/first aid trainers – 2 FTE
- Complaints Officer – 1 part time
- In-flight Co-ordinator – 1 FTE
- Therapeutic Interventions Trainer – 1 FTE
- Interpreter Co-ordinator -1 FTE
- Litigation Officer -1 part time
- Information Governance/Data Protection Officer -1 FTE

The cost of these services is approximately £500,000 per year.

The general way in which governance is measured and monitored is via the Senior Management Team’s Governance Board which meets on a monthly basis under the chairmanship of the Director of Nursing and Governance. All senior directors of my Department attend and this includes clinicians, the Medical Officer of Health, the Chief Ambulance Officer, Directorate Managers, the Director of Finance and Information Services and the Chief Officer. The Governance Board receives reports on important sentinel audits, comparative studies which my Department participates in (with hospitals and other services on the mainland), risk assessments, and

thematic reports drawn from the complaints procedure. Any immediate risks or other matters of concern which flow from the Governance Board are formally reported to me and to the Assistant Ministers at our regular Friday meeting with senior officers.

Ultimately, the effectiveness of our governance arrangements can only receive external affirmation when Jersey is subject to inspection and regulatory visits from a body which has yet to be formally constituted. This body is the Quality Care Commission which comes into being in April of this year. It is a body that is created from the demise and the assimilation of the Mental Health Commission, the Social Care Inspectorate, and the Healthcare Commission. The Quality Care Commission was established by an Act of Parliament which specifically enables that body to operate in the Channel Islands. My Department is proud of the fact that this clause was introduced at its behest following representations to the UK government.