

Annual Report of Findings 2022

07 February 2023

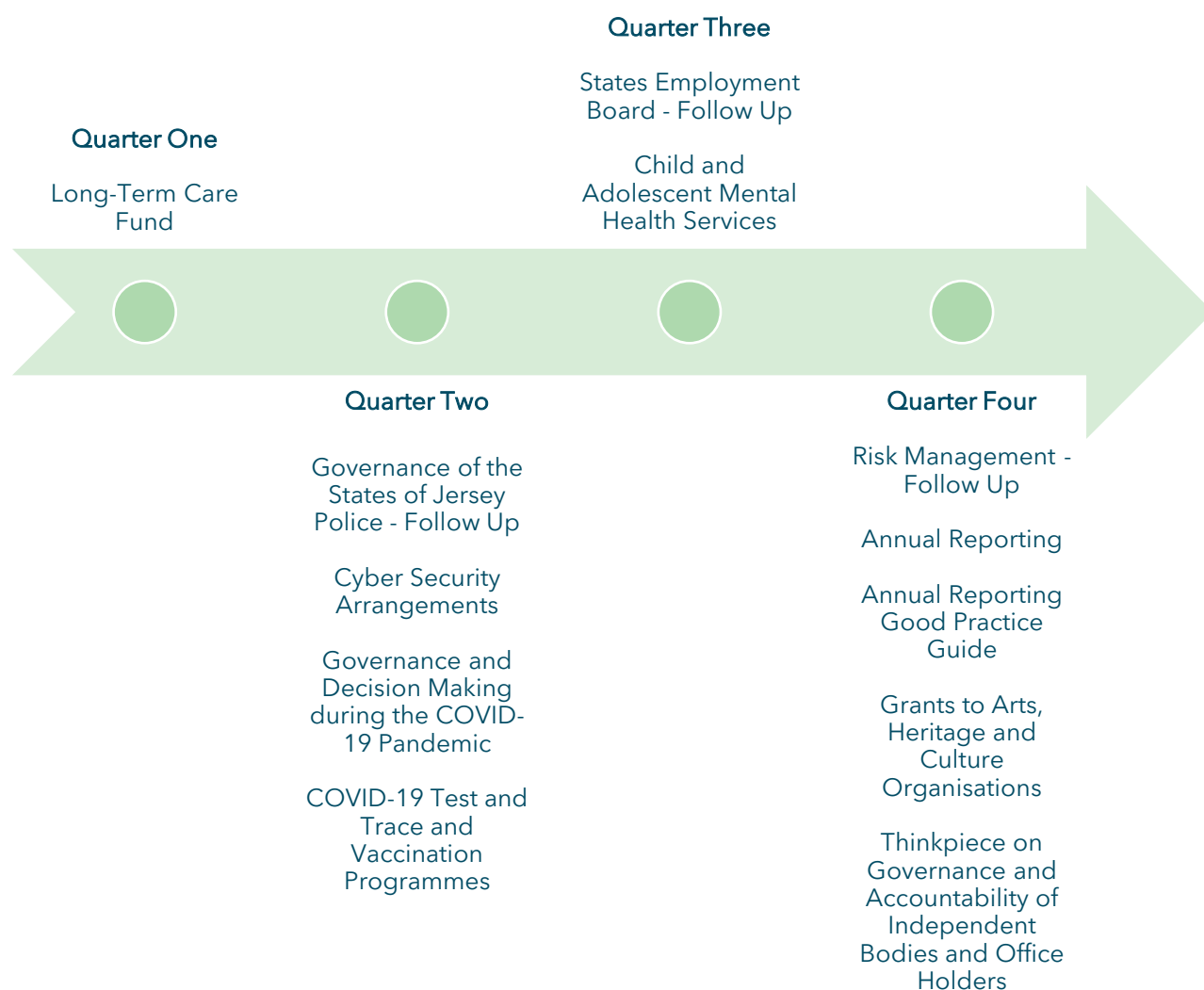
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2022 Reports and Publications Issued

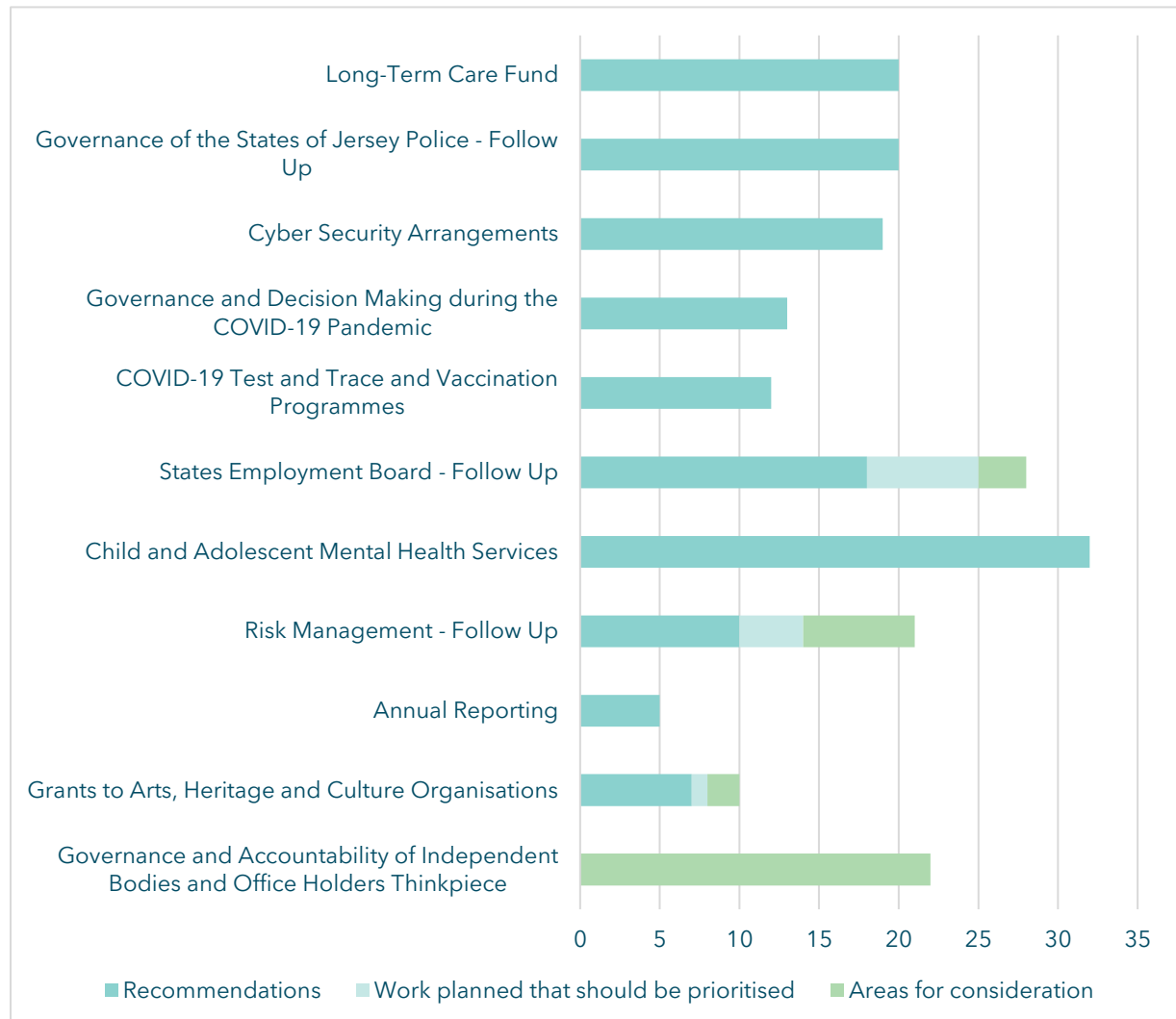
- I have issued ten reports, one Good Practice Guide and one Thinkpiece during 2022 as shown in Exhibit 1.

Exhibit 1: Reports, Good Practice Guide and Thinkpiece issued in 2022



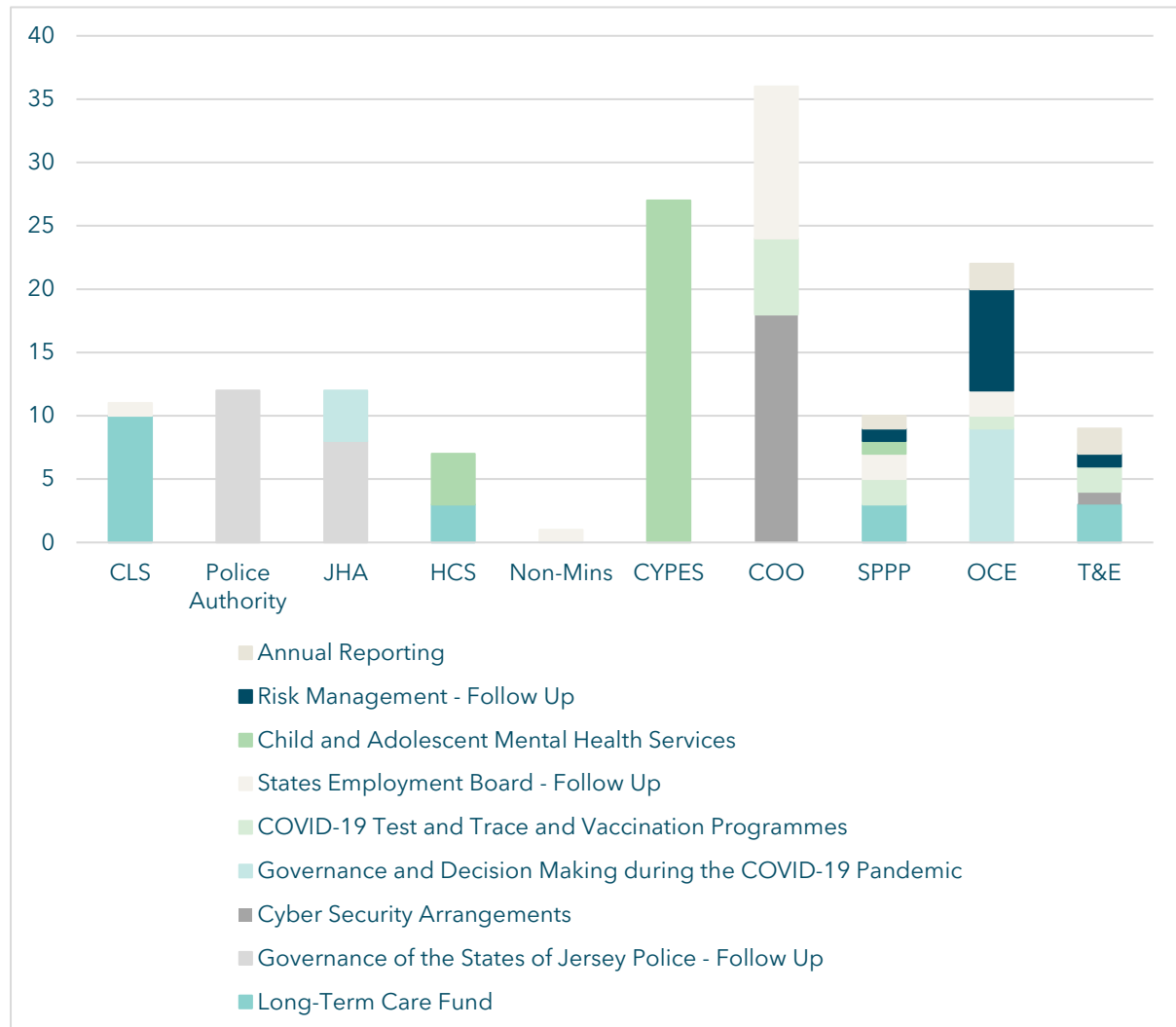
- Appendix One of this report contains a summary of each of the reports and the Thinkpiece I have issued during 2022.
- In total, I have made 156 recommendations, noted 12 areas where I concluded that work planned by the States should be prioritised and identified 34 areas for consideration by the States. Exhibit 2 provides a summary.

Exhibit 2: Summary of recommendations, work planned that should be prioritised and areas for consideration



- At the time of writing this report, formal Executive Responses have been submitted to the Public Accounts Committee for the nine reports I issued before the end of November 2022, in accordance with the agreed protocol timescales. 147 of the 149 recommendations made in these reports were accepted or partially accepted for action. Exhibit 3 shows the allocation by Government of responsibilities for action in respect of these 147 recommendations across departments.

