

Governance fit for the future

**A programme of action to strengthen governance arrangements for
Health and Community Services in the States of Jersey**

October 2018

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1. Executive Summary

This report seeks to address the concerns raised by the Comptroller and Auditor General (C&AG) in her report entitled 'Governance arrangements for Health and Social Care' that was published on 13th September 2018.

The C&AG took an overarching view dealing with policy matters as well as States-wide issues. This response is written with HCS as its prime focus, but reflects consideration of these broader aspects.

The Health and Community Services (HCS) department (formerly known as HSSD) fully accept the C&AG's findings. Corporate and clinical governance has not been as clear or rigorous as it should have been and we accept that improvements must be made.

Achieving this will require a fundamental change in our approach to governance - to create a strong culture that encourages challenge and embraces learning. HCS are committed to taking all the steps necessary to improve and strengthen governance arrangements. Inevitably, however, introducing and embedding changes at every level of the organisation will take time. This response therefore sets out an action plan that will span years not months. Accordingly, we will have to take stock regularly both of the progress made and the results being achieved.

This report:

- summarises the main findings from the C&AG report
- outlines the actions that have already been undertaken to address the findings, including the implementation of the States of Jersey Chief Executive's new target operating model and the strengthening of the HCS senior leadership team, the Management Executive
- sets out what we plan to do to address governance issues in the future including establishing a revised board and committee structure, creating a good governance handbook for staff and a number of other actions to address some key themes:
 - Creating a more agile organisation that supports and enables more decision-making at the front line
 - Designing governance that will promote and facilitate joined up care
 - Reducing the complexity of governance arrangements and increasing whole system oversight
 - Improving standard-setting and performance management with better use of data to inform decision making, drive performance and plan services based on need and increase transparency
 - Creating a culture where governance is 'everyone's business'.

Appendix one sets out the initial actions being taken to address each of the C&AG recommendations.

This response reflects a commitment to take the recommendations outlined by the C&AG and apply them to help us develop a stronger health and care system for the people of Jersey, driving a quicker pace of change. HCS will ensure the robust action plan outlined in this report is tracked rigorously through to completion. We will do so collaboratively as One Government, working closely with other States of Jersey departments involved with health and social care, to ensure arrangements are consistent and run as smoothly as possible.

2. Findings in the report

2.1 What the C&AG review set out to do

On 13th September, the Comptroller and Auditor General (C&AG) published a report entitled 'Governance arrangements for Health and Social Care'. The review focused on:

- the adequacy of arrangements for the governance of health and social care; and
- the adequacy of arrangements for development of proposals for changing the governance of health and social care.

The review reflected the governance structures in place as at May 2018.

2.2 Why a review of governance was important

Good governance is of particular importance for Jersey's health and social care services because of:

- the scale of States expenditure in this area, which amounts to nearly £270 million
- the particular need for public confidence in the health and social care system
- instances of previous failings in health and social care due in part to unsatisfactory governance arrangements
- the substantial changes required in health and social care and the need for those changes to be well governed.

2.3 What the review found

The C&AG's assessment pinpointed various governance shortcomings across six areas:

2.3.1 Overall governance arrangements

The C&AG reviewed the overall responsibility for health and social care within the States of Jersey, identifying that responsibility is split across three departments. She concluded that:

- there were unnecessarily complex governance arrangements in place
- there were gaps in documentation showing groups' responsibilities, accountabilities and relationships, or distinguishing their roles in change from their roles in 'business as usual'

- there was no clear timetable for regulation and inspection to be extended to all services
- the effectiveness of the various governance groups had not been subject to challenge and systematic review, with some groups operating with out of date terms of reference
- plans to implement a Strategic Partnership Board involving wider stakeholders had been paused.

2.3.2 Focusing on service objectives and on outcomes for citizens and users

The C&AG identified that focusing on the purpose of a service from the perspective of those who use and fund it is at the heart of good governance of public services. She concluded that:

- there was no truly integrated approach to cross-departmental strategic planning, design, delivery and evaluation of health and social care services
- improved performance monitoring was needed incorporating the effective use of benchmarking data and targets with a focus on outcomes/quality rather than activity only
- the Jersey Nursing Assessment and Accreditation System (JNAAS) had not yet been rolled out
- the Health and Social Services Department (HSSD) were better at planning for expenditure growth than for cost savings and that there was a significant shortfall against the department's Safely Reducing Cost efficiency savings target.

2.3.3 Performing effectively in clearly defined functions and roles

The C&AG states in her report that good governance involves clarity of functions and responsibilities. However, in her review she found:

- a lack of clear functions and responsibilities for key groups, meaning responsibilities were not effectively discharged
- no common understanding of governance and accountabilities, increasing the risk that safeguards might fail
- clinical audit was not fully effective
- there was not effective monitoring of the implementation of agreed recommendations from internal and external reviews.

