



Government of Jersey – Health and Community Services
HCS Board Committee

9 August 2021 14:30 - 9 August 2021 17:00

AGENDA

#	Description	Owner	Time
1	<p>Welcome and Apologies</p> <p>Verbal</p>	Chair	2:30pm
2	<p>Declarations of Interest</p> <p>Verbal</p>	Chair	2:35pm
3	<p>Minutes of the previous meeting</p> <p>Minutes of the 12th April 2021</p> <p> Item 3. HCS Board Minutes 12042021.pdf 5</p>	Chair	2:40pm
4	<p>Matters Arising and Action Tracker</p> <p>Verbal / Paper</p> <p> Item 4. Action Tracker.pdf 17</p>	Chair	2:45pm
5	<p>Integrated Performance Report</p> <p>Verbal / Paper</p> <p> Item 5. Integrated Performance Report.pdf 19</p>	Director General	2:55pm
6	<p>Committee Report: Operations, Performance & Finance Assurance</p> <p>Verbal / Paper</p> <p> Item 6. Operations Performance Finance Assuranc... 39</p>	Associate Director of Improvement & Innovation	3:15pm
7	<p>View from the Bridge</p> <p>Verbal</p>	Partner Organisations	3:25pm
8	<p>Committee Report: People and Organisational Development Assurance</p> <p>Verbal / Paper</p> <p> Item 8. People Organisational Development July 20... 43</p>	Associate Director of People HCS	3:35pm
9	<p>Hospital Readiness</p> <p>Presentation</p>	Group Medical Director	3:45pm

#	Description	Owner	Time
10	<p>Committee Report: Quality and Risk Assurance</p> <p>Verbal / Paper</p> <p> Item 10. Quality Risk Assurance August 2021.pdf 45</p>	Chief Nurse	4:00pm
11	<p>Assurance Committe TOR Amendment</p> <p>Verbal / Paper</p> <p> Item 11. HCS Board TOR Amendments.pdf 53</p> <p> Item 11a. Assurance Committee TOR Template.pdf 55</p> <p> Item 11b. Quality and Risk Assurance Committee T... 59</p> <p> Item 11c. Operations, Performance Finance Assura... 67</p> <p> Item 11d. People Organisational Development Assu... 75</p>	Director General	4:10pm
12	<p>Finance Report February 2021</p> <p>Verbal / Paper</p> <p> Item 12 Finance Report.pdf 83</p>	Head of Finance Business Partnering	4:25pm
13	<p>Any Other Business</p> <p>Verbal</p>	Chair	4:35pm
14	<p>Questions from the Public</p> <p>Verbal</p>	Chair	4:40pm
15	<p>Review of meeting</p> <p>Verbal</p>	Chair	4:50pm
16	<p>Date of Next Meeting</p> <p>8th November 2021</p>		
17	<p>Meeting Closed</p>		5:00pm

INDEX

Item 3. HCS Board Minutes 12042021.pdf.....	5
Item 4. Action Tracker.pdf.....	17
Item 5. Integrated Performance Report.pdf.....	19
Item 6. Operations Performance Finance Assurance August_2021.pdf.....	39
Item 8. People Organisational Development July 2021.pdf.....	43
Item 10. Quality Risk Assurance August 2021.pdf.....	45
Item 11. HCS Board TOR Amendments.pdf.....	53
Item 11a. Assurance Committee TOR Template.pdf.....	55
Item 11b. Quality and Risk Assurance Committee TOR.pdf.....	59
Item 11c. Operations, Performance Finance Assurance Committee TOR.pdf.....	67
Item 11d. People Organisational Development Assurance Committee TOR.pdf.....	75
Item 12 Finance Report.pdf.....	83

Health and Community Services Board
Notes of meeting on Monday 12th April 2021 2:30-5:00pm
3rd Floor (Corporate Office), Peter Crill House, St. Helier and via Teams

Board Members Present:	Richard Renouf (Chair)	Minister for Health and Social Services (HSS)	RR
	Trevor Pointon	Assistant Minister for HSS (Chair of the Quality and Risk Assurance Committee)	TP
	Hugh Raymond	Assistant Minister for HSS	HR
	Caroline Landon	Director General HCS	CL
	Patrick Armstrong	Group Medical Director HCS	PA
	Robert Sainsbury	Group Managing Director HCS	RS
	Rose Naylor	Chief Nurse	RN
	Steve Graham	Associate Director of People HCS	SG
	Anuschka Muller	Director of Innovation & Improvement	AM
	Michelle Roach	Head of Finance Business Partnering HCS	MR
	Isabel Watson	Associate Group Managing Director Adult Social Care & Mental Health Service	IW
	Patricia Tumelty	CEO – Mind Jersey	PT
	Judy Foglia	Quality and Governance Lead, Family Nursing and Home Care deputising for Bronwen Whittaker	JF
	Fiona Brennan	CEO Brighter Futures	RB
	Gail Caddell	Acting CEO Jersey Hospice Care	GC
In Attendance:	Danielle Colback	Executive Assistant (taking minutes)	DC
	Beverley Edwards	Head of Informatics HCS	BE
	Martyn White	Head of Communication HCS	MW

Please note: Minutes have been numbered in accordance with Agenda. Some items have been taken out of order.

		Action
1.	<p>Welcome and Apologies RR welcomed everyone to the HCS Board meeting & introductions made. RR welcomed FB to her first HCS Board meeting, deputising on behalf of RB.</p> <p>Bronwen Whittaker CEO FNHC BW Ruth Brunton CEO Brighter Futures RB Adrian Noon Associate Medical Director for Primary, Prevention & Intermediate Care AN Matthew Doyle General Practitioner MD Emma O'Connor Interim Board Secretary EOC</p>	
2.	<p>Declarations of Interest No declarations of interest</p>	
3.	<p>Service User Story RR advised members that this item has been deferred as service users are expressing their wish to deliver this item in person rather than via TEAMS.</p>	
4.	<p>Professional's Story GC presented an overview of the plans for a Children's Hospice (slides included).</p>	

	<p>RR thanked GC for the presentation & noted the hard work that has gone into the development of this ambitious plan. In relation to the difference between adult & child palliative care, RR asked if those children on a curative pathway would be receiving medical intervention. GC explained that whilst a child may be on a curative pathway, at those moments when it is hard to predict outcome, it is imperative that an individual receives the care they need. Hospice is not solely concerned with end of life care, it is about living & when individuals are fighting a life-threatening illness, the holistic approach to care during these moments is essential. With adults, palliative care is usually provided within the last 2 years of life: previously last year of life but people are living longer with chronic illness, requiring a broader range of care. There are patients within the in-patient unit at Jersey Hospice who are continuing to receive oncology treatments.</p> <p>CL asked what proportion parent of children / young people prefer to have support provided within the home environment rather than a hospital environment. GC agreed that most parents would prefer home, but they have not previously had this choice. CL asked if there is an intention to provide significant respite care as part of this service, GC anticipates this, but it will require a bespoke specialist team.</p> <p>RN thanked GC for the presentation & highlighted the progress that had been made since initial discussions around palliative care pathways. In response to RNs question about the proposed model, GC confirmed that it is like models seen in similar Island communities. Whilst unable to compare figures (further validation required) GC highlighted that there has been a 50% increase in parents requesting support from the Children's team over the Covid period. RN noted the need for a broader support network for parents, for example, when children were no longer able to attend school, this was very hard for parents to come to terms with as the child was being taken away from an environment where they could play & socialise.</p> <p>RR asked what the transition pathway would be for an adolescent. GC explained that transitional care could be developed as a seamless process in Jersey.</p> <p>RR thanked GC and asked what the next steps would be. GC explained that there would be engagement with all stakeholders & GC will share the slides with a summary of feedback. The design brief will be shared at the end of quarter 2 2021 & regular updates provided to the Board.</p> <p>In terms of funding, a bid has been made for fiscal stimulus. There will be an income generation strategy which will involve bespoke donors and the public (through charitable fund raising).</p>	
5.	<p>Minutes of the previous meeting Pending a change to BW's title, the minutes of the meeting 8th March were agreed. Incorrectly states Governance Lead rather than CEO.</p>	
6.	<p>Matters Arising and Action Log Updates provided on action tracker.</p>	
7.	<p>Chair's Report RR advised that the Island continues to move through the reconnection road map. Covid activity in Jersey is low but it is very important to remain vigilant &</p>	

	<p>observe all the guidance. RR requested to pay tribute to all those involved in the vaccination programme as it continues to be great success.</p> <p>Covid status certification & how this might be used has been discussed politically in Jersey, as in other jurisdictions. It is likely that it could be used in the future at the borders but the detail of how this will be managed has to be explored. This is also being discussed at Scientific Technical Advisory Cell (STAC).</p> <p>HR advised that he had been approached by one of his parishioners & asked how people are made aware of when their second vaccination is due. RR reassured that everyone is notified as to when there second vaccination will be (rather than have to book this themselves).</p> <p>The Our Hospital project continues to be progressed whilst continuing to seek resolution to the issues of access to the site.</p> <p>A Citizens Jury which is looking at the issue of assisted dying is sitting; presentations have been delivered. RR advised that whilst he does not attend these meeting, feedback suggests that it is a very balanced, thoughtful process.</p> <p>RR advised that himself & Deputy Pointon had taken part in a Youth's States Assembly last week. It was encouraging to see young people engaged in subjects including Mental Health & Covid vaccination passports. RR noted the importance of engaging young people in any further Jersey Care Model workshops, particularly those interested or already undertaking a social care / health related course.</p>	
8.	<p>Director General's Report</p> <p>CL advised that Our Hospital work is progressing towards the planning deadline of November 2021.</p>	
9.	<p><u>View from the Bridge (Partner Organisations)</u></p> <p><u>Family Nursing and Home Care (FNHC)</u></p> <p>JF advised there had been a key appointment to the role of CEO in March 2021 with the successful candidate due to start July 2021. There will be a handover period between BW & the incoming CEO anticipated until late Nov / early Dec 2021.</p> <p>Child & Family: Continuing to resume business as usual (BAU) & assessing how to incorporate the new guidance into all services.</p> <p>Except for one post, all efforts to recruit into the Health Visiting (HV) service have been unsuccessful. The HV have presented a new model of working which needs some refinement through workshops & will then be presented to commissioners.</p> <p>The restructuring & remodelling across FNHC aligns to nurse education plans to train on Island. This is an exciting opportunity & training is expected to start in September 2022. In anticipation of this, a decision is awaited from finance & commissioners about two development posts. Looking to recruit two grade 4 staff nurses that will start within the service & commit to the training.</p> <p>District Nursing: This service is running at full capacity.</p>	

Rapid Response: The 24-hour overnight nursing service commenced on 5 April 2021 & to-date is working well. Recruited into one post & advertised in the UK for the remaining WTEs. The night shifts are being covered by existing staff. Following the first week, the feedback has been positive. Working incrementally over the first 3 months to understand how the service will develop in the future.

AM stated it was encouraging to hear the positive feedback in relation to this & asked if there was any data in relation to the service, e.g. number of calls. JF reported that there is limited data at the moment. JF advised that this service has not been widely advertised during this initial phase. The night nursing staff meet with the GPs / JDOC each night to gain an understanding of the service & develop paperwork. JF advised that one of the GPs had noted that the previous weekend had been particularly quiet, but this provided staff with an opportunity to familiarise themselves with the process.

AM agreed that the gradual establishment of the service enabling those involved to gain confidence was the way forward & confirmed this as the reason that there have been no communications about the service.

GC welcomed the establishment of this service. GC asked if JHC were able to refer into this service currently & what the process for this is. JF advised that this was not possible at present as the service was focusing on working with JDOC & taking referrals through JDOC (for the next 3 months).

In relation to the new model of HV, RN asked if the Head of Midwifery & Women & Children's Care Groups (WACS) had been involved both for information & to assess whether there is any impact on service provision (recognising that CYPES are the commissioner not HCS). JF advised that this had been discussed with CYPES, but the model was not ready for wider presentation. However, JF advised that if there is a need to involve any other agencies / healthcare professionals this will be done prior to the launch. In response to RN's question on service impact, JF responded that it would not, this is about ways of working & managing workload rather than service provision.

