
STATES OF JERSEY



DEPLOYMENT OF STAFF RESOURCES IN HEALTH AND COMMUNITY SERVICES (R.7/2023): EXECUTIVE RESPONSE

Presented to the States on 6th April 2023
by the Public Accounts Committee

STATES GREFFE

FOREWORD

In accordance with paragraphs 69-71 of the [Code of Practice](#) for engagement between ‘Scrutiny Panels and the Public Accounts Committee’ and ‘the Executive’, the Public Accounts Committee presents the Executive Response to the Comptroller and Auditor General’s Report entitled: [Deployment of Staff Resources in Health and Community Services](#) (R.7/2023) presented to the States on 24th January 2023).

The Committee intends to review the Executive Response to the recommendations and work planned that should be prioritised and will consider whether to produce further comments in due course.

Deputy L. Feltham

Chair, Public Accounts Committee

Chief Executive and Chair of States Employment Board Response to C&AG Review: [Deployment of Staff Resources in Health and Community Services](#)

Summary of response

The Chief Executive agrees with the conclusions that the Health and Community Services Department is currently under significant pressure. The ability to recruit and retain staff in a challenging market for health staff since the COVID-19 pandemic and inpatient bed pressures play a significant part in these pressures. In order to deliver and implement an effective and comprehensive workforce strategy the Chief Executive further agrees that ensuring completeness and accuracy of workforce and clinical data and information is important.

The Comptroller and Auditor's (C&AG's) review, alongside the ongoing work following the publication of the Hugo Mascie-Taylor review of the quality and safety of its secondary care services in Jersey will provide an important opportunity to develop appropriate structures and processes to address the report's recommendations.

The establishment of a health board with Non-Executive Directors as part of the membership help drive reform, improve governance and address the cultural, structural and practice issues affecting the quality and safety of the care provided. The Change team is also now in place to support the implementation of this transformation. It is important to ensure that recommendations from the C&AG and Public Accounts Committee relating to the Health and Community Services are properly aligned and contribute to the improvement of health services for the Island.

Government of Jersey takes the work of the C&AG and the Public Accounts Committee very seriously and to this end has only rejected one of the recommendations for reasons explained below.

Action Plan

Recommendations	Accept/ Reject	Action <i>(please also capture any required resources or dependencies)</i>	Target date	Proposed Responsible Officer
<p>R1 Establish a Project Board to oversee the development of the HCS Our People Strategy and the HCS Workforce Strategy. In doing so ensure that:</p> <ul style="list-style-type: none"> the membership of the Board enables appropriate oversight and appropriate clinical engagement; and appropriate formal project management and governance disciplines are implemented. 	Accept	<p>The Minister of Health and Social Services(MHSS) has already committed to working across the Council of Ministers to agree and publish, in 2023, a whole Island workforce strategy which will set out how government will address the barriers to recruitment and retention of health and care staff regardless of whether they work for Government of Jersey, primary care or the voluntary and community sector. See MHSS Ministerial plan section 2 e(r.139- 2022.pdf (gov.je)).</p> <p>In line with the recommendation, a Project Board will be established to oversee the development of the HCS People Strategy. First steps will be to identify a Chair, members, and a secretary for the Project Board.</p> <p>Once membership and support has been considered, Terms of Reference and appropriate project management and governance documentation will be put in place. Further to this, the group will be in a position to meet for the first time.</p> <p>Delivery Plan, section 2E.</p>	Q2 2023	Group Director, People Services
<p>R2 Enhance the engagement at specialty level in the development of the HCS Workforce Strategy. In doing so, ensure that there is an agreed way forward for future clinical operating models and medical staffing models at specialty level.</p>	Accept	<p>Nominations will be requested from each profession across HCS to sponsor this work and to disseminate progress. This will include working with the Heads of Service and their speciality leads to produce clinical operating models and medical staffing models for each speciality as part of the HCS Strategy.</p>	Q2 2023	Chief Officer, HCS (with support from Group Director, People Services)

