



States Greffe

Chief Executive Officer
Cc Director General HCS
BY EMAIL

3 November 2021

Dear Chief Executive Officer,

Further Action and Clarification required by PAC on Executive Response to C&AG's Report on Health and Social Care

In accordance with paragraphs 64-66 of [P.56/2018](#), the [Code of Practice](#) for engagement between 'Scrutiny Panels and the Public Accounts Committee' and 'the Executive' (February 2018), the Public Accounts Committee presented its comments today on the [Executive Response](#) to the Comptroller and Auditor General's Report: [Governance Arrangements for Health and Social Care \(Follow-up\)](#) (R.143/2021).

The PAC was pleased to note that Health & Community (HCS) Services reviewed the Comptroller Auditor General's (C&AG) follow up report and accepted all 18 recommendations. It also notes that there has been some progress in implementing recommendations made in the former C&AG's original [Report on Governance Arrangements for Health and Social Care](#) (September 2018). The PAC welcomed Health and Community's acknowledgement that there are elements of governance and learning, specifically around assurance frameworks and risk management that support performance and patient outcomes that require further work.

Notwithstanding that HCS had accepted all of the C&AG's recommendations in full, the PAC considered that the implementation dates set by the department in some areas were longer than expected. The Committee also considered that some recommendations which had been accepted, warranted a request for further evidence. It has only reproduced those parts of the C&AG's recommendations and responses where relevant to its comments, as set out below. The PAC requests further clarification and/or specific information and would be grateful for your response by **22 November 2021**:

C&AG Recommendation (in part)	Executive Response (in part)
<p>1: Document a comprehensive and publicly available Health and Social Care Integrated Governance Accountabilities (IGA) Framework. This structural document should include:</p> <ul style="list-style-type: none"> • arrangements both within HCS, within Government and within the whole Island health and social care system; 	<p>Many of the principal strands of HCS governance have already been established (including TOR).</p> <p>Key actions:</p> <ul style="list-style-type: none"> • Develop an Accountability Framework which specifies how the performance management systems are structured and tracked, to ensure delivery of the corporate objectives at every level of the organisation. • Develop the Integrated Governance Framework document for HCS • Further develop the framework to include the Whole Island system / JCM / our Hospital

Further Action Required: The PAC considers that the response is not clear as to whether the governance frameworks that are being developed will be publicly available (as

recommended) and seeks assurance that they will be. It also considers that the published frameworks should not focus on Health and Community Services alone. It requests the Chief Executive Officer to take steps to ensure that the frameworks encompass the Island's entire health and social care system.

C&AG Recommendation (in part)	Executive Response
2: Review the terms of reference for and the membership of the HCS Board.	A review of the Terms of Reference will consider all these points & this process will start at the meeting 8 November 2021.

Further Action Required: The PAC considers that the response to the recommendation is appropriate, however it requests to view the draft terms of reference as soon as they are available.

C&AG Recommendation	Executive Response (in part)	Target date/Responsible Officer
4: Prioritise the finalisation of the Board Assurance Framework to support the work of the HCS Board. This document should be publicly available and be updated and publicised on at least a six monthly basis.	The development of a Board Assurance Framework has been discussed in detail with the GOJ Risk & Audit Team. The development of a BAF will be considered in conjunction with the GOJ Risk management Strategy, however, this is a long-term project. Once a detailed timeframe and work programme for the development of the Framework is in place, this will be shared with the C&AG.	Q4 2025- HCS Board Secretary/Director General

Further Action Required: The Committee expects the development of a Board Assurance Framework to be prioritised, in keeping with the wording of the C&AG's recommendation, rather than 'considered' as phrased in the Executive Response. Furthermore, it is concerned that Q4 (October-December) 2025 is too long a timescale for what is an important document setting out how the HCS Board obtains assurance over the key risks faced by the health and social care system on the Island. The PAC notes that a Risk Manager has been appointed and will be commencing mid-November 2021. This role will ensure the development and embedding of risk management processes within HCS and the maintenance of a risk register which fully reflects risk exposure. It therefore urges the Director General to produce the Assurance Framework by Q2 (April-June) 2023, to align with the work of this key appointment and provide reassurance that the HCS Board has a clear picture as to how it obtains assurance over key risks.

C&AG Recommendation (in part)	Executive Response (in part)	Target Date
5: Publish an Annual Quality Account for all health and social care services provided by Government. The Annual Quality Account should include, as a minimum, information on: • identification of and progress made in identified areas of improvement	The introduction of an organisation wide Quality Account enabling staff to reflect on their hard work and celebrate their achievements and successes has been identified as a key deliverable within the	Q4 2023

	ratified Quality and Safety Strategy 2021-2023. Work on this will commence early 2022 with the aim of being able to provide an annual quality account for 2022.	
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Further Action Required: The PAC considers that although it is encouraging that an Annual Quality Account is planned for 2022, there should also be one prepared for 2021. Further, the response does not specifically commit to the account including 'identification of and progress made in identified areas of improvement' nor to the Annual Quality Accounts' publication and the PAC seeks assurance that it will. The Committee requests that if a 2021 report is not prepared, the areas of improvement identified for 2022 to be reported in the 2022 quality account should be published in early 2022.

C&AG Recommendation	Executive Response
6: Consider appointment of independent members to the assurance committees to ensure that there is appropriate independent challenge of, and assurance over, performance.	Review the constitution & remuneration of other GOJ Boards (for example Law Officers Department) to explore how this could be developed within HCS.

Further Action Required: The PAC considers that the response only commits to looking at other Government of Jersey Boards to explore how the appointment of independent members **could** develop within HCS. The PAC urges HCS to review more widely and it seeks more detailed information on how this recommendation **will** be implemented in practice.