Exhibit 3: Allocation of implementation of 2022 accepted and partially accepted recommendations

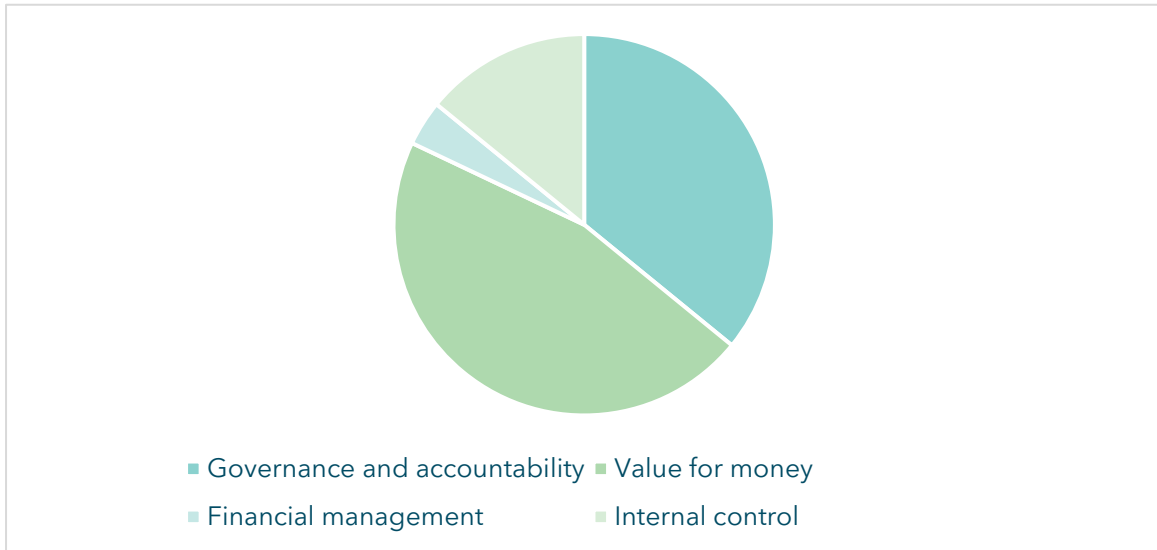


5. I have analysed all of the 156 recommendations I have made in 2022 across the following four themes:

- governance and accountability
- value for money (economy, efficiency and effectiveness)
- financial management; and
- internal control.

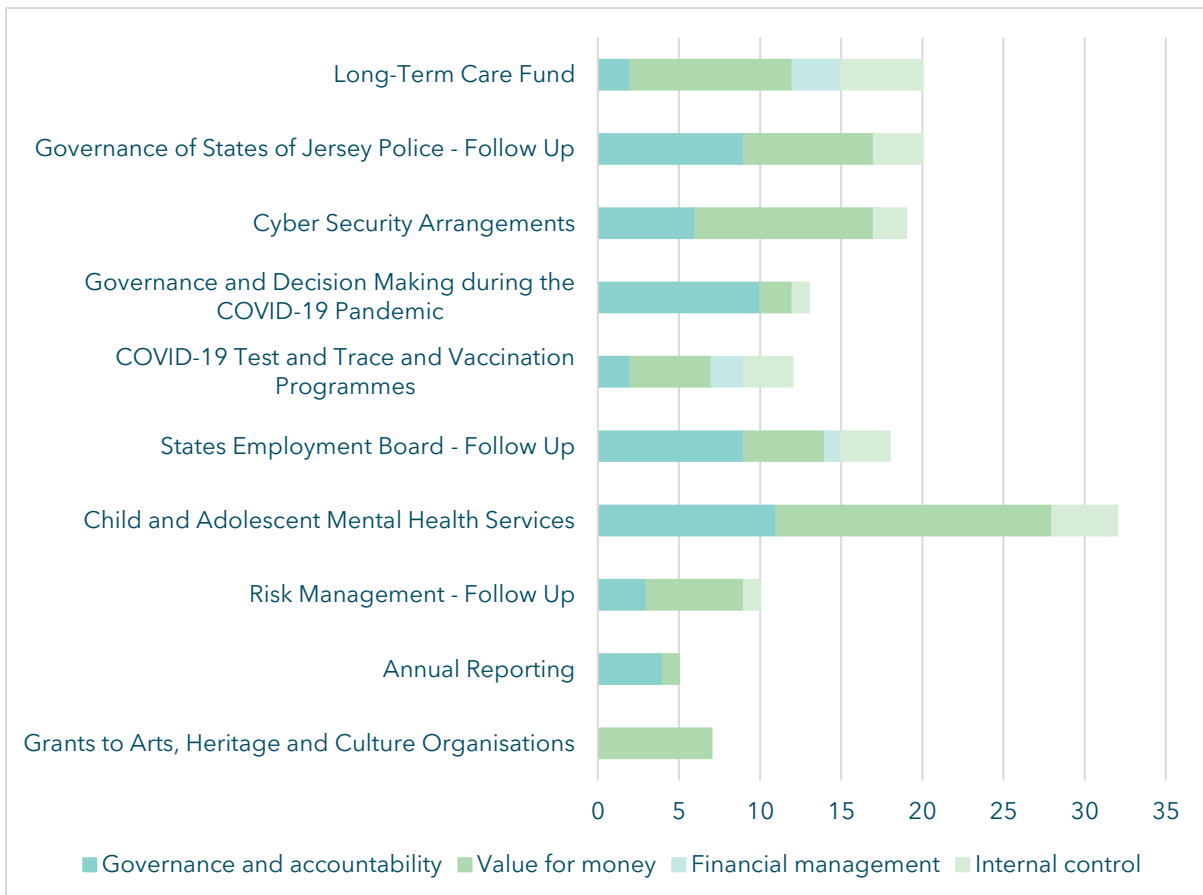
6. As shown in Exhibit 4, most of the recommendations made in 2022 relate to opportunities to improve value for money.

Exhibit 4: Analysis of the themes of recommendation made in 2022



7. A breakdown of the themes of the recommendations in each report is shown in Exhibit 5.

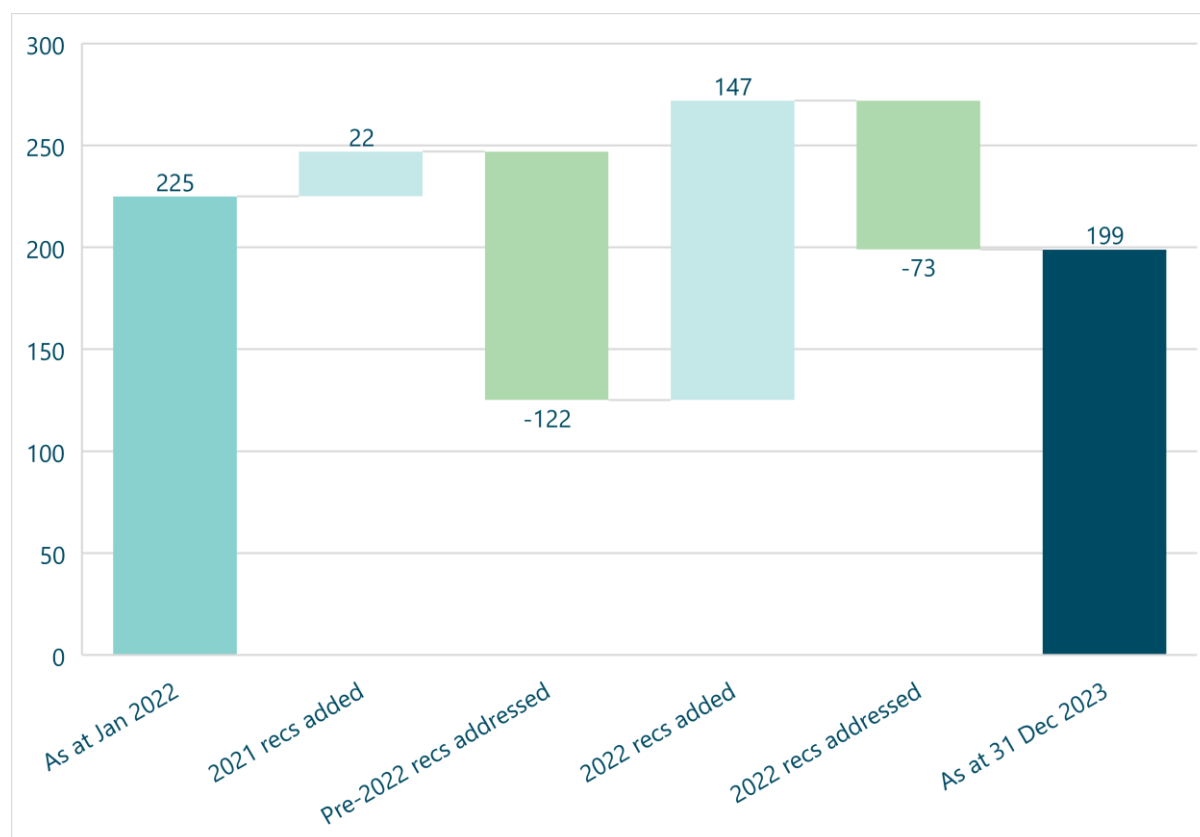
Exhibit 5: Themes of recommendations in each report issued in 2022



Tracking of C&AG Recommendations

8. The nature of the actions required to implement accepted C&AG recommendations vary. In some instances implementation may require legislative change while in other instances implementation may require policy or process change. The length of time required to implement accepted recommendations may therefore vary dependent on the actions required.
9. The Government records 'open' C&AG recommendations (accepted recommendations that are in the process of being implemented) on a Tracker. At the beginning of 2022 the Tracker recorded that 225 C&AG accepted recommendations were in the process of being implemented. By the end of 2022, this had decreased to 199. The overall movement in the number of 'open' recommendations during 2022 included:
 - 169 recommendations added the Tracker:
 - 22 recommendations from reports I issued in 2021; and
 - 147 recommendations from nine out of the ten reports I issued in 2022; and
 - 195 recommendations removed from the Tracker as having been implemented or otherwise addressed. This is made up of:
 - 122 recommendations that were recorded as 'open' at the beginning of the year; and
 - 73 new and accepted recommendations that had been added from the first nine of my 2022 reports.
10. Exhibit 6 contains more details.

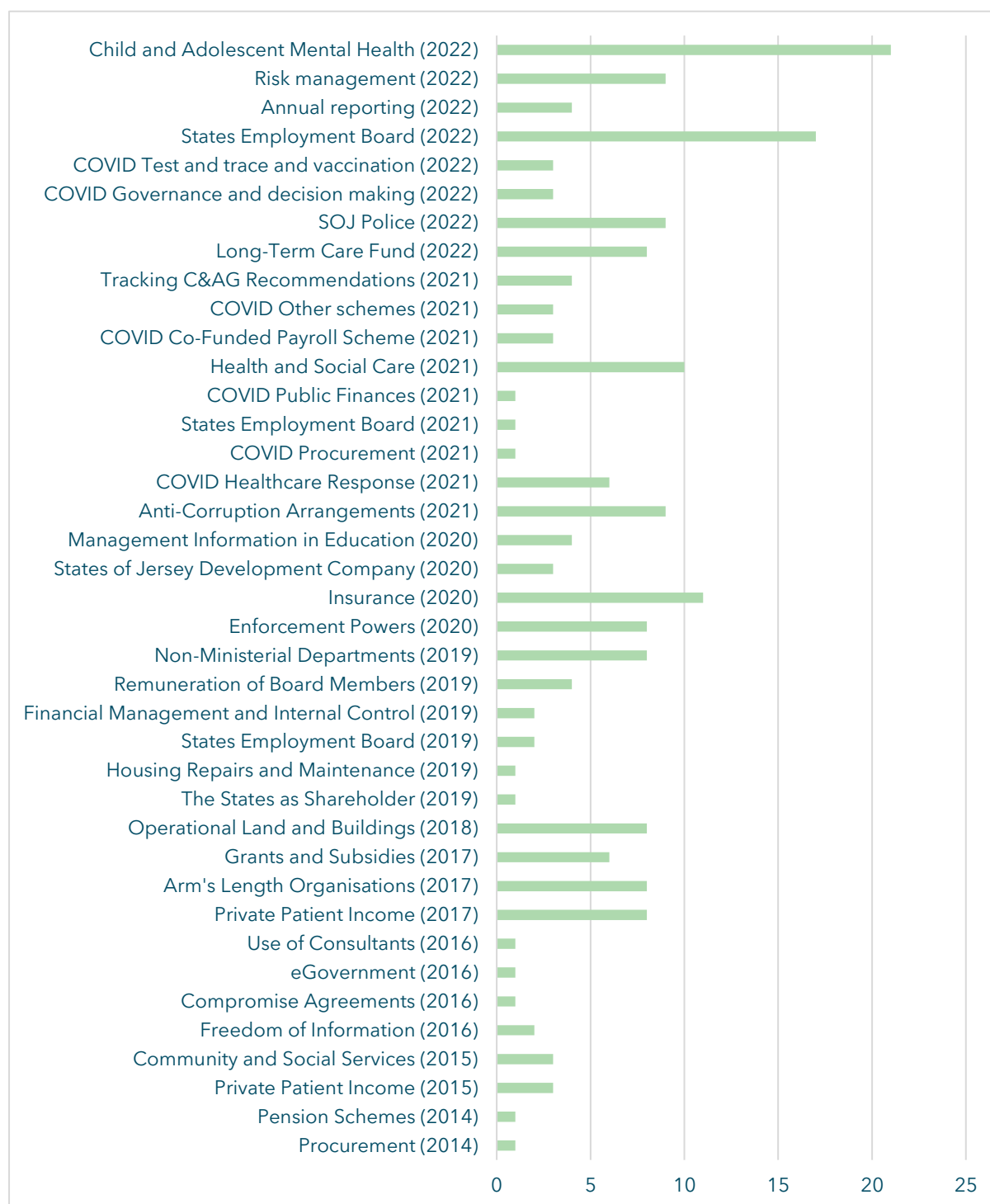
Exhibit 6: Movement in C&AG 'open' recommendations during 2022



Source: Jersey Audit Office analysis of Government of Jersey C&AG Recommendations Tracker data

11. The Government is currently compiling its responses to the Grants to Arts, Heritage and Culture Organisations Report and the Thinkpiece issued in December 2022. When these responses are issued further recommendations may be added to the Tracker alongside a number of areas of work planned that should be prioritised and areas for consideration.
12. At the beginning of 2022, Government departments had a target to implement 80% of Public Accounts Committee, Scrutiny and C&AG recommendations that were open at that time, by the end of 2022. For C&AG recommendations, 54% of recommendations open at the beginning of 2022 had been addressed by the end of 2022.
13. I have carried out an analysis of the open recommendations reported on the Government C&AG Recommendations Tracker at the end of 2022. Exhibit 7 shows an analysis of the age of the open recommendations and the reports that they relate to.