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<p>R3 Clarify the planning assumptions that should underpin the HCS Workforce Strategy in respect of the future care model and the Our Hospital programme. Continue to review these planning assumptions as decisions are made with respect to the future care model and the Our Hospital programme.</p>	Accept	Assumptions that should underpin the HCS Workforce Strategy will be clarified by:		
		a) Developing and consulting on the key principles for the new Health Care Facilities.	Q3 2023	Chief Officer, HCS
		b) Establishing a strategic health and care function within the Cabinet Office that will begin working on policy, funding and financing arrangements for health and care.	Already in place	Director for Health Policy, Cabinet Office
<p>R4 Ensure that the HCS Workforce Strategy provides clarity as to the future planned management structure of HCS.</p>	Accept	The HCS workforce strategy will be extended to consider management and executive structures that are appropriate to support service delivery and implementation of strategy.	Q2 2023	Chief Officer, HCS (with support from Group Director, People Services)
<p>R5 Review and, where possible and appropriate, negotiate a harmonisation of the terms and conditions of staff working in HCS. In doing so, seek to ensure the availability of the right workforce on a 24-hour, 7-day basis to support the effective delivery of services by HCS.</p>	Accept	a) In order to harmonise the terms and conditions of HCS staff wherever possible, a review will be undertaken, initially to identify differences in T&Cs.	Q2 2023	Group Director, People Services
		b) The review output will be a report that will be produced within Q2 2023. This report will inform next steps and support negotiations in Q3 2023 with staff groups, if applicable.	Q1 2024	
<p>R6 Review the arrangements for the funding of clinical negligence insurance to ensure that they match the objectives of future clinical models and the future private patient strategy.</p>	Accept	The action is being taken forward through the Civil Claims Risk & Oversight Board (CCROB).	Q4 2023	Chief Officer, HCS; Medical Director, HCS, HCS; and Director of Health Policy, Cabinet Office
		Additional resources to clarify and determine the clinical models and the development of the private patient strategy. This is planned to be in place by Q1 2024 (as outlined in the Ministerial Delivery Plan). In the meantime:	Q1 2024	
		<ul style="list-style-type: none"> The Change team will undertake a review and produce a recommendation paper. 	Q3 2023	
		<ul style="list-style-type: none"> The Deputy Medical Director, HCS post will go out to recruitment and once a successful candidate is in place, a detailed action plan will be developed. 	Q3 2023	

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<p>R7 Develop, publish, and implement a Government of Jersey Private Patient Strategy.</p>	Accept	<p>A working group will be established to develop a private patient strategy during 2023, including colleagues from clinical, operational, informatics and finance teams which will include establishing and agreeing Project Scope for the work, resources and timeframes.</p>	Q2 2023	<p>Chief Officer, HCS and Director of Health Policy, Cabinet Office</p>
		<p>This will link into the existing work on recommendations on private patients from the Clinical Governance Review 2022.</p>		
		<p>A final strategy will be published as outlined in the Ministerial Delivery Plan 2023.</p>	Q1 2024	
<p>R8 Ensure that the wider HR service, which is currently spread across three teams, is co-ordinated and that there is sufficient specialist HR and finance support within the team developing the HCS Workforce Strategy.</p>	Accept	<p>GoJ accepts that a more appropriate model could be brought together from existing teams.</p>		
		<p>a) In order to implement such a model, a review will be undertaken of BAU, project and pipeline HR Service workstreams, identifying any perceived gaps in HR Service resource. This will be completed within Q1 2023.</p>	Q1 2023	<p>Group Director, People Services</p>
		<p>b) A business case will be developed if additional resourcing requirement are identified, including the provision of specialist support. This will be completed by the end of Q2 2023.</p>	Q2 2023	<p>Change Team, HCS</p>
<p>R9 Implement a specific Organisational Development programme to improve the current variable levels of medical staff engagement. In doing so, consider whether the programme would benefit from external facilitation and ensure that the programme includes senior clinicians as well as senior managers.</p>	Accept	<p>An organisational development programme is currently in development in HCS focusing on improving medical staff engagement by using the additional change team OD expertise.</p>	Q4 2023	<p>Director of Culture, Wellbeing and Engagement, People Services and Change Team, HCS</p>
<p>R10 Ensure that the HCS 2023 Business Plan continues to include actions to enhance and improve staff engagement and that the HCS Business Plan for 2024 takes into the results of the 2023 Government “Be Heard” survey.</p>	Accept	<p>Departmental Business Plans have been replaced by Ministerial Delivery Plans for 2023 and have been published. Although the Ministerial Plan does not include actions to enhance staff engagement, a 2023 Business Plan for the Director of Culture, Wellbeing and Engagement has been created and includes actions to enhance staff engagement.</p>	Complete	<p>Director of Culture, Wellbeing and Engagement, HCS</p>