Jersey Hospice Care (JHC)

GC advised that JHC are also in the process of recruiting to the post of CEO.

GC advised that services have been busy recently with complex presentations in young people requiring acute care. There are patients that are still receiving acute oncology treatment having just received their diagnosis (within the acute inpatient setting). Nursing staff have required support around resilience.

Visiting is starting to resume, particularly the utilisation of outdoor space as the weather improves. Caution is still required as the majority of JHC patients are not vaccinated. This is challenging for relatives as they want to spend as much time as possible with their loved one but JHC must consider the safety of vulnerable patients.

The complimentary therapy post, in conjunction with MacMillan, has been utilised within the inpatient service for both patients and families (whilst not opened the Kings Centre). The feedback has been tremendous.

There is ongoing work to review how all staff can safely return to the workplace.

Discussions have commenced with community physiotherapy to deliver group work within the gym.

The recruitment of a palliative care consultant is underway & this role will be crucial as it is Island wide & fits with the Jersey Care Model (JCM).

GC will be meeting with the Medical Service Care group & commissioners later this week to discuss palliative care provision in the hospital & the implementation & embedding of the Gold Standard Framework (GSF). Also anticipating discussion around the difference between specialist palliative care & general specialist care & what the boundaries of this care are.

In response to RR's question, GC advised that an educational model was introduced over six years ago across every care sector in Jersey around what the last year of life should look like, advance care planning, what communication should be, how to support patients & families with an advanced care plan & how to support people at end of life. This is the GSF & there was a two-year implementation plan. GC explained it is important to ensure that this learning continues to be embedded in practice.

RN suggested it would be helpful to have nursing representation at the meeting discussing end of life of care & will discuss this with the Medical Services Care Group triumvirate.

MIND Jersey

The youthful mind project took part in the States Assembly last week which was well received. Also supporting the Citizens Panel to ensure that their own mental health & wellbeing is supported through this process. The closing date for the mental health inclusion survey has been extended to the end of June 2021 with the aim to have a strategic advisory panel for services for diverse communities.

The response to the pandemic continues. Now seeing the effects of debt, housing, loneliness which not only effect the mental health of individuals but also affect relationships. As part of the recovery plan, investment has been made in peer support across all ages and stages. The co-production of a new commissioning framework presents opportunities to work with colleagues as to how Mind Jersey can help shape the pandemic recovery plan. Looking forward to the publication of the wider piece of Public Health analysis with recommendations that will support further work.

In terms of lobbying, there is a balance between advertising the effects on individual's mental health and not catastrophising and spreading fear among people. Mind Jersey are keen to work with all colleagues delivering mental health services in the development of a more joined up, coherent narrative in terms of the recovery plans & what this will look like (to avoid duplication).

RR thanked PT & advised that there had been a discussion around post pandemic recovery in the Council of Ministers (COM) & the needs around mental health particularly for children & young people.

Brighter Futures

FB advised that the service is continuing to see a lot of financial issues for many families & providing much more support in terms of food vouchers / food parcels & delivery of essential items where parents are unable to leave the home. This position is improving slightly.

	<p>The eleven new groups recently introduced will continue to run through to July 2021 as it has unfolded that there are a number of babies coming through the service that have never seen other babies. This provision will then be reviewed in July 2021.</p> <p>For the last 10 weeks, the service has been operating between 170-175 families / week representing a significant increase for the average of 150 / week. If this increases further to 180 families / week, might have to consider starting a waiting list which is something that Brighter Futures has never needed before. FB will continue to up-date the Board on this position.</p> <p>RR asked in the cases where families are requiring food vouchers / parcels, will this start to resolve as more people are able to return to work or is this more permanent. FB stated this was multifactorial & even where people can return to work, there may be long term debts that families must manage. From a Mental health perspective, some parents that could return to work do not feel ready or able to. A service is being introduced for children in schools which has been gratefully received by the schools, children & parents. FB suggested that the full impact upon the mental health of families is not yet realised.</p> <p><u>Jersey Alzheimer's Association</u> Apologies sent.</p> <p><u>General Practice</u> Apologies sent.</p>	
10.	<p>HCS Board Terms of Reference</p> <p>RR advised that initially this item is to discuss the frequency of the Board which is presently every 4-5 weeks, aligned with the HCS committee structure.</p> <p>RR acknowledges that this represents a considerable time commitment from members & asked members whether there would be more value from less frequent meetings (in terms of content & strategic oversight). RR invited members for their views on reducing the frequency to quarterly.</p> <p>CL suggested that a move to quarterly would be a good way forward & make the board more meaningful, facilitating sharing of information from a wider variety of sources, particularly as the JCM is progressed.</p> <p>HR stated it would be useful to plan the Board to align with the financial meetings & suggested that if there were any urgent financial meetings, an extraordinary meeting could be convened. MR echoed this comment advising it is important that the Board receives the most up-to-date information.</p> <p>GC & PT feel that quarterly meetings would facilitate the Board to become more strategic, reporting key themes with action plans that link to the overall strategic objectives. Those stakeholders with a commissioning / partnership agreement would be able to report back to the Board rather than the view from the bridge item. There would be more robust data available to support this.</p> <p>AM reassured the Board that financial report is received at the Operation, Performance & Finance (OPF) Committee monthly which provides in-depth assurance around the finances.</p> <p>It was agreed by the Board that the meetings would become quarterly.</p>	

	<p>RR added that when discussing the HCS assurance committee reports, involvement & challenge is invited: holding each other to account for the delivery of healthcare in Jersey is the function of the Board.</p>	
<p>11.</p>	<p>Quality and Performance Report February 2021</p> <p>RR welcomed BE to the meeting. This report provides assurance & evidence to the OPF committee before presentation to the Board. The report has evolved over the last couple of months to align with HCS governance. The Care Group Performance Reviews are provided with the draft report for consideration. At each meeting, the intention is to look either at performance highlights or in-depth reviews. To-date an in-depth review for Mental Health & Emergency Department (ED) has been presented. The intention is to bring the highlights to the Board.</p> <p>Main points:</p> <ul style="list-style-type: none"> • The number of ED attendances over the last few months has reduced this year when compared to the same time last year. This is thought to be due to the covid restrictions in place & will be monitored as the restrictions are reduced. • The number of people on the inpatient elective waiting list has changed very little in the last 12 months. • The number of people on the outpatient elective waiting list has increased to 53% (waiting over 90 days). This will cause a consequential short term rise in the in-patient list. • Inpatient elective activity has increased by 8% year to-date than this time last year: day case is 21% lower than this point last year. Overall activity is 15% lower than the first two months of last year. More exploration is required as to the type of activity as this is just a count of people being seen. • The overall outpatient waiting list has reduced compared to last month, although 2% higher than this time last year. • Two specialities which have seen significant & sustained decline in waiting list are Urology, from 297 at end Jan 2021 to 180 end Feb 2021 & Dermatology, from 602 to 462. The weekly challenge meetings have been noted to be a major contributor to the overall reduction. • Referrals to adult mental health outpatients have reduced by 31% year to date compared to the same time last year. • The service redesign implemented during 2020 has resulted in a 4% lower caseload in community mental health team compared to the same time last year. • General improvement in the performance indicators for the Women, Children & Family Care Group: c-section rate is the lowest it has been for the last 13 months at 29%. The unscheduled c-section rate is the 2nd lowest in the last year at 10%. • There has been a reduction in the percentage of women who had an induced labour & a reduction in the average length of stay on the maternity ward. This is in the context of 25% more deliveries than in the same month last year. <p>RS added,</p> <ul style="list-style-type: none"> • Length of stay (LOS) over 7 days as a year on year comparison is encouraging: 120 in Feb 2021 compared to 152 in Feb 2020. • In relation to Mental Health, the service redesign is having a positive impact. This is an earlier adopter of the JCM in terms of care outside hospital. 	

	<ul style="list-style-type: none"> Continuing pressure noted in the CAMHS service with a 3% month on month growth in caseload. Whilst there is an increase in ED attendance month on month, it is still significantly lower than previously. There was a reduction in 2020 & further reduction 2021. <p>In response to RR's questions about the monthly challenges meetings, RS explained that this is led by M. West (Associate Managing Director) & is a challenge meeting with the Care Groups to go through the Patient Tracking List (PTL) to ensure that patients are progressed according to priority & scheduling is correct & maximising capacity. Whilst early days, this is making a positive difference. The challenge meetings are trying to address the inpatient & outpatient waiting lists.</p> <p>RR thanked BE / RS & invited questions.</p> <p>GC asked BE how the reduction in MH referrals could be reconciled with the community impact of covid. RS responded that growth is noted in the services that are directly accessible such as listening lounge with individuals presenting with anxiety / unemployment & general MH worries. In terms of the statutory services provided by HCS, starting to see some benefits from the investment including the home treatment team & streamed triage with SOJ Police. IW added that the integration of MHS & Adult Social Care (ASC) has absorbed some of this as the 6-month integration is already seeing improvements. Within safeguarding, there has been an increase in referrals related to MH & ASC is providing the support. GC reflected that this demonstrated collaborative partnerships working to deliver a more holistic MH service. IW stated that multiagency working is key with the help of private providers. PT advised that Mind Jersey is working with community MH teams to manage caseload.</p>	
<p>12.</p>	<p>Finance report</p> <p>The paper was taken a read. Main points,</p> <ul style="list-style-type: none"> Financial position as at end Feb 2021: £25,000 overspend which is 0.6% year to date budget, providing an indication of a good position although there will be fluctuations. Covid expenditure is excluded which is currently under review with business cases being put forward to offset these costs as they are recurring. <p>RR invited questions. HR asked for clarity which schemes were put on hold during 2020 & impact of covid. MR responded that during 2020, 9 million of efficiencies were applied across HCS & savings had to be made. With Covid, a number of these schemes had to be paused. The efficiencies were not fully realised last year but working to take these forward with the 2021 efficiencies having just been applied. MR confident that with the work being undertaken, these savings will be achieved this year.</p>	
<p>13.</p>	<p>Committee Report – Quality and Risk Assurance Committee</p> <p>RR invited TP to comment. TP advised that the last two assurance committee meetings have clashed with prior commitments so unable to Chair to-date.</p> <p>RN advised that the paper covers the key items that were discussed at the last committee meeting.</p> <ul style="list-style-type: none"> This committee is now Quality & Risk, as performance has moved to another assurance committee. This allows more time to focus on risk & the risk register discussions. Now starting to see positive work from 	

	<p>the Care Groups in relation to their governance arrangements, the management of risk registers & the work done through the CGPR. During the risk register item, all the changes were reductions in risks due to mitigation & actions that had been put in place. There are no risks to escalate to the Board.</p> <ul style="list-style-type: none"> • Improvement in performance in the management of complaints has been noted. This has been a challenge for a period & has been previously discussed at Board. There are regular meetings with the complaint leads & care groups with significant improvement particularly in Mental Health & Surgical Services. Work continues to progress in the other care groups. Will continue to monitor this monthly through the committee. • Women, Children & Family Care (WACS) have been running a task & finish since Sept 2020 & provide a very detailed reports for assurance to the committee monthly. Maternity services are also going through scrutiny with a final meeting being held tomorrow. The care group have undertaken a considerable amount of work & the care group performance review report encompasses the task & finish actions which are nearly complete. • A very detailed paper was provided by Prevention, Primary & Intermediate Care Group in relation to the retinal screening programme; work undertaken & provided good assurance on progress and pace, particularly in relation to a month on month of increase in patients attending for screening with a further projected demand for services. This report will be provided to the committee on a quarterly basis. <p>CL asked for further information in future reports,</p> <ul style="list-style-type: none"> • The numbers for the retinal screening programme could be included as it is a significant risk for HCS. • The number of red actions from WACS task & finish. • The number of complaints. <p>RR commented that it would be useful to understand the timeline for the retinal screening programme. RN responded that a more detailed report will be provided in future.</p> <p>RR thanked RN / TP & stated it was encouraging to understand how risk was being managed through the care groups.</p>	
14.	<p>Committee Report – Operation, Performance and Finance</p> <p>RR advised that HR will be taking the role of Chair for this committee next month & thanked HR. RR invited AM to highlight any key points from the meeting.</p> <ul style="list-style-type: none"> • This was the second meeting of the committee where the updated terms of reference were agreed. The meeting also included a patient story at the beginning which members found useful. • An in-depth presentation of ED activity resulted in good committee discussion. • The monthly PTL report was presented by M. West & included further updates on the weekly challenge meetings & detail provided for each of the specialities. The committee did challenge some areas including the trajectory & those longer waiting patients: this will be reported back in May 2021. • The financial report was presented by M. Roach. Financial challenges were picked up in both this report & prior to this through the CGPR. 	