Exhibit 7: Analysis of open recommendations by age and report

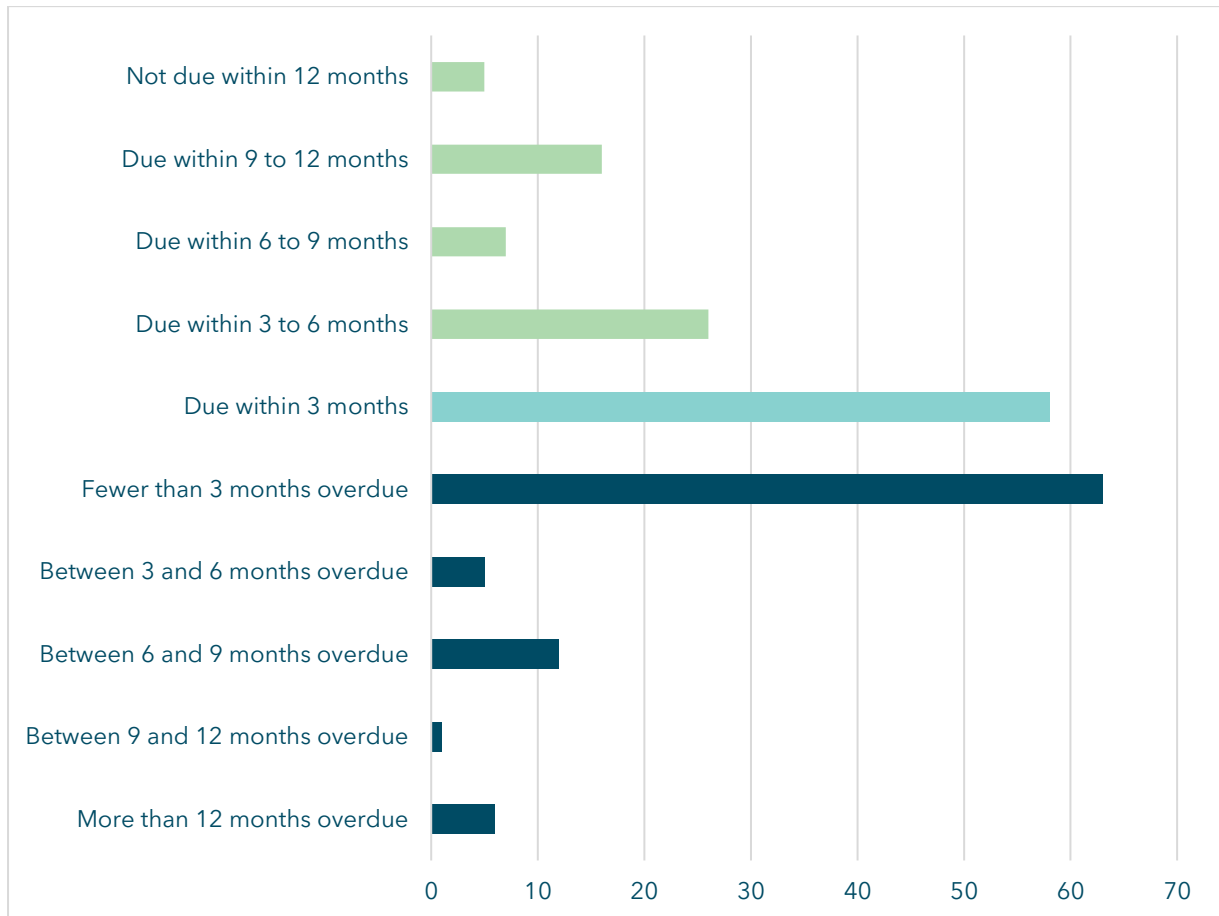


Source: Jersey Audit Office analysis of Government of Jersey C&AG Recommendations Tracker

14. In summary, there remain some recommendations dating back as far as 2014 that have been accepted by the Government for action but have not yet been implemented. The Government has set revised targets for most of its open recommendations, including all those dating from 2018 and earlier. Based on

these revised dates, as at 1 January 2023, 44% of recommendations were overdue and a further 29% due within three months. Exhibit 8 contains more details.

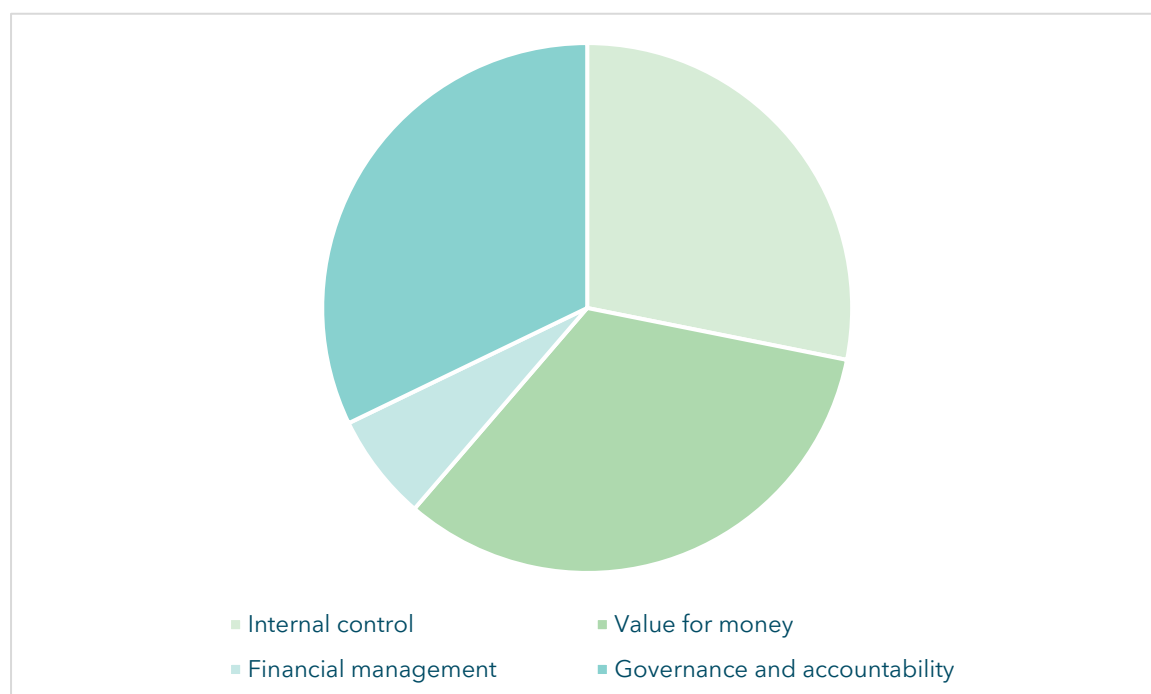
Exhibit 8: Analysis of open recommendations by due date at 1 January 2023



Source: Government of Jersey analysis of C&AG Recommendations Tracker

15. I have analysed the themes associated with the recommendations that have not yet been implemented fully by Government. Exhibit 9 contains more details.

Exhibit 9: Analysis of the themes of 'open' recommendations



Source: Jersey Audit Office analysis of Government of Jersey C&AG Recommendations Tracker data

16. In my Report *Tracking Comptroller and Auditor General Recommendations* (November 2021) I noted that there were 259 recommendations on the C&AG Recommendations Tracker at 27 October 2021 of which 74 were overdue for implementation, or very near to being overdue when compared to their latest revised target dates for implementation. While progress has been made in implementing recommendations during 2022, the number of recommendations overdue for implementation has risen to 87 at 1 January 2023.
17. C&AG recommendations are made to improve governance and accountability, value for money, financial management and internal control. Recommendations that remain open represent opportunities for improvement that are not being realised. It is therefore disappointing to see an increasing trend in recommendations that are overdue for action against the timescales for implementation set by Government.

Appendix One

Summary of Reports and Thinkpiece issued during 2022

Long-Term Care Fund 28 February 2022

Background and Scope

The Long-Term Care Fund (LTCF) provides universal and means-tested benefits through the Long-Term Care Scheme (LTCS) to those aged over 18 with long term care needs.

The review evaluated specific aspects of the LTCF and the LTCS:

Overall Governance

Long-Term Care Fund:

- funding and investment strategy
- taxpayers' contributions
- Government contributions; and
- management charges.

Long-Term Care Scheme:

- information for claimants
- care assessment
- care provision and choice; and
- financial assessment.

Key Findings

- The LTCS started in 2014 and currently provides care for around 1,400 residents. The majority of LTCS recipients live in residential care homes. The percentage of Jersey adult residents who live in residential care settings is considerably higher than comparative data for England. There is an emphasis on moving the focus from residential to caring for people in their own homes (domiciliary care). At present, the LTCS does not have outcome-based performance indicators or targets although a review is underway to introduce these in 2022.
- Whilst some performance data is available on the Government website in respect of the LTCF and LTCS, the formal reporting of performance in the annual reports of the States of Jersey and of departments has been limited since 2017.
- Care is funded through the LTCF via taxpayers' contributions and an annual grant from the Government. An actuarial review of the LTCF is required by the Law every three years. The first review at 31 December 2017 signalled funding pressures which were not unexpected given the inherent volatility in the scheme and the lack of benchmarks when it was introduced. Adjustments to the contribution rate were made to address this and the LTCF performance has improved as a result. The second actuarial review has not yet been performed and is behind schedule due to impact of the COVID-19 pandemic on Government priorities.
- Some elements of the LTCF and LTCS have not been adjusted since inception. These include the investment strategy and certain financial variables including the

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asset disregard, the basis of the Government grant contribution and the basis for management charges.

- The processes underpinning the LTCS are complicated and, in some instances, inefficient. Some systems and processes are in need of improvement to eliminate duplication of effort and to manage risk more effectively.
- The guidance available to claimants on the LTCS is complicated. The information and guidance provided by the Government should be streamlined, simplified and made more accessible. The Customer and Local Services Department (CLS) has plans to improve customer engagement, including with LTCS claimants.
- Key performance information associated with financial benefits claims processing and payments is measured and monitored regularly. Performance information in respect of care needs assessments however has not been monitored on a consistent and routine basis. At the time of my audit, a review of the customer journey from the initial referral through to the assessment was being undertaken with a view to improving the cycle time from initial contact through to assessment and engagement with the long-term care team.

Conclusions

The LTCF and the LTCS have operated in Jersey for over seven years. From the evidence reviewed, the LTCF and LTCS have met their intended policy objectives.

The second actuarial review of the LTCF, now scheduled for 2022, should be used as a basis to take stock of future funding parameters.

In addition, the implementation of the Jersey Care Model provides an opportunity to re-design future care provision on the Island with a potential beneficial impact in terms of service user experience, care outcomes and the cost of care.

At an operational level, there is an opportunity to review, simplify and streamline the systems and processes that underpin the LTCS as well as the guidance and tools provided to support claimants.

Summary of Recommendations

- R1** Review the cross departmental governance arrangements to include:
- establishment of a LTCF Board; and
 - reinvigorating the Long-Term Care Senior Liaison Group with a more structured agenda and minutes.
- R2** Publish key performance measures related to the LTCF, including the LTCS, either as part of the States of Jersey Annual Report and Accounts or as part of the CLS departmental reporting process.

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- R3** Ensure that the actuarial review based on 31 December 2021 data is commissioned as soon as possible for reporting in 2022 and to inform the Government Plans from 2023.
- R4** Review the LTCF investment strategy in light of experience since the last formal actuarial review, to assess whether the current strategy is the most appropriate.
- R5** Carry out detailed analysis of the LTCF contributions collected by Revenue Jersey and use this to inform or validate future revenue forecasts for the Government Plan.
- R6** Re-evaluate the basis for the grant contribution from the States to the LTCF.
- R7** Carry out a full review of the management charge to the LTCF and ensure that the charge is an accurate representation of the costs of managing the fund.
- R8** Complete the proposed review of the asset disregard level included in the LTCS during 2022, to
- consider whether a revised level is more appropriate to meet the objectives of the scheme; and
 - provide a basis for future reviews.
- R9** Undertake a formal analysis of care costs to inform the 2022 review of the following variables within the LTCS:
- standard care cost at each level
 - standard co-payment
 - standard personal allowance; and
 - standard care cost cap - single and couple.
- R10** Review and update the LTCS guidance following feedback from the community as part of the planned engagement initiatives.
- R11** Complete the planned systems updates to provide a direct data link for the LTCS between HCS and CLS systems.
- R12** Update the standard hourly rate figures for domiciliary care in the Resource Allocation System and ensure that these are reviewed and revised annually.
- R13** Publish the re-determination and appeals process for both care needs and financial assessments on the website and in future guidance.
- R14** Undertake a review of all performance measures for the LTCS to:

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- establish a more comprehensive suite of performance measures to reflect the customer journey, including metrics to monitor the balance between residential and domiciliary care provision
- ensure data and other information for all performance measures are reported and monitored on a regular basis; and
- ensure underlying reasons for performance variances are investigated and improvement plans are agreed to address risks and issues arising.