2.3.4 Promoting values of good governance and demonstrating these through behaviour

An important part of good governance is having a common understanding of and commitment to the values of good governance. In her report, the C&AG noted that:

- there needed to be effective application of the States whistleblowing policy

- the HSSD 'Our Values, Our Actions' initiative needs constant reinforcement to ensure it is embedded
- complaints were not used to promote common values, with poor response target compliance
- there was a lack of complaints monitoring across dentistry and optometry although the C&AG acknowledges that these are not publicly funded.

2.3.5 Taking informed, transparent decisions and managing risks

Good governance entails making decisions transparently on the basis of good information. The C&AG reported that:

- compared with the UK, there is relatively little information available to the public about the process of decision making or performance of health and social care services against agreed standards or targets
- there has been a lack of pace in increasing transparency
- there were inadequate risk management arrangements in place.

2.3.6 Developing the capacity and capability of those involved in governance

Good governance is dependent on the people responsible for governance. The C&AG concluded that:

- there is a need for greater stakeholder involvement in the work to transform services
- there is a need to involve wider stakeholders in decision making
- there is a need to establish a Patient and Public Advisory Group.

2.4 Factors that contributed to the C&AG's findings

As the C&AG notes in her review, there was an ambitious programme of change running alongside business-as-usual activities. This change programme, that sought to provide a more joined up approach to care for people who use services, spanned multiple States departments and involved a range of external partners.

In order for the change programme to succeed, there needed to be a strong governance structure in place that functioned effectively from the top down and the bottom up. Previous leadership did not put all of the required governance structures in place and those that were in place were not operating as effectively as they should have been. Instead, HSSD operated with a complex and disjointed set of arrangements. This led to:

- a proliferation of boards with unclear terms of reference, accountability and decision making authority

- unclear processes for getting decisions made for business as usual activities and for change programmes
- insufficient use of information to make informed decisions
- slow pace of change on key initiatives and a lack of accountability when there was underperformance on the delivery of those initiatives.

3 Improving governance arrangements

3.1 What is our response to the findings?

The Health and Community Services (HCS) department fully accepts the findings in the report. Governance has not been as clear or rigorous as it should have been and improvements must be made.

Good governance arrangements around our day-to-day services, change programmes and financial position should not be complex. In fact, the nature of the work we do demands that they should be as simple but rigorous as possible. Good governance should make it easier for staff to do their jobs effectively with clarity around decision making processes and reporting lines.

To achieve this requires a fundamental change in our approach to governance and the creation of a culture that encourages challenge and embraces learning. HCS are committed to taking all steps necessary to improve and strengthen all governance arrangements within the department, and we are developing a comprehensive action plan to ensure the implementation of the report's recommendations.

This response is written with HCS as its prime focus. However, the C&AG's report addressed States-wide governance issues which have been the subject of consultation across the government departments more generally. As part of the States' One Government reforms, we will continue to foster a joined up approach to the important policy and other matters that must be tackled in a consistent and co-ordinated way. In this spirit, HCS will take the lead in setting the direction for publicly funded services overall. This will be done with the States broader needs and priorities very much in mind, maintaining close links with other departments to ensure that health and social care arrangements are consistent and run smoothly and as intended.

3.2 What has already been done to strengthen governance?

The C&AG's review reflects the governance structures in place as at May 2018. Since then, firm and swift action has already been taken to improve governance.

Firstly, the States of Jersey has commenced implementation of a new target operating model. The model provides clarity as to which States departments are responsible for different aspects of health and care services and has resulted in the Health and Social Services Department (HSSD) being formally renamed as Health and Community Services (HCS) placing a stronger emphasis on an integrated approach to health and care. Responsibility for services related to children's health is moving to the new Department for Children, Young People, Education and Skills and the management of ambulance services has transferred to the Department for Justice and Home Affairs.

Secondly, the senior leadership team has been strengthened within HCS and the most senior roles and responsibilities within the department have been published in the target operating model:

- Director General – Replacing the role of HSSD Chief Officer is the role of Director General who will lead HCS, supported by three group directors.
- Group Managing Director – this role brings together the functions of the General Hospital and Adult Services under one leadership role to improve patient experience and deliver more effective joined-up care. The Group Managing Director will have overall responsibility for information governance and corporate governance.
- Group Medical Director – this post has moved up to Tier 2 to recognise the need for strong clinical voices at the most senior levels within HCS. Currently there are two Acting Group Medical Directors covering this post, one for the hospital and one for primary care. We anticipate that a single substantive post holder will be in place by Spring 2019. The Group Medical Director will be the Caldicott Guardian and will have overall responsibility for clinical quality and safety. They will be supported by an Associate Medical Director for Patient Safety and Quality Improvement.
- Chief Nurse – this role provides accountability and professional leadership for nursing across the island, promoting high standards and levels of practice. The Group Chief Nurse has overall responsibility for safeguarding.

These posts form the new Management Executive team which provides leadership, strategic oversight and governance for HCS. One of the significant improvements that strengthens governance is that a senior doctor (Group Medical Director) is now part of the Management Executive, meaning that they are at the heart of decision making at a strategic level. Working alongside the Chief Nurse, the Group Medical Director's position being part of the Management Executive will strengthen clinical and professional leadership at the top of the organisation. HCS will also ensure that allied health professionals and social care professionals play their full part in its senior leadership and team structures going forward.

