

Deputy I Gardiner
Chair of Public Accounts Committee

Via Email

10th March 2025

Dear Deputy Gardiner

Follow-up matters from the Quarterly Public Hearing on 12th February 2025

Thank you for your letter dated 24 February 2025. Please find responses to the Committee's questions below.

General Government Restructuring and Efficiency

1. The organisational chart published on 11th February 2025 differs from the earlier version on gov.je. Could you specify the primary objectives for the changes between the two structures?

It appears that the organisation chart included in your letter dated September 2023 is not the one that was available on the gov.je website immediately prior to 11th February 2025. I have appended the previous version that was available on gov.je to this letter. In comparing the version of the organisation chart appended to this letter and the current chart available on gov.je, you will see that the key changes are in line with my responses during the recent hearing:

- Change of line management of People Services and Digital Services from Cabinet Office to Treasury and Exchequer. For me, these two operational areas did not naturally sit with the Cabinet Office core functions of policy making and research but would be better sat with the more central operations elements of the public service.
- The move of Public Health and Health Policy from Cabinet Office to Health and Care Jersey. These moves were undertaken to provide a unitary structure for health and care related government workstreams.
- Restructure of Communications Unit and removal of certain posts, in some circumstances where substantive postholders have taken up tier 1 posts.

Details of posts removed at tiers 1 and 2 since beginning my role include:

- Chief Education Officer and Director for Education
- Chief of Staff
- Director of Delivery and Improvement, Cabinet Office
- Director of Financial Crime Strategy

- Director of Improvement and Transformation, CYPES
- Group Director of Customer Services
- Group Director, Economy

The positive financial impact of removing these seven roles is a re-occurring saving of £1,194,101.32.

Although subject to an open recruitment process in due course, the current arrangement of the substantive Chief Officer of Cabinet Office seconded to Health and Care Jersey, and the Group Director, Public Policy acting up into the Cabinet Office Chief Officer role, represents further savings.

2. How will success of these changes be measured, and over what timeframe?

In my view, this is not a significant restructure, and I have informed the Committee that I do not have a mandate for such. These changes are more in line with my published objectives to curb the growth of the public service, reduce the number of staff in the most senior roles where opportunities arise, and trying to achieve less tangible synergies, such as bringing together similar functions or removing some senior posts to reduce expenditure.

3. Could you please provide the cost of these changes and also overall cost savings, including specific examples of how these cost savings were achieved (e.g. staffing, operations, overheads) and explain how these were/are measured?

a) Were there any unforeseen costs or unintended consequences arising from these changes? If so, how do you plan to address them?

There have not been any unforeseen costs or unintended consequences.

b) Please could you specify any redundancy packages, consultancy fees, or administrative expenses incurred during these organisational changes.

Redundancy payments were applicable for three of the removed roles referred to in in Question 1, totalling £254,672.27. There have been two 'acting up' payments for the interim Chief Officers of CYPES and the Cabinet Office. There were no additional consultancy fees in relation to these roles.

4. What are the expected long-term savings, and how do these compare to any initial outlays?

The change in reporting lines of People Services and Digital Services from Cabinet Office to Treasury and Exchequer has not resulted in any cost savings at tier 1 and 2 level.

Savings and costs in relation to removal of posts are included in responses to Questions 1 and 3.

5. How have these changes been communicated to staff?

These changes have been communicated to staff using the normal corporate communications routes.

6. Have any new positions been created? If so, how many, and what costs were incurred including recruitment cost?

No new positions have been created at tiers 1 and 2, which are generally the levels illustrated on the organisation chart. Any new positions illustrated on the organisation chart relate to positions that were already in existence in Cabinet Office, which were not illustrated in the Cabinet Office structure at organisational level prior to the change of line management of public health and health policy.

7. Only one departmental Business Plan for 2025 is publicly available. When is it intended for the others to be published?

All Departmental Business Plans are published.