	<ul style="list-style-type: none"> • An in-depth estates & backlog maintenance report was provided. • The portfolio of change report was presented to this committee for the first time with a holistic view of all change across HCS which provides the baseline for the JCM & also overall to manage improvement across HCS. <p>In relation to the PTL, CL asked if this was being discussed at Quality & Risk Committee. RN confirmed not as the report was transferred to OPF. CL suggested this may be an area that crossed committees. RS advised that the General Managers have had early engagement with the Deputy Medical Director and planning on undertaking a potential harm review on all those individuals who have been waiting a long time. The output from this will feed into the CGPR, the quality element will feed into the Quality & Risk Committee rather than OPF Committee.</p> <p>HR asked if the OPF committee would receive assurance in relation to the movement of services from Overdale. AM advised that there have been discussions as to how maintain oversight of Our Hospital work in general, but this has not yet been determined. AM clarified that all existing services are monitored. CL confirmed that the Our Hospital governance had oversight of this & to reinforce HR's comment, need to ensure that there is no reduction in quality of service as the services move.</p>	
15.	<p>Committee Report – People and Organisational Development</p> <p>SG advised that the most recent committee had been postponed & would be taking place in two weeks to realign with the revised reporting cycle. RR invited SG to discuss any key workforce issues.</p> <ul style="list-style-type: none"> • SG advised that workforce planning is starting. • The response to BeHeard survey is being developed. <p>These are two large pieces of work which will be reported at Board.</p>	
16.	<p>Any Other Business</p> <p>HR requested to make all aware of the work going on in relation to the communication & engagement around the building of the new hospital.</p> <p>HR advised that there is an opportunity to use Fort Regent due to the numbers of people accessing the building (for vaccinations). There are display board & planning video screens to show people exactly what is going to happen & how the hospital at Overdale will be rebuilt. Also looking to use sponsored social media post, online public exhibitions, digital advertising within bus station & onboard buses, large screen at Charing Cross & posters in key government buildings across the Island. Senator Farnham & Dr A. Handa will be discussing this later this week. HR keen to emphasise that both the public & HCS workforce need to be engaged & requested that this messaging is disseminated within areas of responsibility.</p> <p>TP asked what the budget is for the PR exercise. HR responded that this is a valid point for all Islanders & the information should be available soon. RR advised that an allocation for the communication aspects had always been included in the budget. For assurance, CL advised that 45k has been spent on communication, the rest absorbed in the budget. There is a business case coming forward for additional money for communication. However, making every effort to use the resource currently allocated within Government of Jersey (GOJ).</p>	

	RR thanked all members for their contribution to this meeting & closed.	
17.	Date of Next Meeting The date of the next meeting to be confirmed following this afternoons decision to reduce frequency.	

HEALTH AND COMMUNITY SERVICES (HCS) BOARD ACTION TRACKER

Meeting Date	Agenda Item	Action	Officer	Exec	By When	Progress report	Action Agreed	Action Closed Date	Status
12-Oct-20	9	CL will request a review of SALT	CL			<p><u>Update 12 April 2021</u> CL advised that a review has taken place. This would be managed through Quality & Risk (on the agenda May 2021). Following this RN will provide an update to RB. If RB remains concerned it can be escalated back to the Board.</p>			OPEN
12-Oct-20	9	SL to link in with FNHC & provide support re: TEAMS	SL			<p><u>Update 12 April 2021</u> Recognising that this is ongoing wider issue, this will remain on tracker to ensure that it is being progressed.</p> <p><u>Update 8 March 2021</u> AM provided an update. See minutes. RR requested that this action remains open at this time.</p>			OPEN

QUALITY AND PERFORMANCE REPORT

June 2021

INTRODUCTION

The Operations, Performance & Finance Committee obtains assurance that high standards of care are provided by Health and Community Services (HCS) and in particular, that adequate and appropriate governance structures are in place.

PURPOSE

The Quality and Performance Report (QPR) is the reporting tool providing assurance and evidence to the committee that care groups are meeting quality and performance across the full range of HCS services and activities. Indicators are chosen that are considered important and robust to enable monitoring against the organisation's objectives. Where performance is below standards, the committee will ensure that robust recovery plans are developed and implemented.

BACKGROUND

The Operations, Performance & Finance Committee has been established by the Health and Community Services Board and is authorised to investigate any activity within its terms of reference.

SPONSOR: Group Director - Robert Sainsbury

DATA: HCS Informatics

TABLE OF CONTENTS

	PAGE
1. Executive Summary	3-5
3. Changes and Technical Notes	6
4. Demand and Activity	7-8
5. Quality & Performance Scorecard	9-15
6. Exception Reports	16-20

EXECUTIVE SUMMARY

The Quality and Performance Report shows a range of key performance indicators used to provide assurance with regard to Health & Community Services (HCS) delivery of safe and effective services. The last 16 months have been particularly impacted by the COVID-19 pandemic, but despite this, HCS continues to provide a high quality service, achieving its standards in many areas:

- % deliveries home birth
- % 3rd degree perineal tear
- Average length of stay on maternity ward
- Tooth extractions for patients < 18
- Outpatient Did Not Attend (DNA) rate
- Acute elective average length of stay
- Average time in Emergency Department
- Acute emergency average length of stay
- % emergency admissions with 0 length of stay
- Acute bed occupancy at midnight (General Hospital)
- Adult acute bed occupancy at midnight (Mental Health)
- Adult acute length of stay (Mental Health)
- Adult acute admissions under Mental Health Law as a % of all Mental Health admissions
- Adult acute admissions - % discharged with length of stay >= 60 days
- Community Mental Health Team Did Not Attend (DNA) rate
- Adult Social Care Needs Assessments closed within 30 days
- Social Care Cases re-opened within 90 days as a % of all new cases

The report also highlights some areas of concern and exception reports are provided for each of these indicators. There remains significant focus and effort from the clinical and operational teams to support continuous development and improvement following the impact of the COVID-19 pandemic.

1) Emergency Care pathway

In June 2021, attendances to the Emergency Department continued to increase (IN LINE WITH PRE-PANDEMIC?). Performance within this frontline department remained fairly consistent, however there was a deterioration in month in performance against 15 minute time to triage and also the number of patients waiting in the department for over 10 hours.

The departmental team are reviewing these metrics due to concerns about data quality however, that withstanding it is recognised that performance in both of these fields is challenged due to:

- surge patterns of attendances
- reconfigured staffing rotas linked to ongoing COVID-19 challenges
- the impact that reduced pre-10am discharges is having on patient flow.

A solution to this is currently being developed by the Care Group.

There is continued improvement against the emergency readmission rate across HCS however this is still marginally in excess of the ambition of 10%.

The winter plan is in the process of being completed with first draft for review internally in **September 2021**.

2) Scheduled Care pathway

Our continued focus on our urgent, soon and long-waiting patients is the priority for the operational teams to continue the positive performance and quality improvement, delivered through transformational change to patient pathways. Challenges exist across the scheduled care pathway linked to:

- reduced throughput linked to enhanced IPAC measures
- mismatches in capacity versus demand across some elective specialities
- backlogs caused by reduced activity during wave 1 and wave 2
- data quality issues within the waiting list data

In respect of outpatients, key challenges remain within Community Dental, Ophthalmology and General Surgery. Significant work is underway within Community Dental and Ophthalmology to create short term additional capacity to expedite treatment of long waiting patients, whilst developing a sustainable long term on-island solution. These programmes of work are being undertaken by the respective Care Groups and overseen through Executive led Task and Finish Groups. The Surgical Care Group are establishing a similar programme for General Surgery, with initial findings for review at their Care Group review in September 2021.

In respect of elective inpatient pathways, key challenges remain within Endoscopy, Ophthalmology, General Surgery and Trauma and Orthopaedics (T&O). The development of recovery plans (including improvement trajectories) are in progress for both Endoscopy and Ophthalmology, with capacity scheduled to increase in Quarter 3 2021 to treat our longest waiting patients. Capacity and demand analysis is currently being undertaken by HCS Business Intelligence team to support multi-disciplinary team discussions within General Surgery and T&O to understand current capacity requirements and to co-design realistic improvement trajectories in these fields (plans scheduled to be completed September 2021). Off-island tertiary activity continues to be constrained by the impact of COVID-19.

Data quality issues within the Patient Tracking List are being identified through the weekly activity and scheduling reviews. Alongside this, waiting list management processes are being scrutinised within HCS to ensure that appropriate rigour, review and ownership is applied across all sectors of HCS to assist in the safe, effective and timely treatment and management of our patients.

For Cancer Delivery we are in the process of developing a cancer strategy and delivery framework to facilitate our urgent pathways.

3. Maternity

The Maternity Department has been busier in the first half of 2021 than in the same period in 2020 with 10% more deliveries year to date. The percentage of home births compares very favourably with other jurisdictions - for example the Office for National Statistics has provisionally reported 2.4% of live births in England & Wales in Q1 2021 took place at home - this compares to 5.3% for the year to date here and 6.6% in June. The Care Group has in place clinically led initiatives to investigate and reduce caesarean section rates and postpartum haemorrhage. Some performance measures have been set historically as aspirational stretch targets. These are being reviewed to ensure they are realistic, reflecting a

4. Mental Health

We continue to see an increase in admissions into the adult inpatient unit at Orchard House, and, in addition we have seen an increase in the number of admissions for persons under the age of 18. We believe this increase in activity is contributed by the pandemic, and, our crisis prevention service in Adult services and CAMHS community teams are focussing on community caseload to prevent further admissions and facilitate early discharge for inpatients. Overall bed occupancy within the inpatient unit remains slightly below 85%.

Improvements to the Quality and Performance Report continue with further changes and reviews scheduled for the third quarter of 2021, noting exception reports have been developed to support additional areas alongside the full QPR.

CHANGES AND TECHNICAL NOTES

HCS Informatics use the most accurate data available at the time of publication. Data may change over time as systems are updated and data quality fixes are implemented. These changes are documented here.

Changes have been made to the following indicators this month:














-JTT/PATS indicators are under review due to identified data quality issues. Values are likely to change over time as system data is cleansed.

-ED Conversion Rate indicator now solely uses the ED dataset instead of combining inpatient and ED data for improved accuracy where the ED attendance occurs over midnight.

-Waiting List indicators now exclude Obstetrics as this specialty does not follow Referral To Treatment (RTT) pathways

DEMAND AND ACTIVITY

These measures monitor demand and activity in Health & Community Services. The information is used to provide contextual information when planning services and interpreting the Quality and Performance indicators in the following sections of the report.