To support the transition to the new operating model and speed up the process of reforming and restructuring HCS, two additional interim roles have been created:

- Interim Head of Health Modernisation – this post has responsibility for supporting the restructuring of HCS including development the new governance infrastructure. It will also support the process of health reform by developing and prioritising realistic plans for business as usual and change and supporting their implementation.
- Interim Director of Community and Adult Services – this post has responsibility for ensuring that there is a more joined-up and focused service for adult health and social care in the community, following the removal of Children's Services from the department.

The need for these two posts will be reviewed after six months.

Essentially, the changes heralded by implementation of the target operating model are all about building a structure that can drive beneficial change consistently and dynamically. They are intended to create the greater clarity and accountability called for in the C&AG report. It is not just the structure within the target operating model that is expected to make the difference. New organisational arrangements are intended to promote clearer responsibilities and accountability so that decision making can be undertaken by clinical leaders closer to the front line. This will require stronger delegation and a more disciplined approach in escalating issues that require attention corporately. The good governance handbook for staff will deal with the mechanics of achieving these important goals on a day to day basis.

Thirdly, in light of the Lord Darzi review of Health and Care published in April 2018, work has already begun to reconstitute Clinical Governance into a Clinical (patient care) Quality and Safety framework. This will be overseen by the new Care and Clinical Quality and Safety Assurance Committee that will be established as part of the revised board and committee structure (explained in more detail later in this document).

3.3 What do we plan to do in the future?

HCS is committed to creating a health promoting, safe and effective service for all islanders that is organised robust and remains resilient into the future. This section of the document sets out further actions we will undertake to embed these governance principles across all health and care services.

3.3.1 Build on existing strengths

Some aspects of existing governance arrangements are sound. There are certain characteristics of the organisation that we will build upon to support the creation of better governance:

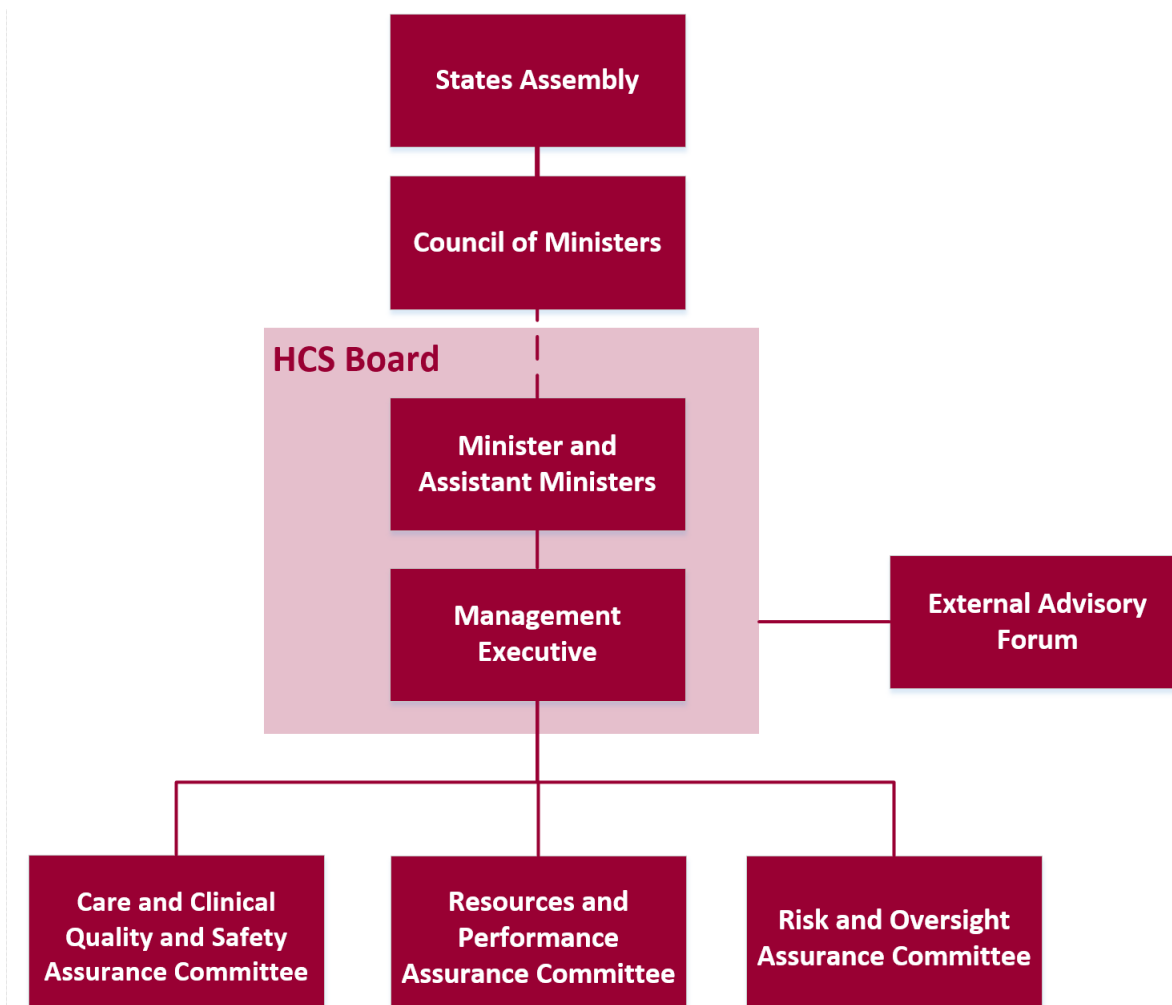
- There is already strong Ministerial oversight. To establish good governance, internal political oversight and sponsorship will continue to be essential, and we will ensure this remains in place and functions well.
- The ambitions set out in the White Paper ‘Health and Social Services: A New Way Forward’ (P82) are still sound and will underpin the shaping of future governance arrangements to ensure the framework supports the achievement of established aims:
 - Wrapping care around the service user
 - Breaking down barriers between providers
 - Reducing reliance on acute care
 - Improving our use of technology to support service delivery and improve care
 - Dealing with longstanding funding and incentive issues
 - Getting the right workforce in place
- The clinical and professional leadership across health and care services
- The enthusiasm for partnership working with primary care, community and voluntary sector providers
- The desire for greater involvement of our citizens in the development of services
- The hard work and dedication of staff across health and social care who will welcome clearer governance to support their work.