R15 Review and update existing framework agreements with all care providers. Ensure that the update includes a clear articulation of the data and quality standards required from care providers.

R16 Prepare a detailed plan to implement a range of initiatives to reduce demand on the LTCF in future. This plan could form part of the Jersey Care Model implementation and should include shifting the emphasis of care provision to prevention and domiciliary care.

R17 Review the potential to streamline the claims process, for example, through:

- providing an online self-assessment tool
- providing a standard template for claimants to notify a change of circumstances; and
- simplifying the property loan process and guidance.

R18 Introduce a performance measure to monitor the timeliness of annual reviews of individual claims.

R19 Resolve the issues in the interface between the CRM system and NESSIE as soon as possible to avoid requirement for duplicate data entry. In doing so, review the allocations of payments to LTC Benefit and LTC Support in both systems to eliminate adjusting entries.

R20 Review the potential to move to a single, consistent approach to making payments due from the LTCS.

Summary of Government Response

Government accepted 19 of the 20 recommendations (R20 was not accepted). Actions were allocated across departments as follows:

Customer and Local Services (CLS) - 10

Treasury and Exchequer (T&E) - 3

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Strategic Policy, Planning and Performance (SPPP) - 3

Health and Community Services (HCS) - 3

Target dates for implementation were assigned up to Q1, 2023.

Background and Scope

In 2018 the C&AG undertook a review of the effectiveness of the design and operation of the governance arrangements for the States of Jersey Police. This report followed up the implementation of the 2018 C&AG recommendations.

Key Findings

- The amended Law was adopted in May 2021 and has put in place a number of revisions designed to secure changes in the roles and responsibilities of all parties involved in the governance of the States of Jersey Police.
- Whilst the amended Law has given the enabling powers, some requirements are yet to be implemented and significant change in some roles is still required.
- Ten of the 14 recommendations made in the 2018 C&AG report have been fully or partially implemented. Further work is required to implement the eight recommendations that are either not yet implemented or are only partially implemented.
- The enhanced role of the Police Authority, to monitor and oversee the States of Jersey Police and to promote and support continuous improvement, is in its early stages. A business case to request resources for the enhanced role of the Police Authority has recently been agreed in part, with some additional capacity for staff and training and funding for an inspection.
- Whilst the Police Authority is working well with the States of Jersey Police, the capacity and expertise to develop plans, set targets, analyse budgets and hold the States of Jersey Police to account have not been available. The Police Authority has been heavily reliant on one person to undertake all the administrative and business functions required by the recommendations and the legislation, which is not a sustainable option going forward. Further thought needs to be given to what arrangements are necessary to ensure the Police Authority has the appropriate expertise to enable it to fulfil its role more effectively.
- Operational control of the States of Jersey Police has been re-defined to be further removed from Government control and decision making. Article 7 of the amended Law changed Ministerial powers and requires the Minister for Home Affairs to consult with others in determining ranks of the Force and the appointment of the Deputy Chief Police Officer. A Tripartite Protocol has been developed by the Chief Police Officer which further clarifies the position.
- The Police Terms and Conditions of service have not been reviewed since the 2018 C&AG report, but this work is planned for 2022.
- The amended Law requires the Minister for Home Affairs to set policies in relation to the key aims and objectives of the States of Jersey Police. The amended Law also requires the Police Authority to prepare both an Annual Policing Plan and a Four-

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Year Policing Plan which considers the key aims and objectives set by the Minister, the efficiency and effectiveness of the States of Jersey Police and the resources available to the States of Jersey Police. The Police Authority does not currently set out performance objectives for the States of Jersey Police. Neither is there any evidence of high-level targets set by the Minister for Home Affairs for the States of Jersey Police. Whilst a Four-Year Policing Plan was developed for 2020-23, it has not been updated on a rolling basis and is now out of date. Further work is also required to develop a more detailed Annual Policing Plan. Annual Policing Plans have not been developed in detail since the 2020-23 Four-Year Policing Plan and have not been laid before the States Assembly as required by the Law.

- At the time of my review an Annual Report on the States of Jersey Police had not been produced since 2018 despite there being a statutory requirement for one to be produced within three months of the end of each financial year. An Annual Report covering two years (2019 and 2020) was published on 28 March 2022, significantly after the statutory deadline. An Annual Report for 2021 has not yet been published.
- Improvements have been made in the visibility of police budgets and monitoring of expenditure by Treasury and Exchequer both in the Government Plans and in reports for the States of Jersey Police. However, further work needs to be undertaken to provide support to the Police Authority so that it can discharge its functions more effectively in respect of police budgets and expenditure.
- The States of Jersey Police has a well developed framework for performance monitoring and has recently given permission for Police Authority officers to access all the data. However, there is currently no clarity on Ministerial objectives and no clear line of sight to objectives and subsequent performance. While the States of Jersey Police is monitoring performance, the Police Authority has yet to develop targets and performance measures for oversight and to enable it to perform the role of promoting and supporting continuous improvement in a meaningful way.
- The Police Authority is responsible for arranging an independent inspection of the States of Jersey Police at least once every four years. Budget for an inspection has been approved for 2023 but it is not clear when this will be planned, who will undertake it and how any inspection regime is decided.
- Meetings take place regularly between the States of Jersey Police, the Police Authority and the Justice and Home Affairs Department (JHA). The Police Authority also meets quarterly. However, the agendas and papers are quite informal for these meetings and minutes, decisions and action logs are not consistently documented. As a consequence, it is difficult to assess whether these meetings are effective in delivering the objectives expected. Data security and business continuity arrangements are yet to be established. This leaves the Police Authority open to a significant degree of risk.

Conclusions

Overall, progress has been made in addressing many of the recommendations set out in the C&AG report of 2018. The legislative changes in the States of Jersey Police Force (Amendment No. 3) Law 2021 have strengthened the independent operation of the States of Jersey Police from the Government.

At this stage however, the Police Authority has not had sufficient resources to undertake the role envisaged in the recommendations of the C&AG report of 2018. The Police Authority is not yet adequately resourced and supported in a way that enables it to undertake its functions. There should be a further assessment in due course as to whether the planned additional resources will enable the Police Authority to undertake all its functions effectively.

Summary of Recommendations

Government of Jersey

- R1** Notify the Police Authority formally of its budget for 2022 and beyond.
- R2** Review the level of Finance, HR and ICT support provided to the Police Authority so that the Police Authority can function efficiently and effectively.
- R3** Ensure the approved Annual Policing Plan is submitted to the States Assembly as required by the Law.
- R4** Undertake a formal review to evaluate whether the role of the Police Authority could be extended to cover other services where operational independence is important.
- R15** Ensure that internal operating procedures clearly document the respective roles of different parties for police human resources issues.
- R16** Ensure that the planned review of the Police Terms and Conditions of Service is undertaken in 2022.
- R17** Ensure that reports accompanying all Ministerial Decisions include details of the advantages and disadvantages of different options considered in making the decision.
- R18** Introduce mechanisms for a stronger dialogue between Treasury and Exchequer, JHA and the Jersey Police Authority about resourcing requirements for the States of Jersey Police.

Police Authority

- R5** Undertake a full assessment of training requirements and develop and implement an appropriate training plan.

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- R6** Undertake a review at the end of 2022 to establish whether the Police Authority has been able to undertake the duties conferred on it by the legislative changes within the resources allocated.
- R7** Ensure the Four-Year Policing Plan is brought up to date and approved and is updated and approved on an annual rolling basis.
- R8** Produce a detailed Annual Policing Plan for approval by the Minister for Home Affairs.
- R9** Establish, based on the aims of the Four-Year Policing Plan and Annual Policing Plan:
- a performance baseline for the States of Jersey Police
 - objectives and targets to meet strategic and operational aims; and
 - arrangements to monitor performance and take action where targets are not achieve.
- R10** Develop and publish Annual Reports for the States of Jersey Police in accordance with statutory requirements.
- R11** Document a clear plan for the proposed 2023 and future independent inspections of the States of Jersey Police setting out when these will be undertaken, and by who.
- R12** Consider formally whether the time commitment envisaged for independent Police Authority members is realistic, and whether the current expectation in respect of time commitment and remuneration will continue to attract members with the right skills.
- R13** Formalise the structure and documentation of Police Authority meetings to include:
- formal agendas
 - papers posted in advance of the meeting
 - records of all decisions taken at the meetings
 - secure storage of records and minutes including appropriate back up facilities; and
 - making minutes or summaries of meetings available in a transparent way.
- R19** Formally determine in preparing the Annual Policing Plan whether the resources attributed to States of Jersey Police are sufficient.

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R20 Incorporate targets and resources aligned to the four-year Government Plan in the Four-Year Policing Plan.

Government of Jersey and the Police Authority

R14 Following the review undertaken to implement R4, evaluate whether the role of the Police Authority could be extended to cover other services where operational independence is important.

Summary of Government and Police Authority Response

17 recommendations were fully accepted and three recommendations were partially accepted. Responsibility for implementation was agreed for all recommendations, including those that were partially accepted. Responsibility was allocated as follows:

Police Authority - 12 (including two jointly with the States of Jersey Police)

Justice and Home Affairs (JHA) - 8 (including three jointly with the States of Jersey Police and one jointly with People and Corporate Services)

Target dates for implementation were assigned up to end of 2024.

Background and Scope

The Government of Jersey provides critical operations and services to citizens and businesses across the Island. All its services depend on the security and availability of Information Technology (IT) and Operational Technology (OT) systems.

In 2020 the Government of Jersey commenced a Government-wide cyber security transformation programme, to be delivered in two, 12 month tranches. Tranche 1 comprises six distinct projects:

- Programme Management
- Managed Service Security Provider (MSSP)
- Governance Improvement
- Identity and Access Management
- Asset Management; and
- People Security.

Work commenced on the programme in March 2020, with Tranche 1 originally scheduled for completion by March 2021. However, the global COVID-19 pandemic and associated public health measures and restrictions have inevitably led to some programme delays.

This review evaluated the progress of Tranche 1 activities. Any Tranche 2 activities are outside the scope of this review.

The review did not consider cyber security arrangements in arm's-length organisations.

Key Findings

- An objectively assessed improvement in cyber security maturity has been delivered through tranche one of the CSP.
- Completion of tranche one was delayed by approximately six months. Although more than 80% of 'must have' deliverables were delivered in tranche one, some were deferred to tranche two and others were removed from the scope of the CSP. Decisions to defer work or remove it from the scope of the CSP were not documented consistently.
- In addition to the inevitable impact of the COVID-19 pandemic, other factors impacted on delivery of tranche one, including shortages in internal resources, the inexperience of some key stakeholders and weaknesses in management of interfaces and dependencies.

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- There were many strengths in the governance model that was implemented to manage delivery of the CSP, including comprehensive tracking at workstream level and strong communication with business units on technical delivery.
- Tracking of benefits at the corporate level was limited, making it difficult to assess the impact of the programme on the Government's overall cyber security. Further benefit tracking and programme level reporting would make it easier for external and senior stakeholders to understand the improvements that are being delivered as a result of the CSP.

Conclusions

Tranche one of the CSP has been delivered in a challenging environment, as the COVID-19 pandemic changed operational priorities and stretched resources across the Government of Jersey.

Cyber security maturity has increased across all operational areas covered by the tranche one workstreams.

However, delays to the CSP cannot solely be attributed to the effects of the COVID-19 pandemic and the associated restrictions and changes to operational priorities.

The success of large transformation projects is reliant on effective prioritisation, communication and engagement. The CSP has implemented communication pathways with business units across Government. However, the prioritisation of transformation programmes and projects and of the interdependencies between concurrent transformation programmes and projects could be further improved. In particular there should be increased communication at the leadership level and more effective planning and prioritisation processes.

Recommendations

- R1** Secure documented formal senior approval of any changes to high-level programme targets.
- R2** For major programmes, adopt a set of success measures that can be used to evaluate the impact of a programme in a clear and straightforward way.
- R3** For major programmes, set overall milestones for delivery at programme level and monitor against those milestones.
- R4** For those workstreams and projects where the focus is on consultancy rather than technology implementation, set milestones for delivery and monitor delivery against those milestones.
- R5** Undertake a formal documented risk assessment before agreeing deferrals or changes to project deliverables.

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- R6** Formally document all deferrals and changes to project deliverables.
- R7** Formally document at a programme level where deferrals and descoping have been referred to Ministerial level.
- R8** Make best use of scarce internal staff resources in future technology programmes through:
- confirming availability during the planning phase; and
 - engaging with other programme leads to identify activities in common.
- R9** In planning future technology programmes, assess the risks and opportunities associated with simultaneous delivery of multiple programmes.
- R10** Deliver structured training to risk owners to develop their understanding of and confidence in their role.
- R11** Develop formal mechanisms for co-ordination between programmes regarding the prioritisation and co-ordination of tasks.
- R12** Designate internal owners for each workstream in major programmes.
- R13** Identify individuals to deputise as alternates at key programme meetings when designated individuals are not available.
- R14** In Outline Business Cases document linkages to wider organisational strategies and initiatives.
- R15** Ensure that all workstream planning activities in major programmes are fully documented.
- R16** Routinely hold workshops with programme stakeholders to identify and prioritise requirements for major programmes.
- R17** Develop and roll out appropriate induction training for external project managers.
- R18** Introduce structured briefings for stakeholders at the commencement of their involvement in a programme so that they have a clear understanding of their role.
- R19** For major programmes, routinely evaluate benefits realised and delivery of Outline Business Case tasks at programme level.