Measure	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TREND	YTD	% Change	
																On Month	YoY
Deliveries	75	86	80	75	77	61	73	85	71	77	82	78	61		454	-22%	-19%
ED Attendances	1221	2393	3100	2816	2616	2526	1873	1999	2133	2780	2926	3297	3370		16505	2%	176%
UTC Attendances	2008	832	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND		0	NA	NA
Total Emergency Attendances (ED + UTC)	3229	3225	3100	2816	2616	2526	1873	1999	2133	2780	2926	3297	3370		16505	2%	4%
Emergency Admissions	554	543	542	500	559	521	449	479	476	564	501	558	579		3157	4%	5%
Elective Admissions	155	243	184	291	260	264	145	201	248	258	240	203	231		1381	14%	49%
Day Cases	491	562	391	568	627	553	349	556	559	692	631	547	651		3636	19%	33%
Stranded patients with LOS > 7 days	101	122	112	122	143	121	148	132	140	151	137	121	130		811	7%	29%
JGH/Overdale Outpatient Referrals	2880	3385	3015	3812	4110	3638	3143	3237	3687	4711	4233	4060	4299		24227	6%	49%
JGH/Overdale Outpatient Referrals - Under 18	274	364	245	338	352	298	293	289	350	537	352	342	391		2261	14%	43%
Adult Mental Health Outpatient Referrals	216	241	199	282	286	200	166	193	193	245	202	228	175		1236	-23%	-19%
CAMHS Referrals Received	54	47	39	57	75	92	67	52	85	98	70	80	86		471	8%	59%
JTT/PATS Referrals	7	77	60	81	109	81	83	76	89	109	109	90	129		602	43%	1743%

DEMAND AND ACTIVITY (Continued)

Measure	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TREND	YTD	% Change	
																On Month	YoY
Outpatient Attendances	13954	15032	12978	15694	16059	16247	13390	15199	16050	19064	16920	15994	17832		101059	11%	28%
OP 1st Appointment Waiting List	7561	8295	8727	9590	10188	10007	9931	9542	9150	9186	9492	9836	10089		10089	3%	33%
Elective Waiting List	2718	2530	2692	2677	2484	2514	2652	2801	2749	2641	2598	2672	2808		2808	5%	3%
Elective Waiting List - Under 18	144	130	125	114	102	110	101	101	99	97	94	82	73		73	-11%	-49%
CAMHS caseload at period end	729	749	743	740	777	781	799	805	832	871	892	905	893		893	-1%	22%

QUALITY AND PERFORMANCE SCORECARD

The Quality and Performance Scorecard summarises HCS performance on the key indicators, chosen because they are considered important and robust to enable monitoring against the organisation’s objectives. Standards are set based on appropriate benchmarks, e.g. with other jurisdictions, or past performance in Jersey. Where performance is below standards, exception reports are provided. For some indicators, a standard is not considered applicable. Where a standard is currently reported as "TBC" this is because it is currently under review to ensure that all standards are realistic for Jersey.

CATEGORY	INDICATOR	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TREND	YTD	Standard
COVID-19																	
COVID-19	Confirmed COVID-19 cases	10	15	39	49	167	460	1735	373	59	11	5	9	363		820	NA
	New patients tested for COVID-19	5980	17937	35008	21750	10540	11460	11166	6576	4643	3569	3307	8418	21491		48004	NA
	Unique patients tested for COVID-19	5980	19964	41082	30997	20687	22870	26510	22992	17513	16884	17802	26672	49522			NA

CATEGORY	INDICATOR	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TREND	YTD	Standard
WOMEN, CHILDREN AND FAMILY CARE																	
Maternity	% deliveries by C-section (Planned & Unscheduled)	37.8%	30.2%	35.9%	29.1%	38.7%	33.8%	30.6%	39.8%	29.0%	33.3%	34.6%	33.8%	35.5%		34.5%	R:>26% A:22%-26% G:<22%
	% deliveries home birth (Planned & Unscheduled)	1.3%	0.0%	0.0%	1.3%	2.6%	6.6%	2.7%	5.9%	9.9%	3.9%	2.4%	3.8%	6.6%		5.3%	R:<2% A:2%-5% G:>5%
	% 3rd degree perineal tear	6.7%	3.4%	2.0%	2.0%	8.5%	10.5%	8.0%	4.0%	2.0%	2.0%	1.9%	3.9%	0.0%		2.4%	<=3.5%
	% primary postpartum haemorrhage >= 1500	2.7%	8.1%	11.3%	2.7%	1.3%	9.8%	11.0%	8.2%	11.3%	6.5%	8.5%	11.5%	3.3%		8.4%	<=2.9%
	% of women that have an induced labour	32.0%	23.3%	40.0%	25.3%	28.6%	26.2%	27.4%	27.1%	23.9%	23.4%	35.4%	24.4%	27.9%		27.1%	<25%
	Average length of stay on maternity ward	2.6	2.4	2.4	2.5	2.2	2.4	3.0	2.1	2.5	2.8	2.4	2.3	2.2		2.3	R:>2.5 A:2.3-2.5 G:<2.3
Children's Health	Average length of stay on Robin Ward	1.5	3.4	1.3	2.2	2.3	1.7	1.9	3.6	1.5	1.6	3.2	1.7	1.6		2.1	TBC
	Was Not Brought Rate	4.6%	6.9%	10.9%	11.1%	10.1%	8.3%	11.0%	8.4%	8.3%	7.6%	7.8%	9.2%	9.1%		8.4%	TBC
	Tooth extractions for patients <18	1	2	4	3	3	3	3	5	4	10	4	9	7		39	<25

CATEGORY	INDICATOR	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TREND	YTD	Standard
WAITING LISTS/PATIENT TRACKING LIST (PTL)																	
Outpatients	% patients waiting >90 days for 1st appointment	71.5%	58.6%	51.6%	46.9%	44.8%	44.5%	49.2%	50.5%	47.9%	42.2%	39.5%	38.7%	40.2%		40.2%	R:>35% A:25%-35% G:<25%
	Total patients waiting >90 days without appointment date	3865	3525	3423	3489	3394	3442	3703	3514	3420	3136	3137	3188	3374		3374	NA
Elective Inpatients	% of patients waiting > 90 days for elective admissions	77.3%	72.9%	64.6%	60.1%	55.9%	48.8%	50.9%	51.8%	53.0%	49.0%	48.9%	49.5%	47.2%		47.2%	R:>35% A:25%-35% G:<25%
ELECTIVE (SCHEDULED) CARE																	
Outpatients	Outpatient Did not attend (DNA) Rate	4.4%	5.9%	8.5%	9.2%	9.1%	6.6%	7.4%	6.8%	6.2%	6.4%	6.6%	6.2%	6.8%		6.5%	8%
	New to follow-up ratio	4.73	4.34	4.10	4.22	4.01	3.73	3.70	3.18	2.77	2.70	2.72	2.93	2.91		2.85	2
Inpatients	Acute elective average length of stay	0.6	1.5	1.5	1.3	1.7	1.4	1.4	1.2	1.3	1.7	1.8	1.4	1.3		1.5	R:>4 A:3-4 G:<3
Theatres	Intra-session theatre utilisation rate	24.9%	63.4%	63.5%	67.9%	68.1%	69.6%	66.1%	72.5%	73.3%	71.8%	67.8%	71.5%	71.6%		71.4%	85%

CATEGORY	INDICATOR	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TREND	YTD	Standard
EMERGENCY (UNSCHEDULED) CARE																	
Ambulance	% of 999 calls requiring transport to ED	57.6%	59.7%	61.8%	57.8%	62.6%	59.0%	54.0%	61.2%	55.6%	62.8%	64.3%	61.4%	57.9%		60.5%	TBC
	Number of 999 calls attended	793	865	1017	823	853	835	848	744	802	842	858	917	973		5136	TBC
	Red 1 Mean average response time	07:14	06:28	07:07	05:40	07:19	08:00	07:00	05:16	08:25	07:26	06:56	06:20	06:51		06:52	TBC
	Red 2 Mean average response time	07:34	07:12	08:13	07:59	08:40	07:53	08:24	07:59	08:07	09:02	09:29	10:06	08:58		08:57	TBC
Emergency Department	Average time in ED (Mins)	114	124	138	140	151	148	152	148	143	148	158	163	170		157	<=240
	% triaged within 15 minutes of arrival	59.7%	66.7%	77.4%	74.2%	74.1%	77.1%	81.3%	81.2%	80.7%	76.5%	75.8%	72.2%	67.2%		74.7%	>90%
	% commenced treatment within 60 minutes	73.2%	77.7%	73.8%	75.5%	79.4%	81.1%	85.0%	83.9%	84.5%	81.9%	78.5%	70.8%	71.5%		77.6%	R:<70% A:70%-90% G:>90%
	Proportion of patients with DTA to departure within 60 minutes	18.6%	19.6%	18.2%	20.7%	16.8%	18.2%	15.9%	14.8%	14.1%	13.7%	12.6%	11.3%	15.4%		13.9%	TBC
	Total patients in department > 10 hours	8	20	5	7	11	3	10	10	4	26	24	28	16		108	0
	ED conversion rate	12.9%	13.3%	15.7%	14.9%	19.6%	18.1%	21.6%	20.8%	19.5%	17.8%	16.1%	14.7%	15.3%		16.9%	R:>20% A:15%-20% G:<15%
Emergency Inpatients	Average length of stay	3.9	4.7	5.2	4.8	5.5	5.0	7.2	6.4	5.7	5.6	6.3	5.3	5.8		5.8	R:>10 A:8-10 G:<8
	% Emergency admissions with 0 length of stay	22.9%	18.8%	15.1%	15.4%	11.9%	11.7%	9.2%	10.0%	10.8%	11.5%	10.9%	11.9%	13.7%		11.5%	R:>17% A:15%-17% G:<15%
	Number of Beddays >7	776	1319	1336	1453	1604	1148	1940	1601	1250	1715	1790	1582	1966		9904	TBC
	Number of patients delayed at the end of each month	13	8	21	13	35	21	16	17	14	11	19	22	21		21	TBC
	% discharges before midday	14.6%	14.0%	16.2%	12.8%	15.2%	13.1%	17.6%	15.9%	14.3%	13.7%	11.6%	15.4%	13.1%		14.0%	>25%
	Acute bed occupancy at midnight (EL & NEL)	54.0%	60.0%	64.3%	61.4%	62.0%	64.8%	62.7%	52.9%	63.1%	72.3%	68.0%	70.3%	68.0%		65.4%	R:>85% A:80%-85% G:<80%
	Rate of Emergency readmission within 30 days of a previously admitted discharge	14.1%	14.0%	13.3%	10.5%	13.1%	10.8%	14.1%	12.5%	13.3%	14.1%	13.3%	11.5%	11.1%		12.6%	R:>10% A:8%-10% G:<8%

CATEGORY	INDICATOR	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TREND	YTD	Standard	
MENTAL HEALTH & SOCIAL CARE																		
Adult Acute (Orchard House)	Acute admissions per 100,000 registered population	16.7	20.9	25.1	18.1	22.3	22.3	20.9	19.4	16.6	18.0	24.9	23.5	24.9		127	R:>25 A:20-25 G:<20	
	Adult acute admissions patients < 18 years	1	0	0	0	0	0	0	0	1	1	1	0	4		7	0	
	Adult acute bed occupancy at midnight	89.5%	90.4%	80.0%	71.3%	74.4%	76.4%	70.0%	82.0%	80.1%	71.0%	85.5%	70.6%	83.9%		78.8%	<88%	
	Adult acute length of stay (including leave)	26	52	13	33	8	31	13	25	20	52	14	31	20		27	<28 Days	
	Adult acute admissions under the Mental Health Law as a % of all admissions	58.3%	26.7%	5.6%	15.4%	18.8%	18.8%	20.0%	21.4%	8.3%	23.1%	22.2%	35.3%	33.3%		25.0%	<37%	
	% patients discharged with LOS >= 60 days	9.1%	18.8%	0.0%	23.8%	0.0%	12.5%	0.0%	7.7%	12.5%	25.0%	8.3%	6.7%	4.5%		10.6%	<14%	
Older Adult Acute (Beech/Cedar)	Older adult acute admissions per 100,000 registered population	74.0	95.2	31.7	31.7	31.7	15.9	21.1	30.9	36.0	41.1	41.1	36.0	46.3		231	R:>40 A:35-40 G:<35	
	Older adult acute bed occupancy (including leave)	76.5%	78.7%	94.0%	64.9%	45.1%	41.0%	79.7%	87.0%	75.1%	75.6%	83.3%	91.4%	96.1%		84.6%	<85%	
	Older adult acute length of stay (including leave)	45	67	61	85	66	106	185	92	256	116	57	33	88		128	<85 Days	
Community Mental Health Services	CMHT did not attend rate	3.6%	4.0%	5.0%	7.6%	7.2%	6.1%	6.4%	5.5%	6.1%	6.0%	6.5%	5.8%	6.3%		6.0%	R:>10% A:8%-10% G:<8%	