8. Could you outline your view of the optimal civil service structure, and how recent changes align with that vision?

I have no mandate from COM to consider a fundamental review and restructure of the Civil Service. The changes discussed in this letter are consistent with the mandate given to me. That is, to curb the rate of growth in headcount, to prune senior roles from the structure of the service where possible, to prioritise savings in central functions over customer service areas and to open up opportunities for existing colleagues to develop by placing less reliance on external recruitment.

9. What further organisational changes, if any, are planned for 2025?

There currently are no options for significant organisational changes for 2025 outside of any future change to Health and Care Jersey. These are specifically outlined later in this letter. The ELT continuously reviews options to curb growth in line with the mandate discussed above.

Health and Care Jersey Restructure

10. Is further consultation to finalise the proposed Health and Social Care structure taking place and, if so, would you please provide an indicative timeline for concluding the consultation, preparation and presentations of the business case for change including cost/ benefit analysis and expected outcomes?

Consultation to date

The Minister for Health and Social Services (MHSS) has proposed high-level changes that will support government and non-government health and care service providers to work together in a more integrated way.

MHSS has consulted key stakeholders (i.e. providers of health and care services including GoJ and non-GoJ providers) on those proposed changes. The consultation process to date, and the feedback received, is set out in the [consultation report](#).

Further consultation

- Partnership Board: MHSS will consult key stakeholders (i.e. providers of health and care services) on the draft terms of reference for the proposed Partnership Board towards end of March. This will be in advance of consultation with PAC and the Health and Social Service Scrutiny Panel in accordance with P170/2010. The Assembly will then determine whether to proceed with adoption of the proposed Partnership Board.
- Strengthening internal arrangements: MHSS (or Senior Officers where relevant) will consult key groups stakeholders on changes to the internal arrangements to better more integrated working. This will be during late spring 2025, and includes:
 - an engagement and communication plan is being devised for Ambulance colleagues, to provide further information on the proposed reintegration with HCJ and to allow feedback. HCJ staff whose work or posts who may be affected by the setting up of the Island Division will be consulted in as part of the process of finalising the proposed changes. This includes staff who currently sit in different teams where those teams may be brought together to capitalise on their skills and knowledge, and staff whose responsibility may be refocused to include whole system working, or whose reporting line may change. Any consultation with staff whose line management may change, or whose roles may be subject to change outside of their current role descriptions, will be undertaken in due course in accordance with SEB policies.
 - key external stakeholders being consulted on the proposed changes to internal functions where relevant (for example: primary care providers are to be consulted on the role description for the proposed Director of Primary Care and providers that employ nurses have already been consulted on the proposed Island Chief Nurse Advisor role).

MHSS has not proposed changes to the services provided to Islanders so has not consulted the public.

Assuming the Partnership Board is established, MHSS will ask that Board to consider matters related to development of a whole system health and care strategy (i.e. what services are provided on island and by whom) and, subject to discussion with the Council of Ministers, matters related health funding reform (i.e. how those services are paid for). Any recommendations / proposals developed by the Board will be subject to full public consultation as they have implications for public services.

MHSS has arranged a States Members briefing to explain the consultation to date and the proposed next steps.

Business case

- Partnership Board: the costs for the Partnership Board are dependent on the final agreed form. This is subject to consultation. Cost benefit analysis and expected outcomes will be presented to the Assembly as part of the Partnership Board report and proposition. If additional investment is required a Government Budget business case will be developed.

- Strengthening internal arrangements: there are a small number of proposed changes to existing roles (for example, the creation of a part time Island Chief Nurse Advisor role) which will be delivered from within existing budgets. As such, a business case is not required.

11. Who are the consultees?

Please refer to response to Question 10.

12. Please clarify your definition of a 'briefing' versus a 'consultation'?

My references to briefing and consultation have been in line with the following definitions:

- To 'brief' someone is solely to inform stakeholders.
- To 'consult' someone is to ask for views to give those views full consideration.

13. How many briefings on the proposed changes have been held since the publication of the consultation report in October 2024 and with whom?

The consultation report was published in November 2024.

Partnership Board: There have been briefings as part of the consultation to date, the details of which are included in the consultation feedback report. As per Q10 further consultation is planned once the draft terms of reference are available.