Summary of Government Response

12 recommendations were fully accepted and seven recommendations were partially accepted. Responsibility for implementation was agreed for all recommendations, including those that were partially accepted. Responsibility was allocated as follows:

Chief Operating Office (COO) - 18

Treasury and Exchequer (T&E) - 1

Target dates for implementation were assigned up to Q3 2023.

Background and Scope

The rapidly evolving nature of the COVID-19 pandemic has called for an extraordinary response from Government as it has sought to save lives and protect health and livelihoods in Jersey. The principles of good governance, transparency, value for money, effective internal control and accountability for the use of public funds however remain during a time of emergency. Whilst public financial management systems need to be responsive and flexible, it is essential that they continue to ensure value for money and minimise the risk of fraud and corruption.

The Government of Jersey established new groups at both political and officer level to support decision making without detracting from the constitutional roles of Ministers and Accountable Officers. Those groups had to operate at pace but at the same time demonstrate effective decision making.

Key Findings

- Despite the circumstances of the COVID-19 pandemic, a State of Emergency under the Emergency Powers and Planning (Jersey) Law 1990 was not declared. At the commencement of the COVID-19 pandemic, the Government of Jersey recognised that the legislation did not provide the best route forward for managing the pandemic. Indeed, plans for replacement legislation were already under consideration.
- The need for legislation to deal with the specific circumstances of the COVID-19 pandemic was recognised. The COVID-19 Enabling Provisions (Jersey) Law 2020 (the 2020 Law) was adopted by the States Assembly on 27 March 2020, empowering the States Assembly by Regulation to make provisions necessary or expedient as a direct or indirect result of the COVID-19 outbreak in Jersey or its aftermath.
- In addition to the existing Council of Ministers and Emergencies Council that were already established on a statutory basis, a non-statutory Competent Authorities Ministers Group was established to allow consultation between Ministers before decisions were made.
- Officer groups at Strategic, Tactical and Operational level were swiftly established at the outset of the pandemic.
- There are some ambiguities in the respective roles and responsibilities of different political level groups. In particular, there is ambiguity in the roles of:
 - the Emergencies Council in an emergency-like situation but where a State of Emergency has not been declared; and
 - the Competent Authorities Ministers Group.

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- Identifying, recording, assessing and managing potential conflicts of interest is a key component of good governance. There was an absence of systematic mechanisms for prompting declarations, assessing their impact and documenting the steps taken to manage those conflicts.
- The agendas and minutes of the Competent Authorities Ministers Group are key to demonstrating high quality, transparent decision making. While I recognise that decisions were necessarily being made at pace, in a number of respects high quality, transparent decision making cannot be demonstrated.
- Consideration of advice is central to making good decisions. Although expert advice was often obtained and relevant officers were present at the meetings, advice in some key areas was not routinely presented to decision makers in clearly structured, written reports. This makes it harder to demonstrate that all relevant considerations had been taken into account.

Conclusions

The Government of Jersey moved quickly to refine and establish decision making groups at political and officer level to respond to the challenges of the COVID-19 pandemic. This was against a background where the need for updating emergencies legislation had been recognised. However, there were some ambiguities about the respective roles of the different groups.

The mechanisms used for identifying, recording and managing potential conflicts of interest at political and officer level need development. In addition, there is an opportunity to standardise the structure and content of reports submitted to political decision making groups to ensure they cover all matters needed for high quality, transparent decision making.

Summary of Recommendations

- R1** In developing proposals for new emergencies legislation, consider explicitly the experience of the response to the COVID-19 pandemic and address identified weaknesses.
- R2** Review the advantages and disadvantages of establishing two strategic level officer groups and establish plans for future emergencies in light of that review.
- R3** Prepare and utilise standardised documentation for different officer level groups in the emergency structure.
- R4** In developing new emergencies legislation, explicitly consider the respective roles of the Council of Ministers and Emergencies Council in circumstances where a State of Emergency has not been declared.

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- R5** In establishing any group comprising a sub-set of the Council of Ministers, explicitly consider and document:
- its relationship to the Council of Ministers
 - its authority; and
 - when and how it reports to the Council of Ministers.
- R6** For political level groups routinely include an item at the start of agendas considering:
- the relevance of interests previously declared to the Greffier of the States to items on the agenda
 - whether there are any other interests that are relevant to items on the agenda; and
 - the response to identified interests, including non-participation in items on the agenda.
- R7** Apply similar arrangements for the declaration and management of conflicts of interest for officers participating in such political level groups.
- R8** Ensure that all declarations of interest and associated arrangements for management of conflicts of interest are clearly minuted.
- R9** Adopt and use a standard format for agenda papers for political decision making groups that includes:
- the reasons for referral to the group in question
 - the recommended course of action
 - potential alternative courses of action; and
 - the reasons for the recommended course of action.
- R10** For political decision making groups routinely maintain and present to subsequent meetings an action log that records the implementation of decisions made, for example through Ministerial Decisions and Orders.
- R11** Ensure that there is clear delineation between meetings of different political decision making groups.
- R12** Adopt a clear timetable for preparation, consideration and approval of minutes of political decision making groups.

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R13 In the standard format for agenda papers for decision making groups include sections covering:

- expert advice
- financial, legal, procurement and human resources implications; and
- assessment of risks, mitigations and residual risks.

Summary of Government Response

12 recommendations were fully accepted and one recommendation was partially accepted. Responsibility for implementation was agreed for all recommendations, including that which was partially accepted. Responsibility was allocated as follows:

Office of the Chief Executive (OCE) - 9

Justice and Home Affairs (JHA) - 4

Target dates for implementation were assigned up to Q3 2023.

Background and Scope

Both the Test and Trace and the Vaccination Programmes have been key tools as part of the Government of Jersey's COVID-19 pandemic strategy.

The Government of Jersey spent over £20.2 million on the Test and Trace Programme during 2020 and a further £41.7 million during 2021. At 31 December 2021, a total of £61.9 million has been spent on the Test and Trace Programme. A further £20 million of funding has been allocated to the programme in the Government Plan 2022-25.

At 31 December 2021, over £5 million had been spent on the Vaccination Programme against a budget of £5.5 million. A further £6.7 million has been allocated to the Vaccination Programme in the Government Plan for 2022-25 giving an overall programme total of up to £12.2 million.

Key Findings

Test and Trace Programme

- The Government of Jersey acted at pace and in a reasonably controlled and measured way to effectively introduce and scale up an Island-wide Test and Trace Programme commencing in May 2020.
- The scale of the testing programme in Jersey was significantly larger than in comparable jurisdictions.
- The rapidly evolving nature and increasing duration of the COVID-19 pandemic gave rise to the need for a significant number and value of business cases to support expenditure on the Test and Trace Programme. In some instances, I consider that the business cases lacked sufficient detail and justification.
- The strategic objectives set at the start of the Test and Trace Programme were consistently carried through in the Government's June 2020 COVID-19 Strategy, the November 2020 Winter COVID-19 Strategy update and the October 2021 COVID-19 Winter Strategy Update 2021-22.
- Despite a lot of effort, both internal and external communication could have been improved, particularly when explaining the complexities of a long running pandemic in simple terms. There is evidence that some members of the public were sometimes confused by scientifically informed and evolving test, trace and isolation advice. In addition, despite comprehensive attempts at staff communication, some test and trace staff who were on zero hours contracts did not always understand why they were sometimes being 'stood up', 'stood down' and 'stood back up' again over the lifetime of the long running pandemic.
- During the course of the COVID-19 pandemic the Test and Trace Programme has had to significantly change how it operates to keep up with the evolution of the pandemic. Despite significantly increasing the Island's testing capacity, at key times

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the combined test and trace service could not meet demand. In particular, there were times when attempts to trace all the contacts of infected Islanders within a short period of time, was compromised. This was particularly the case in the third wave (Delta variant) during the summer of 2021 and in the fourth wave (Omicron variant) in the late autumn of 2021.

- The planning assumptions underlying the set up and operation of the Test and Trace Programme, particularly from the summer of 2021 onwards, were significantly understated.
- The Test and Trace Programme did successfully produce health surveillance data to help track the progress of infections on the Island. In addition, the Test and Trace Programme did, to some extent, control the spread of COVID-19 infections on the Island. It is not possible however to conclude by what amount the rate of increase was minimised and whether that minimisation of infections represented value for money.
- As a consequence of the delay in opening the in-house testing laboratory the Government of Jersey incurred additional costs estimated to be in excess of £5 million.

Vaccination Programme

- The Government of Jersey decided to follow the UK mainland lead on the authorisation of vaccines. This was a logical decision given Jersey's involvement in the UK Joint Committee on Vaccination and Immunisation (JCVI) and Medicines and Healthcare products Regulatory Agency (MHRA).
- The overall objective of the Vaccination Programme was to '*maximise uptake, safely and with convenience.*' The objectives and purpose of the programme were clearly stated in key strategic and project management documents.
- There have been clear lines of governance within the Vaccination Programme and good project management and control. There is also evidence that indicates that the Vaccination Programme communication was generally good.
- Vaccines were provided free of charge from the UK Government. This resulted in significant savings in the estimated cost of delivery of the first two doses which had assumed procurement by the Government of Jersey. This enabled the cost of the first phase of the booster (the third dose) to be met from the initial funding allocation for the first two doses. The cost benefit to the Government of the free vaccine provision from the UK Government is considered to be in excess of £3.5 million in 2021.
- The cost of administering each vaccine during 2021 was similar to the cost seen in Scotland and lower than the cost seen in England.
- Jersey has performed well in comparison to other jurisdictions in terms of the percentage of the population that has been vaccinated.

Conclusions

The Government of Jersey moved at pace to establish a large scale Island-wide Test and Trace Programme in the spring of 2020. The programme established was extensive. Over the course 2021 however there have been times when the programme has not kept pace with the pandemic.

The Government of Jersey performed well to deliver an effective Vaccination Programme under very tight time constraints. The delivery of the Vaccination Programme in Jersey has, in overall terms, been effective.

Summary of Recommendations

- R1** Create and maintain a comprehensive live programme control document for long running emergency programmes that cover multiple activities and are initiated by a single programme business case. The live programme control document should record all business cases and decisions relating to the programme.
- R2** Undertake a comprehensive review of the Test and Trace Programme communications, involving members of the public, representative community organisations and behavioural scientists, with the aim of creating a simple, robust communication plan for similar long running events of this type in the future.
- R3** Require strategic programmes that fall outside the Public Finances Manual definition of a capital or major project to set out in a Project Initiation Document the way in which the programme will be controlled and managed.
- R4** Ensure that a reconcilable audit trail is maintained between business cases and related expenditure for all significant projects when these might include changes over time.
- R5** Review exemption and breach records in respect of expenditure on PCR testing and the on-Island laboratory and ensure breaches have been recorded in compliance with the Public Finances Manual.
- R6** Ensure that the full range of requirements for all users is captured when compiling high-level IT systems specifications.
- R7** Ensure that all IT and digital investments are validated by the Design Authority, so that there is a clear view of systems interdependencies and to avoid the unnecessary duplication of data.
- R8** Ensure all future IT systems developments are tested rigorously, both functionally and non-functionally in-line with best practice principles.
- R9** Require all major programmes to maintain a formal operational decision log.

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- R10** Ensure reporting to programme boards includes appropriate forward projections for the programme and a comprehensive assessment of potential future programme risks.
- R11** Require all major programmes to document an inequalities impact assessment at the outset of the programme.
- R12** Routinely seek to record ethnicity and race data in population based health programmes to assist in the reporting of any race inequalities.

Summary of Government Response

11 recommendations were accepted and one recommendation was rejected (Recommendation 11). The rejection of Recommendation 11 continues to be challenged by the Public Accounts Committee. Responsibility for implementation was agreed for 11 recommendations. Responsibility was allocated as follows:

Chief Operating Office (COO) - 6

Strategic Policy, Planning and Performance (SPPP) - 2

Treasury and Exchequer (T&E) - 2

Office of the Chief Executive (OCE) - 1

Target dates for implementation were assigned up to Q4 2023.

Background and Scope

In 2019 the Comptroller and Auditor General (C&AG) undertook a review of the role and operation of the States Employment Board (SEB). The Employment of States of Jersey Employees (Jersey) Law 2005 established the SEB as the statutory employer of all States employees. The SEB has a pivotal strategic role, not least because staff costs make up over 30% of States expenditure. Effective oversight of human resources (HR) is a critical component of the operation of the States.

The C&AG concluded in 2019 that the arrangements for the SEB were not fit for purpose. She found three main areas of weakness:

- the framework for the oversight of HR management relating to:
 - the establishment and functions of the SEB
 - the establishment and functions of the Jersey Appointments Commission (JAC); and
 - ambiguities and gaps in the arrangements
- the arrangements to enable the SEB to discharge its functions, in particular:
 - the SEB had not adopted an overarching People Strategy
 - the SEB had focussed its work on some operational aspects of its responsibilities to the exclusion of some key strategic areas
 - the SEB had not focussed sufficiently on securing improvements in key areas; and
 - the SEB was insufficiently transparent about its work; and
- an insufficient focus by the SEB on monitoring of implementation, evidenced by:
 - the absence of mechanisms to monitor compliance with employment codes of practice and supporting HR policies; and
 - the absence of an active role in monitoring the implementation of C&AG recommendations, as well as those from other external sources, relevant to HR.

The Government accepted all 20 recommendations made and developed an action plan in response.