3.3.2 Establish a revised board and committee structure

As the C&AG outlined in her report, there have been unnecessarily complex governance arrangements in place with a lack of clarity around groups’ responsibilities, accountabilities and relationships.

As a first step to rectifying this situation, we intend to establish a streamlined HCS board and supporting committee structure.

The diagram below sets out Jersey’s high level governance arrangements and shows how a streamlined framework for HCS governance will be created within those arrangements:



These arrangements will allow a single, properly constituted board to provide visible leadership and to secure the improvements anticipated by P82 (the White Paper “Health and Social Services: A New Way Forward”) and in the Common Strategic Policy. The board will co-ordinate HCS’ activities, focus strategy and ensure grip. This should also allow HCS to demonstrate that available resources are being directed towards explicit priorities.

From early 2019, the new HCS Board will meet quarterly and in public with published papers and documented decisions. This will be where major/strategic issues will be discussed, including all those that require a Ministerial Decision, a change in legislation or the lodging of a proposition. Ministers and members of the Management Executive will continue to meet informally at other times to conduct day-to-day business, and to deal with urgent / operational matters. Key programmes of work progressed between times will be reported routinely to public sessions of the board. Membership of the board will consist of the Minister for HCS and his Assistant Ministers plus the Director General, Chief Nurse, Group Managing Director and Group Medical Director.

To be explicit, in establishing an HCS Board, the States are not seeking to create a body corporate designed or entitled to make decisions independently. Rather, the

board is intended to develop and deliver system plans from both ministerial and managerial perspectives. In particular, it will not dilute the responsibilities of the Minister or alter the way that priorities are determined corporately by the Council of Ministers; and the States Assembly must agree any legislative changes. As chair of the board, the Health Minister will, in effect, be choosing to discharge his most important obligations and responsibilities through a mechanism created for that purpose. In much the same way, the Director General and other staff with roles prescribed in law will be able to fulfil their duties in a joined up and transparent way and to do so without weakening their external accountabilities.

This proposed structure is reflective of models of governance that operate in other advanced healthcare systems, with committees or working groups supporting the conduct of business in particular areas. The table below sets out the functions of the HCS Board and committee structure.

Board / Committee	Purpose	Proposed frequency
HCS Board	The board has oversight of HCS's business and is ultimately responsible for HCS's performance. It provides strategic direction and formulates strategy to help ensure we deliver services that promote good health and are safe and effective. It provides visible leadership and will hold the Management Executive to account for delivering of the HCS strategy. It will also obtain assurance that systems of control are robust and reliable.	Quarterly
Management Executive	The Management Executive leads the HCS business and manages priorities by balancing clinical, operational, service users, financial and political imperatives. It is responsible for day-to-day decision making with regard to services and will escalate matters to the board that require Ministerial Decision, Proposition or Public Consultation.	Fortnightly
Care & Clinical Quality and Safety Assurance Committee	This committee is responsible for ensuring that appropriate arrangements are in place for measuring and monitoring quality including patient safety and compliance with health and safety requirements. The committee will be proactive in assuring the board that robust arrangements to safeguard standards are in place at every level and that they are operating effectively.	Monthly
Resources and Performance Assurance Committee	This committee is responsible for monitoring and assurance of the organisation's financial and operational performance. Amongst other things, the committee will help the board demonstrate that HCS is delivering good value for money.	Monthly
Risk and oversight Committee	This committee is responsible for helping the board secure achievement of its objectives. This will entail a continuous and objective review of the financial and	Monthly

	other corporate governance processes, upon which the board relies for its assurance. This will include the co-ordination and integrity of all systems, processes and protocols used to underpin risk management across HCS' clinical and non-clinical activities.	
External Advisory forum	The External Advisory Forum will provide the board with whole-system input into its strategy and planning and can give voice to any preferences or concerns that key stakeholders may want taken into account. It will have access to or representation from service users, external partners / organisations, third sector and professional bodies.	Quarterly