Recommendations	Accept/ Reject	Action <i>(please also capture any required resources or dependencies)</i>	Target date	Proposed Responsible Officer
		The 2024 Business Plan for the Director of Culture, Wellbeing and Engagement will consider the results of the 2023 Be Heard survey in its development of 2024 actions and objectives.	January 2024	
R11 Review the relationship between the well-established GMC appraisal and revalidation process which is aimed at the individual's personal development and the wider role of performance management in terms of how an individual contributes to HCS's overall success.	Accept	The nature of the GMC appraisal is a confidential process aimed at maintenance and development of professional competence which establishes a doctor's continued ability to practice. Job planning includes a section on organisational, service and personal objectives. Notwithstanding the confidential nature of the GMC process, as part of the work on the recommendations of the Clinical Governance Review Report, a review will be undertaken to ensure there is better alignment between the two appraisal processes.	Q3 2023	Medical Director, HCS
R13 Review the arrangements for the organisation of accommodation of locum and agency staff and consider who is best placed to manage this.	Accept	Working with the Delivery & Improvement Hub, a review of current arrangements will be undertaken to enable recommendations to come forward to improve existing arrangements. However, operational responsibility for allocation of property remains with HCS.	Q2 2023	Chief Officer, HCS (working with both the Group Director, People Services and Working with the Delivery Hub, Cabinet Office)
		A Key Worker Accommodation Policy will be developed for implementation.	Q2 2023	
R14 Include in the future workforce strategy targets to minimise the use of locum and agency staff and outline actions to achieve and maintain the use at a low level.	Accept	The HCS workforce strategy incorporates a number of phases. During Phase 5 of the strategy, an exercise will be undertaken to:		Group Director, People Services
		a) Outline what usage of Locum and Agency staff that Care Groups want to achieve in the short, medium, and long term.	Q2 2023	

Recommendations	Accept/ Reject	Action <i>(please also capture any required resources or dependencies)</i>	Target date	Proposed Responsible Officer
		b) Review the existing KPIs on Locum and Agency spend/usage across HCS and identify if adequate to provide ongoing insight.	Q2 2023	
		c) develop plans to achieve these targets	Q2 2023	
		d) Once this work has been completed, the HCS Workforce Strategy Lead will report back to the Project Board and HCS ELT to seek approvals for an updated approach.	Q2 2023	
R15 Urgently agree and implement a formal HCS clinical supervision policy. This should cover medical and non- medical professional clinical staff, including locum and agency staff.	Accept	An HCS wide policy will be established which care groups can add to but not subtract from to ensure competency assessment at appointment and arrival. This will ensure that the supervisor and clinician are aware of any limitations and are able to agree a development plan. This will be included in appraisal meetings.	Q2 2023	Medical Director, HCS, and Chief Nurse, HCS
		An action plan will be developed for implementing the policy considering training, resource implications and how clinical staff will be released for training and supervision.	Q3 2023	
R16 Ensure that the new medical agency contract requires all locum and agency staff to engage proactively in HCS clinical supervision and the wider clinical governance systems.	Accept	GoJ accepts that clinical supervision and clinical governance are critical elements of providing safe, quality health and care services for Jersey. GoJ will ensure that appropriate provisions are included in new contracts in order that People Services can provide adequate assurance to HCS ELT and States Employment Board that the all locum and agency staff are required to engage proactively in HCS clinical supervision; and the wider clinical governance systems.	Q2 2023	Group Director, People Services
R17 Ensure that appropriate arrangements are in place to provide assurance on the clinical practice of locum consultants during the time they are working for HCS.	Accept	A clinical practice assurance policy will be developed and agreed to define arrangements for locum consultants whilst they are working for HCS.	Q3 2023	Medical Director, HCS