Strengthening internal arrangements: There have been briefings as part of the consultation to date, the details of which are included in the consultation feedback report. However, the HCJ Chief Officer, HCJ Director of Workforce and the Director of Health Policy have been available for individual staff or team conversations as and when requested.

14. How has feedback been recorded and collated?

Partnership Board: Feedback to consultation to date is set out in the published report. Feedback from consultation on draft terms of reference for the Board – when that has taken place - will be set out in a report that accompanies the final draft of the terms of reference.

Internal: Most colleagues have expressed views in meetings; a small number have communicated by email. These are normal internal engagement processes, and there are no plans to publish a feedback report.

15. How does this process align with the Government's Consultation Code of Practice?

[Public consultations and stakeholder engagement](#)

As noted in the [Consultation Feedback Report](#), the MHSS determined that public consultation was not required as the focus of consultation was on service providers not service users.

As set out in the response to Q10 above, public consultation will be required on initiatives that will be taken forward by Partnership Board once established.

16. How many officers comprise the policy team supporting this restructure, and what is its budget?

HCJ's Director of Health Policy led the policy work that underpinned the development of the high-level arrangements that were consulted on in October and November last year and will be leading on the development of the draft terms of reference for the proposed Partnership Board.

HCJ's Director of Strategic Planning & Projects is leading the work on gathering views from colleagues to inform the proposed detail of changes into internal HCJ functions and then consulting individual staff members on those proposed changes, as required. Alongside this, several HCJ and JHA officers (finance, HR, change management), led by the Chief Ambulance Officer, are working together to consider matters related to the proposed reintegration of the Ambulance Service to HCJ ahead of engagement with Ambulance staff in the coming months.

This work is within existing resources and, as such, there is no dedicated budget.

Communications Team

18. How many Communication Officers and Assistant Communication Officers now work in the central unit and what is the cost of the central team?

Neither of these role titles is included in the new central Communications Service structure.

However, the staff costs of the central team in 2025 are forecasted to be £1,635,407.

19. Please could we be provided with a breakdown of how many Communication Officers and Assistant Communication Officers sit within each department and the associated cost of the communication team per department?

The relevant financial information has been provided to the Panel in confidence as not to make employees identifiable and breach data protection personal information.

20. How many communications staff were redeployed, and to which departments or roles?

The relevant staff information has been provided to the Panel in confidence as not to make employees identifiable and breach data protection personal information.

21. How many have left the organisation, and how many were made redundant? Please can you also confirm total costs of redundancy packages.

In 2024, 12 employees left the central communications team. Three of these resigned and were not replaced in the updated structure. Following consultation, nine employees left due to voluntary or compulsory redundancy. The associated costs of redundancy packages was £234,597.55. The total recurring saving per annum is £528,869.01.

22. You mentioned you would “follow up” with figures for the comms function. Please include any additional information regarding size, structure, and efficiency outcomes.

An organisation chart for the Central Communications team is appended to this letter.

CYPES (Children, Young People, Education and Skills)

23. Following the removal of the Director of Education role, which Officers now hold responsibility for:

- **School Review Framework**
- **Professional Standards**
- **Appeals (including suspensions/expulsions)**
- **Registration**
- **Safeguarding**
- **Any other functions previously undertaken by the retired of Director of Education.**

The functions of the Minister for Education and Lifelong Learning are delegated to the Chief Officer and then appropriately to the officer with expertise for a particular area:

Responsibility	Responsible Officer
School Review Framework	Head of School Review and Inspection
Professional Standards	Head of School Improvement and Advisory Service
Appeals (including suspensions/expulsions)	In accordance with policy the Head Teacher of the school and then the Chief Officer CYPES.
Registration	With reference to the registration of non-provided schools this remains with the Minister. With reference to Day care accommodation - Manager, registration and Regulation, Childcare and Early Years Service
Safeguarding	Associate Director Education
Any other functions previously undertaken by the retired role.	None