We anticipate that there will be frequent attendance at or representation on most key committees from third parties - including other States departments and external partner organisations (e.g. FNHC and Jersey Hospice Care). The purpose of establishing the External Advisory Forum is to ensure that the HCS Board will have access to third parties' views and perspectives when considering issues affecting a range of stakeholders and that the board can get feedback on its plans throughout the annual business cycle. These mechanisms should provide a structure through which the States' can achieve its collective aim of operating as 'One Government' in future.

The proposed arrangements have been endorsed by both the Corporate Strategy Board and the Council of Ministers. We recognise that any revised board and committee structure will require consultation with wider stakeholders including the C&AG, Health Scrutiny, the Public Accounts Committee, the Privileges and Procedures Committee and the States Assembly prior to implementation. However, it is difficult to see how the C&AG's fundamental recommendations could be translated into purposeful action without serious reform of the kind now being proposed.

The Management Executive will maintain strong links to States-wide Governance functions, including machinery such the Future Hospital Board created for defined periods or specific purposes.

HCS will work with other departments to establish and maintain appropriate policy, operational and governance links with other areas of publicly and privately funded health and social care provision.

The governance required for social care, particularly in terms of professional leadership, is different from medical and clinical professions. Nonetheless, we are clear that those with the relevant professional expertise and experience are best placed to provide the kind of leadership that front line services need. Our governance and organisational arrangements will reflect this principle.

Within the re-organised HCS, governance will focus primarily on adult social care, rather than a full age range. However, we will ensure that there is an effective interface with the Children, Young People, Education and Skills Department governance structures to ensure they are fit for transitions from childhood to adulthood and for families.

To enhance the transparency and effectiveness of the boards and committees, each will have a formal terms of reference setting out its accountability, reporting lines, authorities and responsibilities. These will be published on www.gov.je and will be reviewed on at least an annual basis. There will also be structured report templates, guidance on processes and training provided to support the successful functioning of the boards / committees.

Risk management systems will be developed to ensure there is a more structured and transparent way of anticipating and mitigating risks successfully.

3.3.3 Design principles

A number of design principles will underpin our new governance arrangements. These will help to shape the way HCS and its staff influence, interact and work together to achieve results. This will be supported by the work on culture change (“Team Jersey”) that is being carried forward States-wide. HCS’s four proposed high level design principles are shown in the table below, alongside examples of how we will apply these principles in our operations and behaviours.

Design principles¹

Principle 1 – Our governance arrangements will provide for clear leadership and accountability. There will be:

- Strong leadership with a clear organisational strategy, vision and explicit priorities that are reflected in consistent decisions
- A joined-up approach to health and care with clear responsibilities across States departments
- Clear roles, responsibilities and expectations at all levels to create a culture of accountability that runs from the board to ward and beyond
- Clear governance structures for health and care with functions, accountability and purpose of all boards / committees set out clearly in up to date terms of reference
- Consistent use of data and clinical engagement to make evidence-based decisions
- A consistent approach to risk management to ensure the organisation has a greater understanding of the risks it faces and how to manage them

¹ These design principles may evolve as the handbook is developed

- Will ensure we work in a whole system context with wider stakeholders across Primary Care, the voluntary sector and other key partners.

Principle 2 – Our governance arrangements will maintain a strong focus on quality and safety. We will promote:

- A system-wide approach to care aimed at ensuring people receive the right care in the right place at the right time
- Delivery of quality care that is as safe and effective as it can be by ensuring systems and processes are consistent, joined up and robust
- An agreed framework to maintain and enhance quality assurance
- Increased staff and public engagement to drive continuous improvement through better use of feedback, complaints, compliments, incident data and whistleblowing mechanisms
- Better data collection and consistent use of benchmarking and targets across all services to drive performance and service quality
- Increased focus on quality of outcomes rather than just on activity.

Principle 3 - Our governance arrangements will help us ensure we make efficient, effective use of our limited resources. We will work towards:

- Continual workforce planning to better understand current workforce needs and forecast future demands
- Stronger emphasis on training to upskill existing staff to reach their full potential
- Organisational objectives linked to departmental, team and individual objectives
- A wider understanding of the way that funds flow around our system with firmer budgetary discipline within HCS
- A more consistent approach to managing and implementing change in the organisation.

Priority 4 – Our arrangements will help us achieve timely, well governed services and service transformation in line with our strategic plans. We intend to:

- Raise awareness and embed good governance as part of the culture of the organisation
- Train and educate staff at all levels on the importance of good governance and their role in achieving it
- Encourage transparent decision making processes
- Ensure greater focus on sharing information with wider stakeholders to scrutinise and provide challenge to key decisions
- Embrace the power of digital solutions to facilitate good governance
- Promote a learning culture and continuous improvement approach
- Make priorities explicit and real, linking them to team and individual objectives.