CATEGORY	INDICATOR	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TREND	YTD	Standard
MENTAL HEALTH & SOCIAL CARE (Continued)																	
Jersey Talking Therapies / Psychological Assessment & Therapy Service	JTT/PATS - Referrals yet to have a first assessment at the end of the reporting	57	62	50	53	58	40	37	41	37	39	44	103	192		192	TBC
	JTT/PATS - Referrals yet to have a first assessment who have been waiting over 90 days at the end of the reporting period	57	53	41	38	38	24	16	16	15	14	15	15	16		16	TBC
Jersey Talking Therapies	JTT clients with assessment who are yet to have a first treatment at the end of the reporting period	549	491	451	412	378	319	304	292	263	238	236	214	169		169	TBC
	JTT clients with assessment yet to have a first treatment, who have been waiting over 18 weeks at the end of the reporting period	314	258	215	186	157	129	123	116	81	66	54	43	46		46	TBC
	JTT - % of total clients who Waited > 18 weeks to start treatment	100.0%	95.1%	90.9%	67.6%	67.6%	38.2%	26.1%	22.7%	64.2%	26.8%	41.9%	41.0%	43.4%		41.7%	<5%
Safeguarding	Number of safeguarding alerts / self-neglect referrals for adults	31	35	29	34	20	32	17	21	16	25	28	33	41		164	TBC
Adult Social Care	Adult needs assessments closed within 30 days	79.1%	65.8%	60.9%	74.8%	71.8%	69.8%	76.1%	86.7%	86.2%	86.1%	83.6%	86.9%	89.2%		86.4%	>80%
	Social Care - Closure rate	68	77	56	73	82	27	70	61	67	70	46	68	82		394	TBC
	Social Care - Cases re-opened within 90 days as a percentage of all new cases	8.2%	12.5%	5.8%	8.1%	6.7%	2.1%	2.8%	1.6%	0.0%	2.4%	10.5%	0.0%	0.0%		2.2%	<4%

CATEGORY		INDICATOR	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TREND	YTD	Standard
INFECTION CONTROL AND PATIENT SAFETY																		
Infection Control	MRSA Bacteraemia	Hosp	0	0	0	0	0	0	0	0	0	0	0	0	0		0	TBC
	C-Diff Cases	Hosp	1	1	1	0	2	2	0	2	2	1	1	0	0		6	TBC
Patient Safety	Number of falls per 1,000 bed days		6	4	5	6	5	4	7	2	6	4	4	4	5		4	TBC
	Number of falls resulting in harm		10	10	12	7	15	9	13	15	11	13	10	12	10		71	TBC
	Number of patient safety incidents		306	400	380	299	376	304	331	278	335	336	358	330	379		2016	TBC
	Number of medication errors resulting in harm		1	1	0	2	3	1	1	5	3	3	3	2	1		17	TBC
	Number of cat 2 pressure ulcers acquired as an inpatient		0	7	7	4	8	8	7	4	6	9	8	7	9		43	TBC
	Number of cat 3-4 pressure ulcers acquired as an inpatient		1	2	0	2	0	0	0	3	0	0	1	2	0		6	TBC
	Number of serious incidents reported		0	1	1	0	0	0	0	0	0	0	0	0	0		0	TBC
PATIENT EXPERIENCE																		
Complaints, Compliments and Comments	Total complaints received		35	34	30	21	41	27	18	23	35	41	32	31	47		209	NA
	% of complaints responded to within 28 days		60.0%	35.3%	46.7%	81.0%	58.5%	48.1%	66.7%	65.2%	62.9%	87.8%	65.6%	Reported 2 months in arrears			72%	R:<80% A:80%-90% G:>90%
	Total compliments received		48	20	23	36	64	57	50	20	41	64	40	49	15		229	NA
	Total Comments Received		16	11	17	8	18	14	9	9	13	8	4	6	9		49	NA

EXCEPTION REPORTS

Exception reports are provided for all Quality and Performance indicators that are red against the agreed standard. They provide an explanation of the reasons underlying the performance and the proposed action plans to bring performance back on track.

WOMEN, CHILDREN AND FAMILY CARE																															
INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER																												
% deliveries by C-section (Planned & Unscheduled)	<table border="1" style="font-size: 8px; margin-top: 5px;"> <caption>13-MONTH GRAPH Data (Approximate)</caption> <tr><th>Month</th><th>%</th></tr> <tr><td>Jun-20</td><td>38</td></tr> <tr><td>Jul-20</td><td>30</td></tr> <tr><td>Aug-20</td><td>35</td></tr> <tr><td>Sep-20</td><td>28</td></tr> <tr><td>Oct-20</td><td>38</td></tr> <tr><td>Nov-20</td><td>32</td></tr> <tr><td>Dec-20</td><td>30</td></tr> <tr><td>Jan-21</td><td>40</td></tr> <tr><td>Feb-21</td><td>28</td></tr> <tr><td>Mar-21</td><td>32</td></tr> <tr><td>Apr-21</td><td>32</td></tr> <tr><td>May-21</td><td>32</td></tr> <tr><td>Jun-21</td><td>35</td></tr> </table>	Month	%	Jun-20	38	Jul-20	30	Aug-20	35	Sep-20	28	Oct-20	38	Nov-20	32	Dec-20	30	Jan-21	40	Feb-21	28	Mar-21	32	Apr-21	32	May-21	32	Jun-21	35	<p>There has been a slight increase in births YTD.</p> <p>We have consultant presence on labour ward and have increased our frequency of discussions around choice of birth; especially those who request a C-section. We are also increasing our public health messaging to inform people of the benefits and risks of elective C-sections. Please note that the future reporting will provide a further breakdown of those women requiring emergency and elective C-sections and that all of these undertake senior clinical review. We are committed to reducing this in line with national standards.</p>	>26%
Month	%																														
Jun-20	38																														
Jul-20	30																														
Aug-20	35																														
Sep-20	28																														
Oct-20	38																														
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Feb-21	28																														
Mar-21	32																														
Apr-21	32																														
May-21	32																														
Jun-21	35																														
% primary postpartum haemorrhage >= 1500	<table border="1" style="font-size: 8px; margin-top: 5px;"> <caption>13-MONTH GRAPH Data (Approximate)</caption> <tr><th>Month</th><th>%</th></tr> <tr><td>Jun-20</td><td>3</td></tr> <tr><td>Jul-20</td><td>8</td></tr> <tr><td>Aug-20</td><td>11</td></tr> <tr><td>Sep-20</td><td>3</td></tr> <tr><td>Oct-20</td><td>1</td></tr> <tr><td>Nov-20</td><td>10</td></tr> <tr><td>Dec-20</td><td>11</td></tr> <tr><td>Jan-21</td><td>8</td></tr> <tr><td>Feb-21</td><td>11</td></tr> <tr><td>Mar-21</td><td>6</td></tr> <tr><td>Apr-21</td><td>8</td></tr> <tr><td>May-21</td><td>11</td></tr> <tr><td>Jun-21</td><td>3</td></tr> </table>	Month	%	Jun-20	3	Jul-20	8	Aug-20	11	Sep-20	3	Oct-20	1	Nov-20	10	Dec-20	11	Jan-21	8	Feb-21	11	Mar-21	6	Apr-21	8	May-21	11	Jun-21	3	<p>We have got a targeted clinically led group set up to focus and review the contributing factors to our PPH rates. The group are developing interventions to reduce PPH.</p>	>2.9%
Month	%																														
Jun-20	3																														
Jul-20	8																														
Aug-20	11																														
Sep-20	3																														
Oct-20	1																														
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% of women that have an induced labour	<table border="1" style="font-size: 8px; margin-top: 5px;"> <caption>13-MONTH GRAPH Data (Approximate)</caption> <tr><th>Month</th><th>%</th></tr> <tr><td>Jun-20</td><td>32</td></tr> <tr><td>Jul-20</td><td>22</td></tr> <tr><td>Aug-20</td><td>40</td></tr> <tr><td>Sep-20</td><td>25</td></tr> <tr><td>Oct-20</td><td>28</td></tr> <tr><td>Nov-20</td><td>25</td></tr> <tr><td>Dec-20</td><td>28</td></tr> <tr><td>Jan-21</td><td>28</td></tr> <tr><td>Feb-21</td><td>25</td></tr> <tr><td>Mar-21</td><td>22</td></tr> <tr><td>Apr-21</td><td>35</td></tr> <tr><td>May-21</td><td>22</td></tr> <tr><td>Jun-21</td><td>28</td></tr> </table>	Month	%	Jun-20	32	Jul-20	22	Aug-20	40	Sep-20	25	Oct-20	28	Nov-20	25	Dec-20	28	Jan-21	28	Feb-21	25	Mar-21	22	Apr-21	35	May-21	22	Jun-21	28	<p>It is desirable to have a lower percentage of women that have an induced labour. The latest published average figure for NHS England (2019-20) is 27%. In 13 months, we have been under this threshold for 6 months.</p>	>25%
Month	%																														
Jun-20	32																														
Jul-20	22																														
Aug-20	40																														
Sep-20	25																														
Oct-20	28																														
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Apr-21	35																														
May-21	22																														
Jun-21	28																														
WACS Care Group General Manager			WACS Care Group General Manager																												

WAITING LISTS/PATIENT TRACKING LIST (PTL)																															
INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER																												
% patients waiting >90 days for 1st appointment	<table border="1"> <caption>% patients waiting >90 days for 1st appointment</caption> <thead> <tr><th>Month</th><th>%</th></tr> </thead> <tbody> <tr><td>Jun-20</td><td>70</td></tr> <tr><td>Jul-20</td><td>55</td></tr> <tr><td>Aug-20</td><td>50</td></tr> <tr><td>Sep-20</td><td>48</td></tr> <tr><td>Oct-20</td><td>45</td></tr> <tr><td>Nov-20</td><td>45</td></tr> <tr><td>Dec-20</td><td>50</td></tr> <tr><td>Jan-21</td><td>50</td></tr> <tr><td>Feb-21</td><td>45</td></tr> <tr><td>Mar-21</td><td>40</td></tr> <tr><td>Apr-21</td><td>40</td></tr> <tr><td>May-21</td><td>40</td></tr> <tr><td>Jun-21</td><td>40</td></tr> </tbody> </table>	Month	%	Jun-20	70	Jul-20	55	Aug-20	50	Sep-20	48	Oct-20	45	Nov-20	45	Dec-20	50	Jan-21	50	Feb-21	45	Mar-21	40	Apr-21	40	May-21	40	Jun-21	40	Patients waiting over 90 days without an appointment remains a focus of the Surgical Care Group. COVID Recovery Funding confirmed – Plans under development for those specialities needing assistance to undertake additional outpatient clinics.	>35%
Month	%																														
Jun-20	70																														
Jul-20	55																														
Aug-20	50																														
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Feb-21	45																														
Mar-21	40																														
Apr-21	40																														
May-21	40																														
Jun-21	40																														
% of patients waiting > 90 days for elective admissions	<table border="1"> <caption>% of patients waiting > 90 days for elective admissions</caption> <thead> <tr><th>Month</th><th>%</th></tr> </thead> <tbody> <tr><td>Jun-20</td><td>80</td></tr> <tr><td>Jul-20</td><td>70</td></tr> <tr><td>Aug-20</td><td>65</td></tr> <tr><td>Sep-20</td><td>60</td></tr> <tr><td>Oct-20</td><td>55</td></tr> <tr><td>Nov-20</td><td>50</td></tr> <tr><td>Dec-20</td><td>50</td></tr> <tr><td>Jan-21</td><td>50</td></tr> <tr><td>Feb-21</td><td>50</td></tr> <tr><td>Mar-21</td><td>45</td></tr> <tr><td>Apr-21</td><td>45</td></tr> <tr><td>May-21</td><td>45</td></tr> <tr><td>Jun-21</td><td>45</td></tr> </tbody> </table>	Month	%	Jun-20	80	Jul-20	70	Aug-20	65	Sep-20	60	Oct-20	55	Nov-20	50	Dec-20	50	Jan-21	50	Feb-21	50	Mar-21	45	Apr-21	45	May-21	45	Jun-21	45	Patients waiting over 90 days without a date for surgery remains a focus of the Surgical Care Group. Supported by additional funding extra theatre lists will be provided to those specialities with the longest waiting times.	>35%
Month	%																														
Jun-20	80																														
Jul-20	70																														
Aug-20	65																														
Sep-20	60																														
Oct-20	55																														
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Feb-21	50																														
Mar-21	45																														
Apr-21	45																														
May-21	45																														
Jun-21	45																														