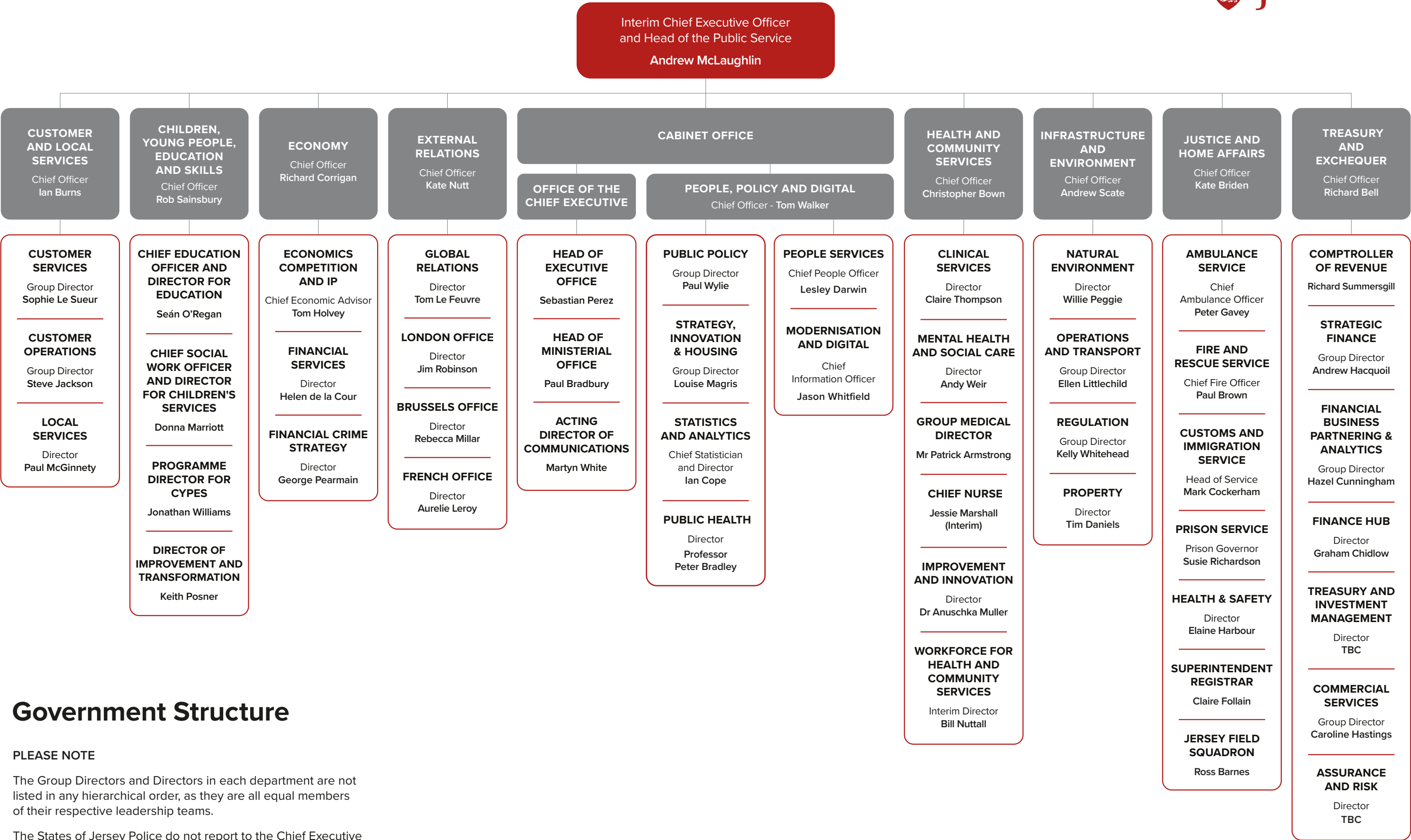
I hope the responses above are helpful to the Committee.

Yours sincerely



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Government Structure

PLEASE NOTE

The Group Directors and Directors in each department are not listed in any hierarchical order, as they are all equal members of their respective leadership teams.

The States of Jersey Police do not report to the Chief Executive Officer and therefore are not included in this structure chart.

This document is reviewed monthly. Any amends should be emailed to corporatecomms@gov.je

Communications Service Central Structure