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<p>R18 Revisit the current approach for compensating for on- call and consider a flexible, mixed model of either time back in lieu or payment, depending upon the specialty and grade of staff. This approach should seek to provide more flexibility for both consultant and middle grade doctors but at the same time protect capacity for the delivery of public work.</p>	Accept	<p>A review will be undertaken of the current approach in consultation with the Chair of the Private Patient “BeOurBest” Working Group and the Chiefs of Service.</p> <p>The outcome of which will inform the Job Planning Policy to identify a flexible approach which protects the delivery of public work. Further to this, an options paper will be developed to consider whether there are any implications, such as additional funding or resourcing requirements.</p>	Q2 2023	Group Director, People Services
<p>R19 Establish arrangements to monitor implementation of and compliance with the private patient’s strategy when it is published.</p>	Accept	<p>See R7 – Arrangements to monitor compliance with the Private Patient Strategy will be included in the development of the strategy.</p>	Q2 2024	Medical Director, HCS and Director of Health Policy, Cabinet office

Recommendations	Accept/ Reject	Action <i>(please also capture any required resources or dependencies)</i>	Target date	Proposed Responsible Officer
<p>R20 Implement a comprehensive suite of management information to monitor private patient activity and income against standards, targets, and tolerances.</p>	Accept	<p>This will have a longer lead in time, as the development of a comprehensive suite of management information will be undertaken through a phased plan of implementation following:</p> <ul style="list-style-type: none"> • the publication of the private patient’s strategy (see R7); and • the establishment of a Joint Board between Health and Community Services and Treasury and Exchequer in quarter 3 of 2023, as outlined in R21. <p>The Joint Board will be responsible for agreeing a realistic and feasible plan to develop a suite of reports, recognising the current challenges and available resources, which will be aligned to the Person Level Information and Costing System (PLICS) and the updated tariff used for private patient charges.</p>	Q2 2024	Group Director Finance Business Partnering & Analytics
<p>R21 Update the Person Level Information and Costing System (PLICS) and the tariff used for private patient charges. In doing so, agree and implement an overhead apportionment framework to be applied to private patient charges.</p>	Accept	<p>This will be developed following the establishment of a Joint Board between Health and Community Services and Treasury and Exchequer.</p> <p>The Joint Board will consider the establishment of data governance strategy and plan for PLICS to ensure the clear roles and responsibilities, standard operating procedures are in place and reviewed, as part risk management planning.</p>	Q3 2023	Group Director, Finance Business Partnering & Analytics and Director Improvement and Innovation, HCS

Recommendations	Accept/ Reject	Action <i>(please also capture any required resources or dependencies)</i>	Target date	Proposed Responsible Officer
		<p>A Framework will be established to set the roles and responsibilities of Board members from the respective department alongside clear Terms of Reference.</p> <p>The current PLICS system will be reviewed against evidence-based guidelines in order to operationalise the agreed Private Patients Strategy.</p>	Q4 2023	
<p>P1 Finalise the HCS Our People Strategy taking account of the recommendations made in the Review of Health and Community Services (HCS) Clinical Governance Arrangements within Secondary Care report published in August 2022.</p>	Accept	<p>The HCS Our People Strategy will be finalised linking with the Strategic Workforce plan and HCS resourcing and based on the outputs from the “BeOurBest” programme.</p>	Q3 2023	Group Director, People Services
<p>P2 Publish a formal response and action plan to the recommendations made in the Review of Health and Community Services (HCS) Clinical Governance Arrangements within Secondary Care Report published in August 2022.</p>	Accept	<p>Formal response has been published.</p> <p>The Minister for Health and Social Services has published a formal response and action plan to the report:</p> <ul style="list-style-type: none"> • R.117/2022(Res); and • R.133/2022: Progress on actions from this C&AG review and the Review of HCS Clinical Governance Arrangements will be monitored jointly. <p>A dynamic change plan is also being developed and will be monitored by the ‘Change Team’ to operationalise recommendations relating to health improvement.</p>	Closed	Chief Executive and Assistant Chief Executive

Recommendations not accepted

	Recommendation	Reason for rejection
R12	Consider whether there is a need to renegotiate the 2005 Jersey medical and dental consultants' contract prior to implementation of the job planning policy. Pause job planning while this is being considered.	GoJ does not accept this recommendation. Work is underway on the contract reviews. It would be inappropriate to pause job planning. It is a contractual requirement for medical staff and therefore not advisable to wait for the conclusion of any new contract negotiations.