ELECTIVE (SCHEDULED) CARE																															
INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER																												
New to follow-up ratio	<table border="1"> <caption>New to follow-up ratio</caption> <thead> <tr><th>Month</th><th>Ratio</th></tr> </thead> <tbody> <tr><td>Jun-20</td><td>4.5</td></tr> <tr><td>Jul-20</td><td>4.2</td></tr> <tr><td>Aug-20</td><td>4.0</td></tr> <tr><td>Sep-20</td><td>4.2</td></tr> <tr><td>Oct-20</td><td>3.8</td></tr> <tr><td>Nov-20</td><td>3.5</td></tr> <tr><td>Dec-20</td><td>3.5</td></tr> <tr><td>Jan-21</td><td>3.2</td></tr> <tr><td>Feb-21</td><td>2.8</td></tr> <tr><td>Mar-21</td><td>2.8</td></tr> <tr><td>Apr-21</td><td>2.8</td></tr> <tr><td>May-21</td><td>2.8</td></tr> <tr><td>Jun-21</td><td>2.8</td></tr> </tbody> </table>	Month	Ratio	Jun-20	4.5	Jul-20	4.2	Aug-20	4.0	Sep-20	4.2	Oct-20	3.8	Nov-20	3.5	Dec-20	3.5	Jan-21	3.2	Feb-21	2.8	Mar-21	2.8	Apr-21	2.8	May-21	2.8	Jun-21	2.8	The Surgical Care Group is systematically reviewing each surgical speciality to ensure that follow up appointments are of benefit to the patient and that these appointments are undertaken within current best practice and or the relevant Royal College guidance.	>2
Month	Ratio																														
Jun-20	4.5																														
Jul-20	4.2																														
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Sep-20	4.2																														
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May-21	2.8																														
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Intra-session theatre utilisation rate	<table border="1"> <caption>Intra-session theatre utilisation rate</caption> <thead> <tr><th>Month</th><th>%</th></tr> </thead> <tbody> <tr><td>Jun-20</td><td>20</td></tr> <tr><td>Jul-20</td><td>60</td></tr> <tr><td>Aug-20</td><td>60</td></tr> <tr><td>Sep-20</td><td>65</td></tr> <tr><td>Oct-20</td><td>65</td></tr> <tr><td>Nov-20</td><td>65</td></tr> <tr><td>Dec-20</td><td>65</td></tr> <tr><td>Jan-21</td><td>70</td></tr> <tr><td>Feb-21</td><td>70</td></tr> <tr><td>Mar-21</td><td>65</td></tr> <tr><td>Apr-21</td><td>65</td></tr> <tr><td>May-21</td><td>70</td></tr> <tr><td>Jun-21</td><td>70</td></tr> </tbody> </table>	Month	%	Jun-20	20	Jul-20	60	Aug-20	60	Sep-20	65	Oct-20	65	Nov-20	65	Dec-20	65	Jan-21	70	Feb-21	70	Mar-21	65	Apr-21	65	May-21	70	Jun-21	70	Theatre Utilisation remains below the industry standard target of 85%. The Surgical Care Group management team have set up a Task and Finish group to identify and address the issues that affect the Theatre Utilisation target being met.	<85%
Month	%																														
Jun-20	20																														
Jul-20	60																														
Aug-20	60																														
Sep-20	65																														
Oct-20	65																														
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Feb-21	70																														
Mar-21	65																														
Apr-21	65																														
May-21	70																														
Jun-21	70																														

EMERGENCY (UNSCHEDULED) CARE			
INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER
% triaged within 15 minutes of arrival		An reduction in the number of patients triaged within 15 minutes of arrival was reported for the month of June. The Medical Services Care Group has noted potential data quality issues and is actively working with the service to address these. The reduction in performance is also compounded by increased attendances with simultaneous arrivals.	<p><90%</p> <p>Medical Services Care Group General Manager</p>
Total patients in department > 10 hours		An increase in the number of patients remaining in the department over 10 hours in the department has been reported. Data quality issues have been detected within the data set whereby patients who have already left the department are not recorded as discharged in a timely way. Additionally, a deterioration in the number of patients discharged before midday has resulted in longer lengths of stay in the Emergency Department for patients awaiting a bed.	<p>>0</p> <p>Medical Services Care Group General Manager</p>
% discharges before midday		A deterioration has been noted a patient flow working group is being established to review system delays which may impact upon patient flow and timely discharge. A new discharge policy is also being developed to support clinical staff in managing safe and effective patient discharges.	<p><25%</p> <p>Medical Services Care Group General Manager</p>
Rate of Emergency readmission within 30 days of a previously admitted discharge		An improvement in the readmissions rate has been noted. The medical model has improved consultant presence across the medical wards ensuring increased senior decision maker presence.	<p>>10%</p> <p>Medical Services Care Group General Manager</p>

MENTAL HEALTH & SOCIAL CARE			
INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER
Adult acute admissions patients < 18 years		An increase in admissions of under 18s to the adult acute unit has been noted in 2021. An action card is at final draft stage, outlining actions required and HCS executive oversight where admission is being sought. HCS has highlighted the issue to CYPES under which CAMHS services sit. Where admission is necessary (no inpatient CAMHS facility), AMH mitigate potential risks by providing chaperone, and daily input from CAMHS services is sought to provide therapeutic and psychiatrist input and review.	<p>>0</p> <p>Mental Health Services General Manager</p>
Older adult acute admissions per 100,000 registered population		Admissions for Older Adult assessment are noted to be higher than National Benchmarking standards per 100K population, showing a trend consistent with previous years. Recruitment to vacant posts within the Older Adult Community team remains a high priority, and a review of service provision and pathways has commenced.	<p>>40</p> <p>Mental Health Services General Manager</p>
Older adult acute bed occupancy (including leave)		Occupancy in older adult admission areas is noted to be higher than Nation MH benchmarking standard of 85%. This is an upward trend to previous years, due in part to a temporary reduction in the number of beds available for occupancy whilst building developments are underway at the St Saviours site. Recruitment to older adult community mental health posts remains a priority. A review of Beech admissions is in process to ensure that data for acute assessment patients is separately captured to those who are receiving continuing mental health nursing care.	<p>>85%</p> <p>Mental Health Services General Manager</p>
Older adult acute length of stay (including leave)		Length of stay within the older adult acute units is reported as higher than National MH benchmarking standard. Excluding 2020 (unusual year due to CV19) this demonstrates progress on 2018 and 2019 reported average LoS, however remains above target. Review of service provision and pathways within Older adult mental health community based teams is underway, and weekly multi-disciplinary reviews are in place.	<p>>85</p> <p>Mental Health Services General Manager</p>
JTT - % of total clients who Waited > 18 weeks to start treatment		The percentage of people waiting for treatment within Step 2 and 3 JTT services is reported as significantly higher than the standard derived from UK IAPT services. A plan is in place to recover the position which includes recruitment to backfill posts, ongoing caseload monitoring and allocation, and a review of the pathway through the service to identify potential efficiencies.	<p>>5%</p> <p>Mental Health Services General Manager</p>

PATIENT EXPERIENCE			
INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER
% of complaints responded to within 28 days		<p>Responding to complaints within the timeframe is a priority for the Feedback team and is regularly monitored to ensure that we are providing a timely response. There has been an improvement in performance with the support being provided by the Feedback team and Care groups adopting a more practical early resolution approach.</p>	<p><80%</p>
			<p>Patient Advisory Liaison Service (PALS) Manager</p>

Report Title	
COMMITTEE REPORT	
Author(s) and Sponsor	
Author(s):	Anuschka Muller, Director Improvement and Innovation, HCS
Sponsor:	Deputy Hugh Raymond, Assistant Minister Health and Social Services
Date:	21 July 2021
Executive Summary	
<p>Purpose To provide assurance to the HCS Board on operational, financial and performance related matters that were discussed at the Operations, Finance and Performance Committee meetings over the last quarter, and to highlight good practice examples and issues for escalation to the Board.</p> <p>Narrative Since the last HCS Board meeting, the Operations, Finance and Performance Committee has met on 29 April, 27 May, 24 June and 29 July 2021.</p> <p>Key items to note for the Board:</p> <p><u>Governance</u></p> <ul style="list-style-type: none"> • The Assistant Minister Deputy Hugh Raymond has been confirmed as Chair. The Director of Improvement and Innovation and the Group Managing Director act as Deputy Chair in case the Chair is not able to attend. • A detailed workplan for the year has been agreed providing a forward plan for the rest of the year and to ensure that the committee delivers according to its terms of reference. • <p><u>Operations</u></p> <ul style="list-style-type: none"> • The monthly performance report for the key HCS indicators was provided and discussed at each meeting and supplemented by an in-depth presentation by the Head of Health Informatics. • Overall, good assurance has been provided against the availability, use and on-going improvement of the performance report and the development of care group performance reports. • The HCS Portfolio of Change was presented and provided assurance that the HCS Leadership team is aware of all change projects including the JCM and its progress against objectives. • The Emergency Planning & Resilience Report provided details of the recent baseline assessment, a review undertaken against the NHS Emergency Preparedness, Resilience & Response core standards. There are 68 core standards, 64 of which are applicable to jurisdictions outside the NHS. In the absence of statutory legislation in Jersey, a baseline assessment has been carried out against these. • The Digital Programme update report was provided in June and provided an overview of the programme and assurance of progress. Key project is the Electronic Patient Record which is progressing well. • Very good progress was made against the Comptroller & Auditor General and Scrutiny recommendations presented in the first quarterly report. <p><u>Finance</u></p> <ul style="list-style-type: none"> • Overall, increased rigour has been provided to the financial management and reporting which has provided the foundations for better management of overspend and the ability to plan forward for this year and next. • Further improvement to the finance report template to include details on agency spend, run rate and forecast. • Budget setting templates provided to Care Groups and challenges sessions have started and are continuing. 	

- Further financial training for budget holders is required, however, financial business partner support is still under resourced.
- A Covid recovery business case for a range of HCS services has been successful. This will provide increased additional operational ability to reduce waiting lists.
- A separate paper covers the HCS Finance position

Performance

- Patient Tracking List
- Operational Hub and impact of medical model
- Care Group Performance Summary Reports provided overview of monthly issues and successes in each Care Group with regards to operations, finance and performance matters.

Risks

- Risks were reported as part of the Care Group Performance Review Summary Reports. To ensure better visibility, a monthly risk report was created and presented in May to highlight particular risks in relation to this Committee.