This list is not intended to be exhaustive. We recognise the need to respond continuously and flexibly if we are to build a transparent organisation that listens to its stakeholders and learns from its mistakes.

3.3.4 Create a good governance handbook for staff

The achievement of good governance requires continuing and determined effort. Staff within the organisation and beyond need to have an understanding of what good governance looks like, their role in achieving it and how decisions should be made across the organisation.

HCS will therefore produce and publish a good governance handbook for staff that will build upon the recommendations set out in the C&AG report and which will seek to be a catalyst for change to a more accountable culture across health and will build upon the design principles. It will help individual practitioners and everyone else involved with the governance of health and care not only to understand and apply common principles of good governance, but also to understand why governance must be rooted in clear and shared expectations.

The ideas and ideals set out in the handbook will be translated into grounded arrangements that will operate across services. So, it is intended that the handbook will illustrate situations where good governance is required and be a document that staff can refer to as and when needed.

Clearly, we will need to train our staff in our approach and support them to work in new ways. However, by using the handbook as a tool for familiarising everyone with the part they can play in ensuring their organisation is well run, we aim to ensure 'good governance' becomes embedded into our culture.

3.3.5 Other steps to strengthen governance arrangements

There are a number of key themes that will underpin our future governance arrangements. We will improve the way healthcare is planned and delivered by:

Creating a more agile organisation to enable more decision-making at the front line

- Implementing a new HCS target operating model (TOM) to reduce the complexity of managerial responsibility
- Streamlining decision-making structures to empower accountable staff operating within clear delegated authority

- Reviewing the approach to transformation ensuring it is realistic, achievable and aligned to 'business as usual' with the right level of support identified to deliver successfully
- Aligning resources and responsibilities to health and care transformation and strategic goals set out in Common Strategic Policy
- Creating an explicit assurance framework to ensure there is an effective and comprehensive process in place at every level to identify, understand, monitor and address current and future risks
- Developing workforce plans for individual services with a stronger emphasis on training to upskill existing staff to reach their full potential
- Reviewing statutory powers for key roles including Chief Nurse and Social Care lead so that they can be modernised where necessary.

Focusing on a care model that delivers the right care, in the right place, at the right time

- Designing whole care pathways to facilitate closer working across services
- Developing more community based services at or closer to home to reduce the reliance on the hospital and meet the needs of our growing population of older people
- Continuing work to expand roles of all professionals including primary care
- Increasing joined up working with Primary Care, voluntary sector and other community groups to provide whole system approach to care
- Continuing to breakdown provider service silos by driving multidisciplinary working to operate within new models of care
- Improving linkages between HCS and the work of the Strategic Public Health Unit by ensuring new ways of working together are agreed
- Developing a Joint Strategic Needs Assessment (JSNA) for the island
- Improving integration between self-care, primary intermediate care, secondary care and tertiary care.

Addressing cultural issues

- Promoting a culture of openness, candour and freedom to raise concerns across people who use our services and staff with a promise of a rapid response should a situation arise
- The continued rollout of 'Our Values, Our Actions' programme including recruitment of 'Champions' to embed the principles which should be at the heart of the cultural, behavioural relationship between the department and staff
- Embracing the States wide culture programme being rolled out across the organisation within HCS
- Communicating new governance arrangements to staff supported by the good governance staff handbook and training (as set out above).

3.4 Timeline for delivery

We will implement governance changes at pace. In relation to some of the high level actions outlined in this document, HCS are working toward the following timetable:

HCS will begin consultation on the new board and committee structure in November with the aim of implementation in early 2019.

The good governance staff handbook will be drafted and consulted on with the aim of publishing and rolling out to staff in the New Year.

HCS are working towards consulting on their revised target operating model with implementation planned to take place in parallel (i.e. during early 2019).

Other actions geared to the C&AG's specific recommendations are outlined in Appendix 1.

4. Conclusion

The publishing of the C&AG report is timely. As the Comptroller and Auditor General noted, there are currently substantial changes already being implemented within health and social care. The structural changes already made have helped simplify structures and reduce the complexity of previous governance arrangements. By embracing the aims of One Government, we will work collaboratively across all States departments to provide a coordinated approach to health and care in Jersey.

As we continue our work in redesigning health and social care services for all, the public needs to have confidence in what HCS says and does. By promoting transparency in our decision making we hope to drive a culture where good governance is 'everyone's business'. If mistakes are made we will draw on an enhanced commitment to open disclosure and candour, by undertaking to investigate, respond and learn in a rapid and structured way. This response seeks to exemplify and evidence this approach.

HCS is determined to take the recommendations outlined by the C&AG and to apply them to help us develop a stronger health and care system for the people of Jersey, driving a quicker pace of change. Our new board will ensure the robust action plan outlined in this report is tracked rigorously and will keep the C&AG and the Public Accounts Committee abreast of improvements and developments, seeking advice or guidance where appropriate.