This review follows up on the status of the action taken to implement the recommendations made in the 2019 C&AG Report as well as other relevant recommendations made in C&AG reports.

Key Findings

- Considerable progress has been made during 2021 and 2022 in implementing many of the recommendations made in the 2019 C&AG Report. In addition, most of the recommendations made in the other relevant C&AG reviews have been implemented.
- However, the most significant recommendation in the 2019 C&AG Report relating to the need to fundamentally review the framework for the oversight of human resources of the States, involving both the SEB and the JAC, has not been implemented. The new Council of Ministers (CoM) and the new SEB should prioritise this review as recommended both by the C&AG and the Democratic Accountability and Governance Sub-Committee of the Privileges and Procedures Committee in its report in February 2022.
- Legislation to ensure the independence of the JAC in line with the C&AG recommendation is still in draft form. The new SEB should prioritise its review of this draft legislation and bring forward a proposition to the States.
- A People Strategy was published in November 2021 and sets out the high-level objectives and a clear strategy for developing the public service. It is accompanied by a detailed action plan for 2022. The 'Be Heard' staff survey planned for 2023 should help to test the impact of the changes.
- Significant work has been put into organisational development, as well as into developing the Government of Jersey workforce through initiatives including the Team Jersey, World Class Manager, Capable Manager Espresso programme, Apprenticeship and Intern schemes.
- Effective workforce planning is still in its infancy and workforce plans are being developed. Currently separate records are held in Treasury and Exchequer (T&E) and People and Corporate Services (P&CS) on the funded establishment. The Integrated Technology Solution (ITS) currently being implemented should provide an opportunity to streamline records and ensure appropriate reconciliations are in place between key systems.
- Good progress has been made over the last year in respect of health and safety with regular reports presented to the SEB together with a risk register. However, there is more to be done. Compliance with health and safety requirements and the resources applied to the function are inconsistent across departments. One Ministerial department does not have any qualified resource to deliver the action necessary.
- Work has been on-going to update all the Employee Codes of Practice during 2022, along with a full suite of accompanying HR policies. A new People Policy Framework has also been developed.

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- A new HR dashboard is in place and is reported to the SEB. There are however significant concerns over the accuracy of data which is still being cleansed. Information on diversity and on compliance with HR policies is not yet included on the dashboard.
- Despite efforts to promote the performance management system ‘My Conversation, My Goals’, compliance is very inconsistent and poor in some departments.
- The draft minutes for the SEB meetings have not always been presented to the SEB on time and there have been delays by the SEB in agreeing the content of the minutes for accuracy. At some SEB meetings, several sets of minutes, relating sometimes to as many as five previous meetings, were agreed. There is no decisions log nor an action log relating to decisions from each SEB meeting.

Conclusions

The publication of a People Strategy in November 2021 was an important milestone in setting out the high-level objectives and a clear strategy for developing the public service. The People Strategy now needs to be delivered in a systematic and prioritised manner ensuring that regular checks are made on its impact.

There is still work to be done to review and address the weaknesses in oversight of the management of the workforce, reported by the C&AG in 2019 and the Democratic Accountability and Governance Sub-Committee in 2022. Weaknesses remain relating to the establishment and functions of the SEB and the JAC. In addition, there are ambiguities and gaps in the current arrangements.

Summary of Recommendations, Work planned that should be prioritised and Areas for Consideration

Recommendations

- R1** Publish a timescale for the completion of the review commissioned by CoM in 2019. Finalise all phases of the review and bring forward both an action plan and draft legislation to address the weaknesses in the SEB arrangements identified in the 2019 C&AG Report.
- R2** Having implemented R1 in this report, undertake a formal review to determine whether:
- a specific revenue head of expenditure should be allocated to the SEB
 - a specific revenue head of expenditure should be allocated to the JAC; and
 - statutory protection should be provided to any specific officer, for example the Director of People and Corporate Services.

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- R3** Ensure effective arrangements are in place to monitor compliance with mandatory health and safety training requirements including providing regular reports to the SEB on the extent of compliance.
- R4** Publish a formal Executive Response to the six recommendations made by the JAC in its 2021 Annual Report.
- R5** Produce a consolidated report on progress against the People Strategy for consideration by the SEB on a regular basis.
- R6** Ensure that establishment data held by Treasury and Exchequer and by People and Corporate Services is reconciled on a regular basis.
- R7** Update the protocol for the operation of the People Hub and monitor performance against the agreed protocol.
- R8** Fully document decisions made and actions agreed by the SEB to mitigate the risks on the corporate workforce register and follow up at subsequent SEB meetings.
- R9** Enhance the reporting of health and safety mitigating actions to SEB to include:
- an assessment of the resources required to deliver minimum standards across the estate; and
 - demonstration of the mitigating actions being put in place in the meantime to minimise exposure to risk.
- R10** Review the Scheme of Delegation in respect of P.59 forms.
- R11** Consider how to make the SEB more transparent and visible to staff, the States Assembly and the public by:
- reviewing the 'Part A' and 'Part B' meeting content to consider whether any more could go into a public agenda
 - considering the flow of documentation both to the SEB and from the SEB and ensure that the senior team is fully sighted of both the agenda and the decisions made
 - publishing a summary for staff, the States Assembly and the public on the business and key issues discussed at each SEB; and
 - improving further the content of the SEB Annual Report to include a clear narrative as to whether the SEB has met its plan for the year and what actions are required in the following year.
- R12** Review the content of the Annual Governance Statements required from Accountable Officers to ensure that compliance with all aspects of Employment

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Codes of Practice and supporting policies is confirmed. This should include a requirement to report on compliance with the appraisal system.

- R13** Introduce a standardised approach to evaluation and documentation of performance of Directors General, including formal input from Ministers.
- R14** Update the documentation requirements of appraisals to ensure that they encompass relevant professional standards where appropriate.
- R15** Put in place arrangements that ensure compliance with the requirements of the performance appraisal system. Provide regular reports to the SEB on compliance.
- R16** Undertake a review to ensure the nature and role of all advisors to the Government, including those who are unpaid, are documented.
- R17** Ensure that the minutes from the previous SEB meeting are circulated with the papers and signed off at the next meeting.
- R18** Introduce a decisions and action log for all decisions from the minutes and ensure that this is placed on the agenda and progress formally monitored.

Current work planned that should be prioritised

- P1** Determine the requirement for independent advisors to the SEB and commence the process of recruitment.
- P2** Give priority to ensuring that workforce planning is delivered consistently and accurately across departments by the end of 2022.
- P3** Ensure that, as part of the migration to ITS, the people data is fully cleansed and that data is accurate, is recorded on a timely basis and is monitored, including sickness absence data and return to work data.
- P4** Work to complete the updates to the Employment Codes of Practice and supporting policies as planned. This should include completion and implementation of the revised Whistleblowing Policy.
- P5** Review the scope of matters explicitly covered in the contracts for ELT members against best practice.
- P6** Implement the planned system for storing key SEB documents and ensure that the relevant minutes are kept with the papers in an accessible form.
- P7** Finalise the Service Level Agreement in respect of minute taking.

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Areas for consideration

- A1** Review how the SEB agenda papers could be reduced in size to a manageable workload by using executive summaries and tighter reporting, acknowledging that, in certain instances, full documentation may be necessary.
- A2** Consider whether sub-committees, either on a permanent basis or ad-hoc, could assist in spreading the workload of SEB.
- A3** Consider recording meetings to assist with the accuracy of minute taking.

Summary of Government Response

All recommendations were accepted as were the areas of current planned work that should be prioritised. All bar one of the areas for consideration were accepted with one (A3) rejected. Responsibility for implementation was agreed for 18 recommendations. Responsibility was allocated as follows:

Chief Operating Office (COO) - 12

Customer and Local Services (CLS) - 1

Strategic Policy, Planning and Performance (SPPP) - 2

States Greffe - 1

Office of the Chief Executive (OCE) - 2

Target dates for implementation were assigned up to Q4 2023.

Background and Scope

Improving mental health and wellbeing is a major public health challenge. In part, this is because the underlying issues tend to be complex, and people's needs can be different. Evidence suggests that mental health problems in childhood and adolescence have a significant impact on physical health, education and on the ability to find and sustain employment.

The Government of Jersey has stated in the Government Plan 2022-2025 that '*the physical, emotional, and mental health of the Island's children and young people remain of the highest priority.*'

Child and Adolescent Mental Health Services (CAMHS) comprises specialist mental health services for children and young people (up to the age of 18) and their families. CAMHS provides a range of services including assessment, diagnosis and treatment for children and young people experiencing:

- emotional difficulties
- behavioural difficulties
- relationship difficulties; and
- developmental difficulties.

CAMHS also provides specialist community-based services for those experiencing specific mental health issues such as psychosis and eating disorders. Services include individual therapy, family therapy, parent counselling and group therapy (where children, young people or carers with similar difficulties are seen together in groups).

The number of referrals to CAMHS has risen over recent years and there continues to be a high level of demand for CAMHS.

The Government Plan 2022-2025 includes planned investment of over £8 million for the implementation of a new model of care for children and young people's emotional wellbeing and mental health. As part of this new model of care, CAMHS is being redesigned.

Key Findings

- The Children and Young People's Emotional Wellbeing and Mental Health Strategy 2022-2025 (the Strategy) was launched in February 2022 by CYPES. The Strategy sets out a clear picture of what needs to be achieved and what 'good' looks like. It includes prioritised action and how improvements can be monitored and measured. The approach to developing the Strategy has been comprehensive, thorough and well governed.

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- There are early signs that new ways of managing referrals and the evolving service structure for CAMHS are having a positive impact on waiting times.
- Most community CAMHS is provided by the Government. Commissioning of community services from other on-Island providers is relatively under-developed but opportunities for partnership working are increasingly being identified.
- For those small numbers of children and young people who require inpatient mental health care, Jersey does not have a dedicated facility. There are two developments intended to relieve this sub-optimal arrangement - Clinique Pinel and the Our Hospital Project. The timescales for these developments are not clear although I have been informed that the current forecast for the opening of Clinique Pinel is the end of 2022.
- In circumstances where facilities on-Island are not adequate to meet the child or young person's need, services are commissioned from the UK. I identified some weaknesses with these commissioning arrangements.
- Governance arrangements for CAMHS have not been robust and have not operated effectively. Since June 2019, the Health and Community Services Department (HCS) and CYPES have had joint responsibility for delivering CAMHS. However there has not been a robust, agreed Memorandum of Understanding (MoU) in place to govern this relationship and to assure the safe and high-quality delivery of services. Whereas draft versions of the MoU have been considered and 'agreed in principle', there is no one version that all signatories to the MoU have approved. In addition, the Terms of Reference (ToRs) for the required Governance and Oversight Group have never been finalised and the Group has not fulfilled its overarching role of securing and assuring clinical and professional standards.
- New governance arrangements are being established in 2022 - however the ToRs for key groups and boards within the new structure are yet to be finalised.
- There has been no overarching and co-ordinated approach to consideration of CAMHS performance and risk data. There has been a disconnect in the management of 'clinical' (which is viewed as HCS's responsibility) and 'operational' (CYPES) performance and risk information. Alignment of data and information, to enable joint clinical and operational oversight of the quality of services, has been lacking.
- For both CYPES and HCS, the range and quality of service data relating to CAMHS is recognised as in need of improvement. The data requirements of the Children and Young People's Emotional Wellbeing and Mental Health Strategy 2022-2025 are, I understand, now identified and being built into data sets for both CAMHS and for Public Health. The Children's Health and Wellbeing Operational Policy dated March 2022 sets out an aspirational Minimum Data Set (MDS) for CAMHS. The MDS is dependent on systems changes currently being implemented.
- Compared to UK benchmarks, in 2019/20 the CAMHS caseload was twice as high as the UK average. The benchmark data indicated that Jersey CAMHS keeps children

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and young people on caseloads for longer than elsewhere. However, until recently, Jersey has included children and young people with Attention Deficit Hyperactivity Disorder (ADHD) in its CAMHS caseload information (unlike the UK). The most recent benchmarking data is not yet published but should be more comparable.

- The Children’s Health and Wellbeing Transformation Programme has assessed the staffing need for CAMHS. There is a current vacancy level of more than 21% of Full Time Equivalent (FTE) establishment staff against the planned establishment for CAMHS as set out in the Strategy.
- The guidance on how to manage situations where children and young people ‘did not attend’ (DNA) their CAMHS appointment is not consistent with best practice and is not sufficient to ensure children and young people are safe and that they receive appropriate services and care.
- Performance data for the first quarter of 2022 shows the re-referral rate within CAMHS at 25%. At face value this means that a quarter of the children and young people who leave CAMHS were re-referred - however there are some known data quality issues with this reported rate. Data for June 2022 indicates a rate of 16%. The Children’s Health and Wellbeing Service is more confident in the recent data, but the reasons underlying re-referrals are still being assessed.

Conclusions

The Government has committed to investment in the Children’s Health and Wellbeing Transformation Programme, including CAMHS, through the Government Plan 2022-2025. This investment is supported by a robust Strategy launched in February 2022.

Governance, data collection, risk and performance management for CAMHS have been weak. For the Strategy to lead to a step change in service quality and range of provision it will need to be supported by stronger and more effective governance and other arrangements and more specific and detailed implementation plans.

Summary of Recommendations

R1 Strengthen:

- the use of Jersey specific risk data and wider determinants of health in forecasting demand for children’s mental health services (both capacity and services needed); and
- cross-departmental measures of the impact of interventions, including as part of the Jersey Performance Framework.