Key Issues to Note – no escalations to Board

Recommendations

The Board is asked to **NOTE** the Report

Impact upon Strategic Objectives

(tick as appropriate)

1. Improved islanders' experience of Health & Community Services.	x
2. Improved health outcomes of islanders.	x
3. Improved partnership working to deliver person-centred, sustainable and safe health and community services as detailed in the jersey care Model (JCM).	
4. Improved working environment for staff increasing recruitment and retention.	
5. Improved resilience of Health & Community Services, particularly in relation to any Covid-19 related surge in health cases	
6. High quality safe services with good clinical and corporate governance functions.	x
7. Deliver services within the financial envelope assigned to HCS.	x

Impact Upon Corporate Risks

none

Regulatory and/or Legal Implications

none

Equality and Patient Impact

none

Resource Implications

Finance		Human Resources		IM&T		Estates	
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Action / Decision Required

For Decision		For Assurance	√	For Approval		For Information	
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Date the paper was presented to previous Committees *(if any)*

n/a

Outcome of discussion when presented to previous Committees

n/a

Report Title	
PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE REPORT	
Author(s) and Sponsor	
Author(s):	Steve Graham – Associate Director of People -HCS
Sponsor:	
Date:	August 2021
Executive Summary	
<p>Purpose The purpose of the paper is to provide the HCS Board with an overview and update of work undertaken since the last POD Committee meeting which took place on Wednesday 28th July 2021.</p> <p>Narrative</p> <p><u>POD Committee action tracker</u> The tracker now contains only current actions which are all dealt with in a timely manner</p> <p><u>Care Group Workforce reports</u> The Committee received updates from all Care Groups on the workforce elements of their performance reviews. Progress was noted on the use of data from the workforce dashboard in each care group. Discussions took place on the improvement plans each care group had My Conversation My Goal completion rates</p> <p><u>Departmental HR Metrics</u> The Committee was shown the latest HR workforce dashboard which showed an improving vacancy position and a low turnover rate.</p> <p><u>Risk Register</u> The Risk Register was presented to POD and the Committee discussed the need to maintain an up to date review of all risks, it was thought some of them were incorrectly rated.</p> <p><u>BeHeard Survey</u> The Committee received an update on the action planning work underway across HCS in response to the BeHeard survey. Focus group meetings will continue to be held throughout August and a number of posters have been distributed across HCS.</p> <p><u>Health and Safety</u> POD received the quarter 2 report on Health and Safety. This report provides a high level of information of incidents across the department.</p> <p><u>Key Worker Accommodation</u> The Chief Nurse presented a paper to POD on the key worker accommodation work underway in HCS, the paper presented an overview of the current situation and highlighted the key risks. There will be a quarterly report presented to POD on this issue and the ongoing impact on staff within HCS.</p> <p>Key Issues to Note – There were no issues to escalate to the Board. An additional risk was identified in relation to the implementation of the Junior Doctors Contract.</p>	
Recommendations	
The Board is asked to NOTE the Report	
Impact upon Strategic Objectives <i>(tick as appropriate)</i>	

1. Improved islanders' experience of Health & Community Services.	√			
2. Improved health outcomes of islanders.				
3. Improved partnership working to deliver person-centred, sustainable and safe health and community services as detailed in the jersey care Model (JCM).				
4. Improved working environment for staff increasing recruitment and retention.	√			
5. Improved resilience of Health & Community Services, particularly in relation to any Covid-19 related surge in health cases				
6. High quality safe services with good clinical and corporate governance functions.	√			
7. Deliver services within the financial envelope assigned to HCS.				
Impact Upon Corporate Risks				
POD risk register reviewed at the meeting				
Regulatory and/or Legal Implications				
None identified				
Equality and Patient Impact				
None identified				
Resource Implications				
Finance	Human Resources	IM&T	Estates	
Action / Decision Required				
For Decision	For Assurance	√	For Approval	For Information
Date the paper was presented to previous Committees (if any)				
Outcome of discussion when presented to previous Committees				

QUALITY AND RISK COMMITTEE REPORT

Author(s) and Sponsor

Author(s):	Rose Naylor Chief Nurse
Sponsor:	Deputy Trevor Pointon
Date:	9 th August 2021

Executive Summary

Purpose the purpose of this paper is to provide the HCS Board with an update on the matters considered by the Quality and Risk Committee in the meetings which have taken place since the HCS Board last met. The dates of these meetings were 28th April, 26th May 2012, 23rd June 2021 and 28th July 2021

Infection prevention and control – monthly reports

The Committee were asked to note the report which included updates on the following key areas

- COVID activity in month, including update on vaccination programme and uptake
- Audit reports - Visual Infusion Phlebitis care plans these are now completed monthly, equipment and environmental audits continue
- Risks

IPAC team continue to provide specialist advice across the whole sector to ensure services are supported especially during increased periods of COVID activity, movement within the team has created some pressure for the service however whilst recruitment takes place someone with prior experience of working in this team has returned. Funding has also been secured for backfill to support IPAC's involvement in the Overdale decant and the Our Hospital work and recruitment is underway for this post.

Risk Register monthly report.

Updates on the HCS risk register. Risk evaluation is part of the monthly Care Group Performance Reviews and there is also oversight of risk at the other relevant Assurance Committees.

The report considered all risks currently sitting on HCS risk register assessed as scoring 15 and above. The Committee were assured on

- new risks added since the last meeting
- risks reviewed and re-rated at a lower rating due to mitigation
- those risks remaining the same following review.

Papers from the Care Group Performance reviews are included in the Q+R agenda and include detail on risks within each care group reviewed as part of their Care Group Governance arrangements.

A terms of reference for a Risk Committee have been approved and this is in the process of being established. This will provide a forum for review of the risk register with detailed discussion and challenge on the risks and will be operating under the delegated authority of the Quality and Risk Assurance Committee.

There are no risks which need to be escalated to Board.

Regulation of Care Monthly update report.

Update on the progress towards registration of a number of care areas predominately within the community services portfolio of Adult Social Care and Mental Health Services with all 17 areas now fully registered.

Inspections have taken place in most of the areas, especially across Learning Disability Services. Inspection reports are in the public domain on the Jersey Care Commission website. Learning from these now comes

[Type here]

through the Care Group. Given the significant progress in this area the Committee agreed that oversight should be by exception and that the Care Groups need to now incorporate the inspections and report actions into their BAU and the Quality and Risk Committee would see these in the form of the Care Group updates to this Committee.

Regular meetings continue with the Chief Nurse and the Chief Inspector of the JCC, on a fortnightly basis.

Challenges that existed in 2 sites relating to the registration and physical environment, have been resolved to the satisfaction of HCS and the JCC.

Service Improvement – Quality and Risk Report Women’s and Children’s Care Group.

This report covers the work of the Care Group as reported in the Care Group Performance reviews and also now includes the remaining outputs of the work of the task and finish group.

Update provided to give assurance of the pace and focus of the work in Maternity, the Care Group leadership team continues to meet twice monthly with the Executive Tri, in the Task and Finish and the Care Group performance reviews.

Since the last report to Board Maternity Services have undergone a review by the Health and Social Security Scrutiny Panel, this report is now published and the Department has until the 18th August to submit their response to the report and recommendations.

Updates given included the following areas:

- Medical model
- Maternity Dashboard
- Electronic prescribing
- Ongoing work with public health and partners
- Maternity refurbishment work
- Clinical governance
- Risks

Structured Judgement Review Update (SJRs)

SJR framework, “learning from deaths”, developed by the Royal College of Physicians to support learning, and identification of good practice is in the process of being implemented in HCS. A number of clinicians have been trained however this was disrupted due to pandemic and needs to be refreshed.

An update on progress with this was provided to the June Committee and covered the following areas:

- The outcome of the pilot with the significant focus on learning
- To start with a focus on all adult deaths within HCS
- The opportunity to integrate the learning from the reviews with other information to develop the improvement trajectory
- Themes identified

Committee will receive regular updates on this important work.

Harm Review – a paper was received in the July Committee

This was a proposal outlining the process of clinical assessment and monitoring of those patients waiting to come into HCS services, discussion about the criteria for inclusion in the reviews was given as an example as NHS criteria of patients waiting in excess of 48 weeks. Care Groups reviewing waits within their own Patient Tracking Lists to determine wait time for inclusion in harm reviews, further work required on the proposal to turn it into an implementation plan, implementation and action will be monitored through this Committee.

[Type here]

Paediatric Speech and Language therapy action plan to address waiting list

A paper was received at the May Committee outlining the actions in place to address long waits for children to this service.

Context and background – prior to the pandemic this service was provided in a context of face to face delivery on a one to one basis but also within a group therapy context and children were seen on average within 12 weeks from referral.

COVID and the changes which had to be made to service delivery in line with Public Health guidance have impacted significantly on the ability to deliver the service as normal means of delivery were not possible.

During COVID a clinical triage system was put in place to enable prioritisation based on clinical need, however referrals to the service during this time have continued to increase, and waiting times have more than doubled.

Mitigation and a plan has been put in place which includes additional hours worked by staff, continuing to triage children based on need, recruitment in progress for substantive appointments, appointment of a locum to support the team and a business case submitted under COVID recovery funding for additional staff to address the waiting list issue.

Progress against the action plan is monitored by this Committee from a Quality and Risk Perspective and also by the Operations, Finance and Performance Committee.

Quarterly Reports received Q1 2021

Health Designated Safeguarding Leads Report

Report covers a wide range of work across all agencies involved in safeguarding with an impact on health and provides oversight of broad range of initiatives to support islanders at risk and children and young people.

The Designated Doctor and Nurse are working with Adult Social Care to develop a more integrated report, it is anticipated this will be ready for the September Committee.

Information Governance Report

This report was received for information and reported on activity of the team in relation to FOI's, SARs, disclosures, Information governance team involvement in programmes of work such as EPR etc... Work continues across HCS and CYPES and the demand on this small team has increased significantly. Agreed that this needed a review.

Mental Health Improvement Plan update

Update on the progress of the work against the Mental Health Improvement Plan.

Focus discussion on the development of the crisis response community triage which has made an impact to supporting individuals. This positive impact has been reported across partner agencies.

The Mental Health Improvement Board and the Mental Health Cluster group have merged, and starting to understand the impact of COVID and the next steps as emerging from the Public Health measures.

Quarterly reports received – Q2 2021

Patient Experience

Report presented for information and for the Committee to note.

[Type here]

A steady increase in number of complaints received into the department has been noted and there has been an increase in the Department's response timeframes, during March reported the highest performance on response times at 88%. This performance improvement is due to the proactive actions of the Care Groups in relation to early resolution in particular.

Themes from complaints include:

- Appointment related issues – for example admission process and waiting times
- Care delivery concerns – no single theme, these cover a wide range of issues for example co-ordination of treatment, pain management
- Communication – main theme relates to a lack of clear explanation
- Attitude of staff –main themes relate to insensitive toward patient and relative, general attitude

A focus of the work needs to be on changing practice and implementing lessons learned from complaints. Training is happening within the organisation and the impact of this will be monitored.

Serious Incident Report

Significant progress has been made in relation to the management and oversight of the incidents in relation to immediate learning post incident prior to a fuller review. Care Groups are responsible for the management and implementation of the recommendations and traction on these is monitored through the Care Group Performance Reviews.

The report provided an update on activity in this quarter and covered

- Number of cases notified
- Number of cases confirmed as serious incidents requiring more detailed review
- Assurance on after incident reviews happening to identify immediate learning
- Reports completed and presented to Panel
- Reports outstanding

An update was also provided on the potential changes to the Terms of Reference in line with the new framework being launched in the NHS. This will be brought to a future Committee for ratification.

Further reports to include information on Duty of Candour compliance with HCS Policy which the SI Panel has oversight of but will be included in future Committee reports.

Safety Learning Events

The report covered the detail on the following

- Activity on incident reporting
- Top 10 events by category
- Level of harm as a result of the event
- Detail on pressure trauma incidents including those present on admission, deteriorated in care or developed in care
- Incident management and approval oversight
- Safety Alert system management

Management of the safety learning event sits within the Care Groups and is monitored through the Care Group Performance Reviews. Significant improvement has been seen in this area and this can be seen particularly across those areas where the Ward Nurse Manager roles have been moved to supervisory status, however whilst assurance is given that the safety event report is reviewed in a timely manner, final approval remains a challenge for some of the care areas. Further work is underway to consider how best to support these areas.

Level of reporting remains the same. Maternity use reporting trigger lists. Other areas are looking to develop trigger lists to further support reporting.

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Discussed at the meeting that where there is organisational learning there is opportunity to implement learning across the organisation, an example of this is in relation to pressure trauma incidents, an island wide policy has been developed as a recommendation of a serious case review, recently ratified and the CN office is taking the lead on the implementation of the new policy and has established a task and finish group which will be reporting into the Committee on a regular basis.

Health and Safety

Report covered the following areas

Health and Safety Dashboard – the majority of accidents are on a downward trend of those 2 categories on an upward trend the Committee were assured that these are not in significant numbers and are not of cause of concern at this point in time.