Appendix 1 – Response to specific recommendations

Report Ref	Recommendation	Actions	Proposed Timescale	Responsibility
Overall arrangements				
R1	Ensure that effective over-arching structures are in place to manage health and social care provision.	A full review of all structures, roles and responsibilities is being undertaken as part of implementing the target operating model within HCS.	Board arrangements subject to consultation with C&AG, Scrutiny, PAC, P&PC Q4 2018. TOM proposals to be published November 2018. Agreed staffing structure consultation Q1 2019.	Director General (DG)
R2	Review the effectiveness of and rationalise the current groups supporting the governance of health and social care, ensuring that they are fit for purpose and have up-to-date terms of reference and clear accountabilities.	New governance structure implemented with a board established at the head to formulate and challenge HCS strategy. Streamlined committees formed to govern Assurance, Performance, Modernisation and Audit with clear functions. ToR's developed for all groups within governance structure.	Ongoing (see above)	DG & Minister
R3	Publish a timetable for the extension of independent regulation and inspection to all elements of health and social care, including services directly provided by the States.	The Regulation of Care (Jersey) Law 2014 (the "2014 Law") will come into force on 1 January 2019, subject to a decision of the States Assembly to be taken in November 2018. The 2014 Law provided for the establishment of an independent Care Commission who are	Early 2019	Independent Regulator

Report Ref	Recommendation	Actions	Proposed Timescale	Responsibility
		<p>responsible for the regulation and inspection of health and social care services in Jersey. In the first instance the Commission –which is already set up in shadow form – will regulate care home services, home care services and adults day care services. This will include services provided by the States of Jersey and all independent providers.</p> <p>As a matter of priority, Regulations will be brought forward relating to inspection of children’s residential homes. The Commission envisages that these will be in place before end of 2019 but, in the meantime the Commission will undertake to inspect any health and social care service as directed by the Chief Minister or the Health and Social Services Minister under Article 38 of the 2014 Law. A timetable for the extension of independent regulation and inspection by the commission to all health and social care services will be published in early 2019 – this will include all SoJ services.</p>		

Report Ref	Recommendation	Actions	Proposed Timescale	Responsibility
R4	Ensure that consultancy reviews leading to proposals for change include documented evaluations of alternatives against agreed criteria.	Further consultancy advice should not be required on governance arrangements.	Complete	N/A
R5	Thoroughly review the findings of the consultants that led to the proposal for the Strategic Partnership Board, determine actions in response and monitor their implementation.	Findings reviewed and reflected within plan to develop an External advisory forum involving a range of stakeholders including voluntary sector, Primary Care and service users.	Early 19	HCS Board
Focussing on the purpose and on outcomes for citizens and service users				
R6	Review and update documents setting out objectives for departments involved in health and social care in light of the new structures established under the target operating model.	The Government's Common Strategic Policy (CSP) sets out States wide policies and refreshed priorities which address broader aspects. HCS will publish refreshed goals and metrics in HCS in its 2019 plan. These will link to the new CSP.	Early 19	Management Executive
R7	Adopt a clear timetable for the development of a Health and Wellbeing Framework for Jersey, supported by a work programme to deliver the Framework.	Prevention efforts on physical inactivity, diet, alcohol and tobacco will be brought together alongside cross government health and wellbeing policy considerations in an overarching health and wellbeing framework. A full timetable for developing this work and work programme will be developed	November 18	Director of Public Health Policy

Report Ref	Recommendation	Actions	Proposed Timescale	Responsibility
		alongside the transitional arrangements made between the States of Jersey Common Strategic Policy and Confirmation of the Government Plan 2020-2023.		
R8	Develop a comprehensive, integrated approach to capturing and using patient views across all provision of health and social care.	Establish a Patient Advocacy and Liaison Service (PALS) to answer patient questions and resolve their concerns. Proposals to the first meeting of the HCS Board. Service user representation will be a feature of the External Advisory forum.	Early 2019	Chief Nurse
R9	Develop a comprehensive programme for improving performance reporting across health and social care, including securing data quality and adoption of meaningful targets.	Implement Resource and Performance Committee within governance structure to continuously review and challenge performance. Implementation of metrics and targets across services. New performance report being developed for 2019 – Draft available for December 2018.	December 18	Group Managing Director
R10	Prioritise the development of benchmarking of the quality and outcomes of health and social care in Jersey against other jurisdictions.	Review services individually to ensure KPI's are in place and that they align to benchmarks as part of service redesign methodology.	Q1 2019	Performance and Resources Committee