R2 Establish service needs and criteria for evaluating opportunities for services to be commissioned for delivery in partnership with - or exclusively from - community providers.

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- R3** Ensure improvements to on-Island inpatient care for children and young people are implemented, including by setting and monitoring Key Performance Indicators (KPIs) to demonstrate improved service user experience.
- R4** Ensure that the IPP considers and commissions services to meet all needs of the service user when deciding on a package of care.
- R5** Ensure that the 'due diligence' items set out in the Procurement Strategy are supported by high quality information and are used consistently when making decisions about off-Island placements.
- R6** Agree, adopt and communicate a Memorandum of Understanding between CYPES and HCS for the governance and operation of CAMHS.
- R7** Agree, adopt and communicate a Terms of Reference for the joint Governance and Oversight Group, ensuring that this documents:
- how all accountabilities are satisfied
 - how the joint principles identified at the 'away day' will be carried forward; and
 - how the stated objectives of the move of CAMHS to CYPES will be assured.
- R8** Agree, adopt and communicate Terms of Reference for newly developed governance groups including the Mental Health System Partnership Board and the Children's Health and Wellbeing Programme Board. Ensure that these Terms of Reference document the groups' relationships to:
- the Jersey Care Model; and
 - the 'Our Hospital' project.
- R9** Ensure arrangements are in place to monitor and manage compliance with all governance processes.
- R10** After a suitable period, evaluate how effectively all governance processes are working in practice.
- R11** Document and implement a comprehensive quality and safety programme across CAMHS.
- R12** Establish a process to ensure that all relevant departments, not just the lead department, are aware of and properly engaged in implementing actions in response to accepted C&AG recommendations. Include this process in the Tracker Manual which covers roles, responsibilities, accountabilities and Tracker operation.

- R13** Agree, map out and implement roles, responsibilities and arrangements for CAMHS performance management across all areas of Government and all relevant structures, covering:
- setting standards
 - identifying and capturing data for Key Performance Indicators
 - establishing ambitious targets and benchmarking arrangements
 - monitoring and overseeing performance against standards and targets
 - reporting; and
 - taking action to resolve identified weaknesses and implement improvements.
- R14** Agree, map out and implement roles, responsibilities and arrangements for CAMHS risk management across all areas of Government and all relevant structures. As part of this, review arrangements for ensuring all risks relevant to CAMHS are logged and can be appropriately cross-referenced in one document.
- R15** Set standards for documenting the output and outcome of CYPES strategic and key operational management meetings. As a minimum this should include attendance, items to be logged as risks, decisions made and actions agreed. Ensure these are appropriately accessible so that they can be meaningfully used by officers.
- R16** In finalising a Minimum Data Set for CAMHS, make it sufficiently comprehensive to encompass all data to be routinely collected, including as a priority data to identify potential inequalities in access to services.
- R17** Formalise plans to improve the richness and quality of performance dashboards within Children’s Health and Wellbeing. Ensure the needs of all parts of the governance and advisory structure are considered, including the Annual Report planned for 2023.
- R18** When using online ‘live’ data at a meeting or group, ensure sufficient information is recorded so that:
- risks identified, decisions made and actions agreed are clear; and
 - the basis for those decisions and actions is evident – for example a screen shot of the relevant data.
- R19** Ensure that learning from Jersey’s participation in the NHS Benchmarking Network for CAMHS is routinely captured as part of action plans to improve data quality and performance.

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- R20** Implement a process for regular CAMHS caseload review to ensure that caseloads are managed consistently and in line with agreed criteria.
- R21** Risk assess recruitment practices against relevant lessons from the issues experienced in retaining social workers and take mitigating actions to reduce the risk to CAMHS recruitment and retention.
- R22** Undertake a post implementation review of the new process for receiving CAMHS referrals to understand whether:
- including examples would help referrers phrase their concerns and improve information provision
 - use of 'urgent' by those making referrals is in line with expectations; and
 - there are issues caused by duplicate referrals.
- R23** Establish criteria against which to monitor the impact of self-referrals, including as part of understanding inequalities of access to CAMHS and other Children's Health and Wellbeing services.
- R24** Explore options for automating the process of logging referral information across multiple systems (Mosaic, Care Partner and TrakCare), to reduce the risk of error.
- R25** Keep a log of decisions made and action agreed at the weekly Health and Wellbeing Service Referral Management meetings, including any actions to update the risk register.
- R26** Ensure that arrangements to keep in touch with those referred and accepted for assessment meet good practice.
- R27** Ensure 'triage' target times are widely understood by, and performance is reported to, referrers and the public.
- R28** Although this is implicit in the triage process described, explicitly set and communicate waiting times standards for assessment for young people with psychosis and with eating disorders.
- R29** Set out clear discharge protocols to provide explicit and tailored information on:
- how to stay well
 - a summary of how the child or young person felt about being discharged; and
 - whether they achieved the goals they identified or modified the goals.

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- R30** Reconsider the approach to children and young people who 'were not brought' for appointments, both for 'in house' and commissioned services. Ensure that the emphasis is on safety and the child's right of access to healthcare.
- R31** Prioritise an understanding of the reasons for re-referrals to CAMHS and set out any required actions in response.
- R32** Finalise the protocol and arrangements for young people transitioning from CAMHS to AMHS and other services, ensuring decisions on timing are criteria rather than age driven. Establish a process to oversee compliance which includes service user feedback.

Summary of Government Response

All 32 recommendations were accepted. Responsibility for implementation was agreed for the recommendations. Responsibility was allocated as follows:

Children, Young People, Education and Skills (CYPES) - 27

Health and Community Services (HCS) - 4

Strategic Policy, Planning and Performance (SPPP) - 1

Target dates for implementation were assigned up to Q3 2023.

Background and Scope

Processes to identify, assess, prioritise and manage risk are fundamentally important in achieving organisational goals. Corporate risk management processes focus on reducing, mitigating or otherwise managing the uncertainties faced in delivering strategic and key operational objectives. Effective risk management embraces processes at corporate, departmental and service levels.

In 2017, the then Comptroller and Auditor General (C&AG) undertook a review of the States of Jersey's approach to risk management. The C&AG found that, whilst work had been undertaken to create a risk management framework, the effective management of risk was not adequately embedded across the States. The 2017 report *Risk Management* made 18 recommendations, all of which were accepted for implementation by the States.

The Government of Jersey launched a new Risk Management Strategy during 2019. This Strategy was further updated in March 2022.

This review has followed up recommendations made in 2017. I have considered arrangements at the corporate level as well as at departmental level. In considering departmental arrangements, I have reviewed three specific departments - Health and Community Services (HCS), the Chief Operating Office (COO) and the Probation and After-Care Service.

Key Findings

- 11 out of the 18 recommendations made in 2017 have been fully implemented. Three recommendations have not been implemented with the remaining recommendations partially implemented.
- A new Risk Management Strategy was launched in 2019 and was last updated in 2022. The Strategy is in line with best practice.
- Risk management arrangements have been enhanced since 2017 including the appointment of a Head of Risk. A new Enterprise Risk Management (ERM) system has been implemented, training has been rolled out and online risk management guidance is now in place.
- Corporate risk information is provided to the Executive Leadership Team (ELT), the Risk and Audit Committee and the Council of Ministers (CoM). There is, however, an opportunity to refine the level of detail that goes to each of these bodies in order for it to be more effective.
- Whilst risk is referred to in the Government Plan and to some degree in departmental plans, there is more to do to ensure consistency in approach. There is also room for improvement in ensuring consistent interpretation of risks that may

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impact on delivery of the Common Strategic Policy priorities and the Government Plan.

- The Government of Jersey is a complex organisation with a diverse range of services. Whilst risk appetite is inherently considered as a part of making key decisions, risk appetite is not systematically debated and agreed by CoM, ELT or the Risk and Audit Committee in the context of the overall management of risks. The Strategy includes a policy with different appetites to empower users to make different judgements where a higher risk appetite is permitted. In practice, however, until risk management becomes more mature, it is unlikely that risk appetite will be used as an effective tool in day to day risk management.
- There is a need for greater clarity on what the Corporate Risk Register is for. There is currently an imbalance and inconsistency in the risks, mitigating controls and actions recorded in the Corporate Risk Register.
- At departmental level, the identification of risks has improved since the 2017 C&AG Report although the recording of entries in risk registers requires further improvement.

Conclusions

Risk management in the States of Jersey has continued to develop since the 2017 C&AG Report. Effective implementation of the Risk Management Strategy and of the recommendations in this report will be key to embedding risk management as an integral tool of management.

Summary of Recommendations, Work planned that should be prioritised and Areas for Consideration

Recommendations

- R1** Tailor information provided to strategic groups including CoM, ELT and the Risk and Audit Committee to present key messages more effectively at a strategic level and on a more timely basis. In doing so, ensure streamlining of the quarterly data pack to focus on the risk management of delivery of strategic priorities.
- R2** Implement more effective arrangements to consider and integrate risks in States owned entities and arm's length bodies into the Corporate Risk Register.
- R3** Develop an action plan to implement and monitor delivery of the 2022 Risk Management Strategy particularly around the key objectives, success measures and outcomes identified in the key focus areas.
- R4** Formally review risk appetite across a range of dimensions on an annual basis.

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- R5** Undertake a full review of the Corporate Risk Register to ensure consistent interpretation of risks that may impact on delivery of Common Strategic Policy priorities and the Government Plan.
- R6** Review the Managing Risk section in future Government Plans to ensure that it reflects high level risks of delivering the priorities in the Government Plan rather than a small sample of risks taken from the Corporate Register.
- R7** Include significant risks that may impact on delivery of departmental business plans in these business plans.
- R8** Undertake a full review, led by ELT of all risks on the Corporate Risk Register to confirm that:
- inclusion as a risk and scoring is justified and a consistent interpretation of the guidance
 - controls recorded are appropriate and meaningful; and
 - recorded mitigating actions are robust and timetables are realistic.
- R9** Enhance mechanisms to hold Accountable Officers to account for the effectiveness of mitigating controls and actions recorded on the risk register. In doing so, review the purpose and operation of the 'deep dive' processes operated by the Head of Risk and the Risk and Audit Committee to consider their effectiveness and ensure that they do not duplicate one another.
- R10** Review the Terms of Reference of the DRG to maximise its effectiveness. In doing so, clarify the purpose and corresponding information and access needs for the DRG as a resource to add value to the corporate risk management framework.

Work planned that should be prioritised

- P1** Complete the planned update to the Community Risk Register.
- P2** Integrate CLS fully into the Enterprise Risk Management system.
- P3** Complete the development of core objectives for risk management for Tier 1-3 staff, as part of the Performance Management Framework.
- P4** Complete the work on Competency Framework including a reference to risk management as a core competency.

Areas for consideration

- A1** Review the detailed content of the Risk Management Strategy alongside its supporting guidance to ensure that balance and level of detail are appropriate for users.

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- A2** Review whether any aspects of the risk management guidance should be mandated.
- A3** Include more practical examples in the risk management guidance to help users in interpretation and to promote consistency in application. Areas that should be considered for practical examples include:
- population of the risk register
 - scoring examples
 - controls; and
 - mitigating actions.
- A4** Develop and implement a mandatory training programme on risk management processes.
- A5** Enhance the system to document both initial (gross) risk and current (residual) risk to provide a better audit trail of risk, mitigating controls and action.
- A6** Provide some specific training in risk management processes for States Members more widely.
- A7** Review and determine the best way to improve sharing of risk registers across the States of Jersey risk community to enable additional learning from others in a controlled and measured way.

Summary of Government Response

All recommendations, current work planned that should be prioritised and areas for consideration were accepted for action. Responsibility for implementation of the 10 recommendations was allocated as follows:

Office of the Chief Executive (OCE) - 8

Strategic Policy, Planning and Performance (SPPP) - 1

Treasury and Exchequer (T&E) - 1

Target dates for implementation were assigned up to Q4 2023.

Background and Scope

An annual report is a key means by which an entity tells the story of its year. Public annual reporting, done well, enables stakeholders to understand – with trust and confidence – an entity’s strategy and the risks it faces, how much money has been spent and on what, and what has been achieved as a result. It enables stakeholders to hold the entity to account effectively.

I published reports in both 2020 and 2021 on *Annual Reporting*. My 2021 report concluded that few States established or States controlled entities had made significant progress in improving their annual reports for 2020 and that significant improvements were needed for most entities to meet best practice.

In order to promote best practice I published a *Good Practice Guide to Annual Reporting* in 2020 and a further one in 2021. In December 2021, I held a workshop on annual reporting and in February 2022 I published an *Annual Report Self-Assessment Tool* to assist organisations in the preparation of their annual reports.

Consistent with my reviews in 2020 and 2021 I have reviewed the annual reports and, where available publicly, the annual accounts produced by the States of Jersey and Jersey entities that were either:

- identified by the States of Jersey in its annual report as controlled by the States; or
- established by the States Assembly and required to prepare an annual report and/or accounts.

For 2022, I reviewed the 38 annual reports that were published by 31 July 2022. The purpose of my review was to assess progress being made in improving annual reporting and to identify and share good practice examples.

I reviewed the content of annual reports against:

- best practice identified by the UK National Audit Office
- the content requirements placed on UK public sector bodies that I consider to be best practice; and
- recognised best practice in sustainability reporting.

I have refined the criteria I have used in each year to reflect the most up to date best practice I have identified and used the criteria to develop a scoring methodology.