C&AG Recommendation	Executive Response	Target Date/Responsible Officer
8: Document a long-term strategy for health and wellbeing to be delivered across Government, health and social care services and key partners. Progress against the long-term strategy should be reported publicly.	People & Corporate Services are developing a GOJ Wellbeing Strategy. Health will present their strategy to complement this.	Q3 2022 – Head of Organisation Development (COO)/Associated Chief for Allied Health Professionals and Wellbeing

Further Action Required: The Committee is concerned that the response does not address the recommendation, in particular that it only addresses States employees rather than including and informing the wider public. The C&AG was clearly recommending that a long-term Strategy for Health and Wellbeing be delivered across Government, Health and Social Care services and key partners, and that progress against the Strategy should be reported publicly. The PAC supports the rationale for a clear and public strategy that links the long-term performance outcome measures of the Jersey Performance Framework to the annual operational plan of the department and to the plans of other providers in the health and social care system. It urges the Chief Executive to commit to producing a public Strategy without delay.

C&AG Recommendation	Executive Response
9: Complete the review of a PALS (Patient Advice and Liaison Service) and prioritise the establishment of a PALS or equivalent service.	A review of the PALS service has been completed. A Task & finish group is being set up to review and establish the PALS function going forward. Pilot of PALS desk in Gwyneth Huelin from October – December 2021. This will provide users of our service any guidance, support, advice or information should they have concerns,

	suggestions or queries about their care at point of contact. Service users will be signposted to local services, support groups and complaints process, if necessary.
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Further Action Required: From the response given, the Committee is unclear about plans for the Patient Advice and Liaison Service beyond the pilot scheme. It seeks a clear commitment to a rollout of the service.

C&AG Recommendation	Executive Response
12: Document and implement a formal action plan to rollout JNAAS (Jersey Nursing Assessment and Accreditation System) to all community providers.	JNAAS was temporarily suspended during the Covid Pandemic. At that time, JNAAS had been implemented across all inpatient HCS areas and Jersey Hospice Care. JNAAS has now recommenced, and all HCS inpatient areas will have been assessed by December 2021. At the initial discussions with some community providers, there were no immediate plans to introduce a community JNAAS frameworks, due to competing priorities. However, this will be further reviewed in line with the commissioning processes (Q4 2022 /Associate Chief Nurse) We are already creating frameworks for our own HCS Mental Healthcare Teams and have templates that can be modified for other community teams/providers. The templates can be individualised to commissioned organisations, without losing the standardised evidence-based benchmarks we use.

Further Action Required: The Committee is concerned that the response does not address the C&AG's clear recommendation to document a formal action plan to rollout JNAAS to all community providers and goes on to indicate there is no immediate plan to do so 'due to competing priorities'. The PAC considers this to be unacceptable, especially given that the recommendation is, *prima facie*, accepted. The PAC urges the Chief Executive and/or the Director General HCS to clarify the position.

C&AG Recommendation	Executive Response
15: Implement a more comprehensive quality and safety programme across all health and social care services.	The Quality and Safety Strategy 2021-2023 has been approved within HCS and will be rolled out in Q1 2022. The Strategy describes: <ul style="list-style-type: none"> • how we organise ourselves • how we will embed an open learning culture cross-cutting throughout all our structures • how we will implement constant improvement; and • how we will measure and share this success in delivering a new Jersey Standard for Quality and Safety within health and social care for all Islanders

Further Action Required: The PAC commends the HCS approval of the Quality and Safety Strategy 2021-2023, however it seeks clarity and further evidence on how a more

comprehensive quality and safety programme across all health and social care services will be delivered, including those services not provided within HCS.

C&AG Recommendation	Executive Response
16: Extend further the scope and nature of routine public reporting of the performance of all elements of health and social care, including through the Government of Jersey website, taking into account performance reporting in other jurisdictions.	Reporting is currently restricted due to technical limitations and staffing capacity. The new EPR (electronic patient record) system (implementation by end of 2022) will enable better and easier reporting. In the meantime, we will review options for public reporting including taking into account performance reporting in other jurisdictions.

Further Action Required: The PAC request to see a clearer ‘roadmap’ documented of what information is planned to be made public, by when and how this compares to other jurisdictions.

C&AG Recommendation	Executive Response (in part)
17: Improve the arrangements for the management of risks by: <ul style="list-style-type: none"> • documenting the risk appetite for the key risks identified on the risk register • ensuring that risk mitigation actions are aimed at managing risks within the identified risk appetite • clarifying the interaction between the HCS approach to risk and the Government ERM approach • improving the audit trail through the assurance committees and the HCS Board as to how risks have been managed on and off the risk register; and • ensuring the HCS Board reviews the top health and social care system risks on a systematic basis at least twice a year. 	A Risk Manager has been appointed & will start mid-November to further develop & embed risk management process within HCS. This will incorporate actions to meet the recommendation in full. A Risk Management Committee has been established (<i>terms or reference attached to original response but not reproduced here</i>). The risk appetite document is being developed for presentation at the Risk Management Committee. Following agreement here, this document will need to be presented to the Senior Leadership for approval & the Quality & Risk Assurance Committee for assurance. The inclusion of the Risk Register at the HCS Board will feature on the annual work plan for 2022.

Further action required: The Committee commends the detailed response to this recommendation; however it seeks clarity on specifically how the HCS arrangements for risk management and governance of risk relate to Government-wide arrangements, including the role of the Government Risk and Audit Committee.

Yours sincerely



Deputy Inna Gardiner, Chair, Public Accounts Committee