Report Ref	Recommendation	Actions	Proposed Timescale	Responsibility
R11	Develop a plan for the rollout of Jersey Nursing Assessment and Accreditation System across all elements of health and care, including other publicly funded health and care providers, and monitor implementation.	JNAAS programme in place and currently developing the reporting framework 'ward to board'. Two wards have already completed the process in the hospital in October 2018 and it will be rolled out across other wards.	Underway	Chief Nurse
R12	Operate a structured approach to identifying and implementing efficiency savings across health and social care, ensuring that savings are identified before the commencement of the financial year.	Work being initiated through a finance working group established for this purpose. terms of reference require detailed proposals to be agreed before 1 January 2019.	December 2018	Treasury and Management Executive
Performing effectively in clearly defined functions and roles				
R13	Develop and implement a plan for robust oversight of governance of health and social care including: <ul style="list-style-type: none"> determining the appropriate groups, their membership, terms of reference and accountabilities; developing underlying strategies and plans; strengthening clinical and care audit and its oversight; 	<ul style="list-style-type: none"> New board and committee structure to be established and communicated with detailed terms of reference. Develop underlying strategies and plans for the delivery of new models of care / pathways Strengthen clinical / care audit and oversight by creating Associate Medical Director for patient safety and Quality whose work will be 	November 2018 – March 2019 Early 2019 Early 2019	HCS Board Management Executive Group Medical Director

Report Ref	Recommendation	Actions	Proposed Timescale	Responsibility
	<ul style="list-style-type: none"> • monitoring attendance at key governance groups; • ensuring engagement across health and social care; and • developing strengthened arrangements for engagement with community pharmacists, dentists and optometrists. 	<ul style="list-style-type: none"> • governed via the new Committee established in this area. • Risk and Oversight Committee being established. • Monitor attendance at and contribution to key groups; • Ensure health and social care engagement by unifying management arrangements across both. Group Managing Director to sit on SMT and MH community Services from 1st November 2018. Functions to be absorbed within a new Care and Clinical Operational Services Group from 1 Jan 2019. • Develop forums for engaging with community pharmacists, dentists and optometrists • External Partnership Forum to include Primary Care representatives • Review impact and efficacy of governance arrangements 6 months in 	<p>Early 2019</p> <p>Ongoing</p> <p>November 2018 to January 2019</p> <p>Ongoing</p> <p>Early 2019</p>	<p>Management Executive Management Executive Group Managing Director</p> <p>Group Medical Director</p> <p>Group Medical Director</p>

Report Ref	Recommendation	Actions	Proposed Timescale	Responsibility
			Summer 2019	HCS Board
Promoting values of good governance and demonstrating these through behaviour				
R14	In developing new States-wide whistleblowing arrangements, reflect the statutory regulatory framework under the Regulation of Care (Jersey) Law 2014 and the obligations of health and care professionals to professional bodies.	A revised whistleblowing policy has been approved by the States Employment Board. The policy responds to the key recommendations in respect of whistleblowing made in the report produced by HR Lounge Limited in February 2018. It shall be launched following a programme of training in order to ensure the effective implementation and consistent application of the policy and its procedures.	Ongoing	SEB
R15	Develop and implement mechanisms for measuring the impact of the 'OUR Values OUR Actions' initiative on culture and behaviours.	This is part of the Team Jersey initiative which will be covered by routine reports to the board with evaluations of impact.	Ongoing	Chief Nurse
R16	Develop public reporting on complaints, including their incidence, nature, handling (including speed of handling), resolution and learning.	Paper setting out proposals to be considered at first public meeting of the board. Also see See R8	Early 2019	Chief Nurse

Report Ref	Recommendation	Actions	Proposed Timescale	Responsibility
R17	Extend the requirement for reporting on complaints to all primary care providers.	HCS will work with colleagues in Social Security, primary care providers and community organisations to explore an accessible complaints process in respect of all primary care services. A position statement will be produced in Q1 to enable consideration of the legislative and other implications.	Decisions Q2 2019	Group Medical Director (Primary Care)
Taking informed transparent decisions				
R18	Extend the availability and scope of public performance reporting to increase the focus on the quality and outcome of health and care services, including performance against targets.	Work to develop an integrated reporting framework with all KPIs published at future board meetings linking to metrics associated with the CSP.	Early 2019, then quarterly thereafter	Management Executive
R19	Establish robust mechanisms to validate performance information before publication in the Annual Report.	Constraints and shortcomings highlighted in C&AG's report will continue to hamper best endeavours in 2018, but data validated in the ways proposed should be available for 2019	January 2020	Management Executive
R20	Extend the scope and nature of routine public reporting of the performance of all elements of health and social care, including through the States' website,	See R18 & R19 above Stocktake report providing comparative information on other jurisdictions will be produced for board second meeting.	Summer 2019	HCS Board

Report Ref	Recommendation	Actions	Proposed Timescale	Responsibility
	taking into account performance reporting in other jurisdictions.			
R21	Establish structured arrangements for monitoring, validating and reporting of action taken in response to agreed recommendations arising from internal and external reviews.	Quarterly board reports on this in future	Early 2019	HCS Board
R22	Establish robust arrangements for the preparation, maintenance, review and challenge of risk registers relating to health and social care, including arrangements for escalation.	Developing a board assurance framework will be the prime responsibility of our new risk and oversight committee. A programme of work detailing milestones to accomplish this will be presented to the board at the first meeting in early 2019.	Early 2019	HCS Board