To assist entities in improving their performance I am also publishing a third *Good Practice Guide* updated for 2022 that draws out examples from the better performing entities.

Key Findings

I am pleased to see that most entities reviewed have made improvements to their annual reports, some significantly:

- three-quarters of 2021 annual reports set out information on performance, accountability and (where relevant) their finances in single annual reports. This compares to just over half in 2020
- 66% of 2021 annual reports' overall content (43% in 2020) is fair or good compared to best practice; and
- 79% of annual reports (62% in 2020) demonstrated fair or good compliance with best practice principles.

Progress in respect of accountability and sustainability reporting has however been slower:

- more than 40% of accountability reports are still poor or very poor compared to best practice. In particular, over 70% of remuneration and staff reporting (including disclosure of directors' pay and directors' interests) fell below best practice; and
- just under half of annual reports made no reference to climate issues and only five reported on sustainability using a relevant sustainability framework.

There has been a mixed picture in respect of timeliness for publishing 2021 annual reports:

- 14 entities published their 2021 annual reports in an earlier month than for the previous year compared to 10 that published their annual reports in a later month
- more entities missed their deadlines for their 2021 annual reports than for their 2020 annual reports; and
- fewer annual reports were published by 31 July in 2022 than has been the case in 2021 and 2020.

Conclusions

Annual reporting is fundamental to ensuring accountability of public entities.

I am pleased with the improvements I have seen in the annual reports of many States controlled and States established entities. I encourage entities to consider the issues raised in this report and my *Good Practice Guides* and continue to make further improvements.

The States of Jersey have an opportunity to build on the progress made by individual entities by specifying the requirements for annual reporting. In doing so, the States should pay particular attention to:

- accountability reporting, especially staff and remuneration disclosures; and
- sustainability reporting.

So as to help the States of Jersey and individual entities focus their actions, I have consolidated the findings from this report and recommendations from my 2020 and 2021 reports into a single set of recommendations.

Summary of Recommendations

Recommendations for the States of Jersey

- R1** Finalise and set out minimum requirements for annual reports and accounts for States established and States controlled entities. In doing so, consider:
- setting out different requirements depending on the nature and size of entities
 - specifying minimum requirements for reporting on performance, accountability and finances
 - requiring specific disclosures of remuneration of directors and staff
 - for entities required to publish financial statements:
 - specifying the accounting framework; and
 - specifying the degree of independent assurance that should be provided over the financial statements; and
 - for all entities, setting out the requirements for making the annual report and accounts public.
- R2** Introduce a requirement for Statistics Jersey to produce an annual report.
- R3** Set out a public ambition and timetable for the production of a States of Jersey annual sustainability report. In doing so, consider:
- the Jersey Performance Framework and the Taskforce on Climate-Related Financial Disclosures (TCFD) recommended disclosures
 - whether the sustainability report should form part of the States of Jersey Annual Report and Accounts or be a separate report

- publishing targets alongside actual performance and comparative data with other jurisdictions where this is available; and
- the degree of independent assurance that should be provided over the data contained within the sustainability report.

R4 Set out minimum requirements for sustainability reporting by States established and States controlled entities. In doing so, consider how to apply the Jersey Performance Framework and the TCFD recommended disclosures.

Recommendation for all entities

R5 Continue to improve annual reporting. In doing so, consider:

- any minimum requirements set out by the States of Jersey
- how to improve reporting on performance, accountability (including director and staff remuneration) and finances
- how to use an appropriate framework to improve sustainability reporting; and
- other good practice and learning from this report and my *Good Practice Guide*.

Summary of Government Response

All five recommendations were accepted for action. Responsibility for implementation of the five recommendations was allocated as follows:

Office of the Chief Executive (OCE) - 2

Strategic Policy, Planning and Performance (SPPP) - 1

Treasury and Exchequer (T&E) - 2

Target dates for implementation were assigned up to Q4 2024.

Background and Scope

The funding of arts, heritage and culture organisations is used by the Government of Jersey to help deliver a range of strategic objectives which contribute to Island life. The Government takes responsibility for protecting cultural assets and enabling access to the arts and to heritage and culture. Fulfilling these responsibilities relies to a large extent on services being delivered through partner organisations which are supported by Government funding.

The Government supports several arts, heritage and culture organisations which have a range of responsibilities and differing governance and accountability arrangements. However, this does not relieve the Government from a responsibility for ensuring that good governance is being demonstrated, effective internal control is in place and value for money is being secured.

Key Findings

- The Government has expressed a clear commitment to arts, heritage and culture through investing 1% of departmental net revenue spend from 2022. Detailed strategies for both arts and heritage were launched in 2022.
- Both strategies are ambitious. Detailed, costed implementation plans have not yet been developed to support each strategy
- While Key Performance Indicators (KPIs) have been developed for both arts and heritage, they require review. The KPIs should be measurable and should inform a judgment on the added value delivered by both sectors following the additional Government investment.
- The appraisal processes for the award of grants has not been revised to reflect the new strategies and the greater expectations that should arise from additional funding.
- Fiscal Stimulus Fund bids for refurbishment of the Opera House and Arts Centre were approved in 2021 when it was evident that meeting the deadline for spending the grants would be challenging. Ultimately both failed to meet the deadline.
- Capital investment of £5.7 million has been agreed for Elizabeth Castle from 2022. The business case for this demonstrates good practice.

Conclusions

The Arts and Heritage Strategies were prepared after the additional Government investment in the sectors was agreed and allocated for 2022. Without detailed, costed and prioritised implementation plans, it is not possible to demonstrate that the ambitious strategies are deliverable.

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The Government should agree stretched targets with Arm's Length Bodies which are in receipt of additional grant funding that demonstrate delivery of key aspects of the Arts and Heritage Strategies.

A clear plan is required to deliver the identified refurbishment needs at the Opera House and Arts Centre. Roles and responsibilities for future maintenance at the Opera House must be determined and agreed

Summary of Recommendations, Work planned that should be prioritised and Areas for Consideration

Recommendations

- R1** Undertake further analysis to review and assess options for all Jersey arts venues.
- R2** Prepare and publish implementation plans for both the Arts and the Heritage Strategies. These implementation plans should include:
- prioritised and costed actions
 - clarity on alignment of workstreams and task and finish group proposals with priority themes
 - indicative implementation timetables; and
 - clearly allocated responsibilities.
- R3** Review all arts and heritage KPIs to ensure that data is readily available and a baseline is determined as a reference point for trend measurement.
- R4** Develop a holistic approach to grant funding of the three main arts bodies which recognises individual offers as well as the collective contribution to delivery of the Arts Strategy.
- R5** Introduce a requirement for each ALB to submit a formal grant funding request with business case and needs assessment each year. The formal request should include details of:
- the funding being requested
 - the outcomes that will be achieved with the funding granted; and
 - how those outcomes contribute to the implementation of the relevant Arts or Heritage Strategy.
- R6** Liaise with each ALB and encourage development of longer-term business plans with stretched targets that link to the Arts and Heritage Strategies.

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R7 Put in place a mechanism to agree maintenance responsibilities and liabilities for the Opera House.

Work planned that should be prioritised

P1 Complete the current review of the content of the Governance Checklist used as part of the grant application process and ensure that the questions are based on an assessment of risks and the level of assurance required.

Areas for consideration

A1 Bring forward the grant appraisal in respect of the first tranche payment to the final quarter of the year prior to the grant being due.

A2 Introduce a consistent, structured agenda for meetings with ALBs that covers financial and operational performance specifically linked to the respective strategies.

Summary of Government Response

Not yet submitted.

Background and Scope

The States of Jersey have established several entities which operate, to varying degrees, on an independent arm's-length basis. In some instances, the establishment of these entities on an arm's-length basis is a matter of policy choice. In other instances, the activities undertaken by the entity include those of a regulatory, audit, oversight or challenge nature. These, by their nature, need to operate with an element of independence from the Government of Jersey.

The particular arrangements for the governance and accountability of individual independent bodies and office holders have arisen through both policy choices reflected in legislation and through the operating models adopted by different entities.

Key Findings

In my view, there are opportunities to:

- **strengthen operational independence** of the bodies and office holders included in my review through:
 - ensuring a principle of independence in the discharge of functions is enshrined in legislation for each body and office holder
 - justifying differences in the arrangements for appointment, terms of office and arrangements for removal of members of independent bodies
 - adopting clear principles to underpin the funding mechanisms in place for independent bodies and office holders including protections from inappropriate pressures on their budgets from the Government of Jersey; and
 - introducing consistent provisions to reinforce that States employees working for the independent body or office holder shall be treated as if they were an employee of the independent body or office holder
- **enhance accountability** of the independent bodies and office holders included in my review through:
 - adopting a requirement for bodies and office holders to comply with the Public Finances Manual (PFM), with appropriate and necessary adaptations
 - specifying requirements in respect of annual reports, including in respect of content and timing; and
 - where appropriate, strengthening requirements in respect of internal audit and the appointment of external auditors; and
- **review and consolidate support services** used by many independent bodies and office holders through:

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- enhancing the accountability of the Government of Jersey for the services it provides through a documented agreement of the nature of services to be provided; and
- reviewing opportunities to reduce duplication and inefficiency in support functions by seeking to share services and by seeking to share office accommodation where feasible.

Conclusions

Current arrangements for the governance and accountability of independent bodies and office holders are fragmented. In some instances there are identifiable weaknesses in arrangements that compromise the governance and accountability of independent bodies and office holders. As many of the elements of good governance and accountability are common to all or most independent bodies and office holders, there is scope for development of arrangements that would apply to all independent bodies and office holders or to groups of them, except where there are compelling reasons that they should not apply.

I strongly encourage the States of Jersey to take forward the areas for consideration that I have outlined, in order to provide greater assurance as to the protection of the independence of the bodies and office holders reviewed as part of this Thinkpiece. At the same time, there are opportunities for independent bodies and office holders to drive greater efficiency in arrangements through shared support services.

Summary of Areas for Consideration

Strengthen operational independence

A1 Clarify the legal nature of the following independent bodies and office holders, including in particular whether they have legal personality:

- Comptroller and Auditor General
- Independent Prison Monitoring Board
- Jersey Appointments Commission
- Official Analyst
- Police Authority; and
- the Statistics User Group.

A2 Update legislation for the Director of Civil Aviation, the Independent Prison Monitoring Board, the Police Authority and the Police Complaints Authority to include an unequivocal statement of the independence of the body and/or its freedom from direction.

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- A3** Where appointments of Chairs and members of independent bodies and office holders are made by a Minister, review the arrangements for the appointment, including whether there is a compelling reason for not requiring a two week notice period to the States Assembly.
- A4** Consider the rationale for differences in the initial terms of office of Chairs of independent bodies.
- A5** Ensure that legislation reflects the Jersey Appointments Commission Guidance that the maximum term of office for independent members of Boards does not exceed nine years.
- A6** Ensure appropriate processes are in place in cases where the removal of members of independent bodies and of individual office holders is proposed.
- A7** Introduce a clear, understandable and objectively justifiable framework for funding of independent bodies and office holders by the:
- development of overarching principles for when a body should be funded by fees, levies, grants or revenue heads of expenditure; and
 - adoption of a consistent pattern of responsibility for setting of fees and levies.
- A8** Where independent bodies and office holders operate within the States of Jersey, ensure that there is a clearly identified separate revenue head of expenditure and that the senior officer within the independent body has Accountable Officer status.
- A9** Introduce legislation for all independent bodies and office holders to specify that States of Jersey employees working for an independent body or office holder shall be treated as if they were the staff of the independent body or office holder.
- A10** Introduce minimum good employer standards for independent bodies empowered to employ their own staff.

Enhance accountability

- A11** Apply the PFM with suitable adaptations to independent bodies and office holders.
- A12** Document minimum standards for the responsibilities of an Audit Committee or similar body for all independent bodies and office holders.
- A13** Specify minimum mandatory content of annual reports for independent bodies and office holders.

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- A14** Introduce standardised requirements for the timing of annual reports of independent bodies and office holders.
- A15** Specify minimum standards for annual financial reporting, even where the financial performance of independent bodies and office holders is already reflected in the annual accounts of the States of Jersey.
- A16** Introduce a presumption in favour of internal audit provision for independent bodies and office holders unless there is a clearly documented case that the costs would outweigh the benefits.
- A17** Where independent bodies and office holders are required to prepare full annual accounts and their expenditure exceeds a specified threshold, introduce a requirement that they should be subject to audit by auditors appointed by the Comptroller and Auditor General. In other cases, introduce a requirement for an assurance engagement providing a lower level of assurance by an independent examiner appointed by the Comptroller and Auditor General.

Review and consolidate support services

- A18** Document the services and standards for the provision of services by the Government of Jersey to independent bodies and office holders.
- A19** Independent bodies and office holders should continue to work collectively to explore opportunities to share support services and, in some cases, accommodation.

The policy framework

- A20** Develop a clear policy framework for the governance and accountability of independent bodies and office holders, including consideration of the nature and extent of independence that is required in each case and how such independence can be secured, having regard to relevant international standards and the experience of other jurisdictions.
- A21** In light of any policy framework adopted, consider framework legislation for governance and accountability of independent bodies and office holders including consistent provisions for independent bodies and office holders, or groups of independent bodies and office holders, in the absence of a clear rationale to the contrary.
- A22** In light of any policy framework adopted, beneath legislation develop common standards for the governance and accountability of independent bodies and office holders addressing the areas covered in this Thinkpiece.

Summary of Government Response

Not yet submitted.



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