Fire safety management – report covers training, management fire risk assessments undertaken, fire policy reviewed and awaiting ratification, fire safety inspections undertaken in staff accommodation areas, fire inspection schedule amended, Fire and rescue service familiarisation training and MRI installation completed. Power BI dashboard developed

Health and Safety Management System – care group risk profiling tool developed and piloted will be rolled out during next quarter, Health and Safety Policy reviewed and awaiting ratification, Workplace safety plans reviewed, health and safety walkabouts completed. Auditing schedule for lone worker completed and Power BI dashboard developed.

Display Screen Equipment – ongoing review of assessments with advice from H+S team, HCS DSE policy reviewed awaiting ratification, DSE audit template developed

Safe Handling- HCS Safe Handling Policy has been reviewed, train the trainer training delivered, bed audits undertaken, bariatric equipment training provided for portering staff, training sessions delivered across sites, information and guidance along with training material uploaded to MyStates, PowerBI dashboard developed

Legal Service Activity

This was provided for information

Jersey Nursing Assessment and Accreditation System

Update on the current position in relation to the resuming of reviews.

Two senior nurses seconded to the CN team to support and re-establish the formal review process which was significantly disrupted during wave one and two of the pandemic, impacted by change to the lead who was seconded to support Jersey's vaccination programme – planning and delivery.

All surgical inpatient wards reassessed during this quarter and the reviews were unannounced.

Themes from the reviews have been disseminated across the Surgical Care Group for action as well as within each area.

Two areas assessed as green and two as amber.

In terms of context surgery was subject to significant movement of staff during wave one and two and this has caused some disruption to continuity, ability to have team meetings during this period of time etc. It is anticipated that these areas now stabilised from a ward manager perspective and the embedding of the supervisory ward manager will have a significant impact on traction against action plans.

No immediate action notices served and no patient safety concerns identified.

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Terms of Reference received for ratification

Risk Management Committee – approved

Policy, and procedure ratifying Group – approved

Committee Reports received for information

Radiation Protection Committee Annual Report and minutes from the annual meeting, and a revised Terms of Reference

The Annual Report provides a summary of activity during the year and assurance on practice as assessed by the Radiation Protection Advisor and Laser Protection Advisor, external to HCS. The report provided assurance to the Committee on activity

Hospital Transfusion Committee – Committee re-established meeting quarterly. TOR shared for information at this stage – comments given

Sub Committee Minutes received for information

Emergency Preparedness Resilience and Response **Update**

Medicines Governance Committee

Care Group Performance Reviews

Information received from each of the Care Group Performance Reviews for information and assurance.

- Women’s and Children’s Care Group
- Medical Services
- Surgical Services
- Primary, Prevention and Intermediate Care
- Mental Health and Adult Social Care

Key Issues to Note – no matters identified at the April, May, June, July Q+R to be escalated to Public Board

The Board is asked to **NOTE** the Report

Impact upon Strategic Objectives

The strategic objectives for HCS are to be determined

Impact Upon Corporate Risks

None to note in this report

Regulatory and/or Legal Implications

There are no specific regulatory or legal implications arising from this report.

Equality and Patient Impact

There is no equality or patient impact arising from this report.

Resource Implications

Finance		Human Resources		IM&T		Estates	
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Action / Decision Required							
For Decision		For Assurance	√	For Approval		For Information	
Date the paper was presented to previous Committees							
Outcome of discussion when presented to previous Committees/MEx							

[Type here]

Report Title													
ASSURANCE COMMITTEE TERMS OF REFERENCE (ToR) REVIEW													
Author(s) and Sponsor													
Author(s):	Emma O'Connor, Interim Board Secretary												
Sponsor:	Director General Health and Community Services (HCS)												
Date:	15 th July 2021												
Executive Summary													
<p>Purpose On 15 February 2021, HCS Board approved the assurance committee restructure. Following this amendments have been made to the following,</p> <ol style="list-style-type: none"> 1. Assurance Committee ToR template 2. Quality and Risk Assurance Committee ToR 3. Operations, Performance and Finance Assurance Committee ToR 4. People and Organisational Development Assurance Committee ToR 													
<p>Narrative Summary of changes made:</p>													
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People and Organisational Development (POD) Assurance Committee		Page(s)					
1. The <i>Purpose</i> has been expanded to emphasise the development of a positive culture and the significance of wellbeing within the workforce.		1					
2. Within <i>Duties and Responsibilities</i> , duplication has been removed. Otherwise these remain unchanged.		1-2					
3. The membership has been revised to include key individuals with accountabilities for specific portfolios relating to workforce who can provide the required level of assurance.		2					
4. Any necessary changes have been made to include the correct names of other departments, groups etc.		Various					
5. The ToR were approved by the POD Committee 28 April 2021 with a 6-month review date.		6					
Key Issues to Note:							
An annual work plan has been developed for each assurance committee to ensure that the ToR are delivered, and committee function is effective.							
Recommendations							
The Board is asked to approve the amendments to the relevant Committee's Terms of Reference (ToR) as set out in the report.							
Impact upon Strategic Objectives <i>(tick as appropriate)</i>							
1. Improved islanders' experience of Health & Community Services.		√					
2. Improved health outcomes of islanders.		√					
3. Improved partnership working to deliver person-centred, sustainable, and safe health and community services as detailed in the jersey care Model (JCM).		√					
4. Improved working environment for staff increasing recruitment and retention.		√					
5. Improved resilience of Health & Community Services, particularly in relation to any Covid-19 related surge in health cases		√					
6. High quality safe services with good clinical and corporate governance functions.		√					
7. Deliver services within the financial envelope assigned to HCS.		√					
Impact Upon Corporate Risks							
No							
Regulatory and/or Legal Implications							
No							
Equality and Patient Impact							
No							
Resource Implications							
Finance		Human Resources		IM&T		Estates	
Action / Decision Required							
For Decision		For Assurance		For Approval	√	For Information	
Date the paper was presented to previous Committees <i>(if any)</i>							
N/A							
Outcome of discussion when presented to previous Committees							
N/A							

TERMS OF REFERENCE

1. Name of governance body

<insert> Assurance Committee

2. Constitution *(who approved the establishing of the board and when)*

<insert> Assurance Committee ('the Committee') is a standing Committee of the Health and Community Services (HCS) Board, established in accordance with the organisation's standing orders.

3. Accountability *(who the board/committee are accountable to)*

The <insert> Committee is accountable to the HCS Board for its performance and effectiveness in accordance with these terms of reference.

4. Authority *(what has been delegated to this board / committee)*

The <insert> Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request by the Committee.

5. Duration of governance body *(how long this governance body is permitted)*

This committee is a permanent Committee of the HCS Board.

6. Purpose

7. Duties and responsibilities

The Committee will:

8. Membership

Members:

The following posts are the permanent membership of the Committee,

-

The Minister for Health and Social Services and the Director General for HCS will receive a standing invitation to all assurance committee meetings.

In attendance:

The following posts shall be invited to attend routinely meetings of the Committee in full or in part but shall not be a member:

-

The Committee can request the attendance of any other person if an agenda item requires it.

9. Chairmanship *(details of chair and deputy chair)*

The Committee shall be Chaired by an Assistant Minister for HSS, appointed by the Minister for HSS.

If the chair is absent or has a conflict of interest which precludes his or her attendance for all or part of a meeting, the Committee shall be chaired by the Vice Chair, Associate Director of People.

10. Quorum *(the minimum number of members that must be present for it to be proceed)*

For any meeting of the Committee to proceed, <insert> members must be present. The following combination of members must be present:

-

Non-quorate meetings may go ahead unless the Chair decides not to proceed. Any decision made by the non-quorate meeting must however be formally reviewed and ratified at the subsequent quorate meeting.

11. Decision-making *(how decisions will be made i.e. voting member and how non-agreement will be resolved)*

Wherever possible members of the Committee will seek to make decisions and recommendations based on consensus.

12. Subgroups *(details of any sub-groups that will report into this board/committee)*

-

13. Responsibility of members and attendees *(what is expected of members and attendees)*

Members and attendees have a responsibility to:

- attend at least 80% of meetings.
- read all papers before the meeting.
- disseminate the minutes, additional information and good practice as appropriate amongst the senior management team within areas of responsibility.
- identify agenda items, for consideration by the Chair, to the Board Secretary at least 10 working days before the meeting.
- prepare and submit papers for a meeting, using the approved report template, at least 8 working days before the meeting.
- if unable to attend, send their apologies to the Board Secretary at least 24 hours prior to the meeting and, if appropriate, seek the approval to send a deputy to attend on their behalf. Deputies must be appropriately senior and empowered to act on behalf of the committee member.
- when matters are discussed in confidence at the meeting, to maintain such confidences.
- declare any conflicts of interest / potential conflicts of interest as set out below.
- conduct themselves in a manner consistent with 'Our Collective Values and Behaviours', challenging colleagues and partners that do not.

14. Conflicts of Interest *(expectation of members / attendees to declare conflicts)*

All committee members should complete a 'Declaration of Interest' form prior to becoming a member. Committee members should declare conflicts of interest in relation to agenda items as they arise.

15. Secretariat *(who will provide secretariat and expectations)*

The Board Secretary shall provide administrative support and advice to the chairperson and membership. The duties of the secretary shall include but not limited to:

- Preparation of the draft agenda for agreement with the chairperson
- Organisation of meeting arrangements, facilities, and attendance
- Collation and distribution of meeting papers
- Taking the minutes of meetings and keeping a record of matters arising and issues to be carried forward
- Maintaining the <insert> Assurance Committee work programme
- Maintain a schedule of meeting dates and a rolling programme of proposed agenda items.
- Standing agenda items will be:
 - Welcome and apologies
 - Conflicts of interest
 - Patient / Client / Staff Story
 - Minutes of the previous meeting
 - Matters arising
 - Matters referred from other groups / Committees
 - Action tracker
 - Matters to be escalated to the HCS Board
 - Matters to be referred to other groups
 - Any additional risks identified
- Ensuring the ToR review is an agenda item prior to the date the ToR document is due for review.

16. Meetings

Meetings of the Committee shall be formal, minuted and compliant with relevant statutory and good practice guidance including Government of Jersey, Our Collective Values and Behaviours and Dignity and Respect.

The Committee will meet according to a monthly cycle: The Care Group Performance Reviews report into the Committees and each of the Committees report into the HCS Board.

The Chair of the Committee may cancel, postpone, or convene additional meetings as necessary for the Committee to fulfil its purpose and discharge its duties.

17. Frequency of meetings *(how often the meetings will take place and when)*

The Committee will meet according to a monthly cycle.

18. Papers *(when papers should be submitted and circulated prior to meeting)*

All items for future agendas should be notified to the Board Secretary at least 10 working days before the date of the meeting at which it is proposed that the item is considered.

Agenda and Papers will be circulated 5 working days before the meeting.

Tabling of papers will be allowed by exception only and with the agreement of the Chair; late arrival or tabling of important agenda items severely constrains the quality of debate and likelihood of decisions being reached.

19. Minutes *(expectation when minutes will be circulated following meeting)*

Minutes of the meeting are formally recorded. Draft minutes of the meeting shall be prepared by the Board Secretary and Chair after every meeting and circulated to members within five working days.

Minutes of the Committee's meeting shall be recorded formally and ratified by the Committee at its next meeting.

20. Reporting *(open or closed meeting)*

Discussions should be regarded as 'closed' sessions for the purposes of Freedom of Information (FOI) regulations.

The Chair and Vice Chair shall prepare a report of each meeting for submission to the HCS Board at its next meeting.

Issues of concern and/or urgency will be reported to the Minister for HSS in between formal meetings by other means and/or as part of other meeting agendas as necessary and agreed with the Director General. Instances of this nature will be reported to the Board at its next meeting.

In the event of a significant adverse variance in any of the key indicators of clinical performance or patient safety, the responsible Executive Director will make an immediate report to the Committee chair, copied to the Director General, for urgent discussion at the next meeting of the Committee and escalation to the Board.

The Committee will produce an Annual Report for the Board.

21. Terms of Reference Review *(ToR approval and review)*

These Terms of Reference were approved by this committee on <insert>

These Terms of Reference shall be reviewed annually or more frequently if necessary.

The next scheduled review of the Terms of Reference will be undertaken by the Committee in <insert> in anticipation of approval by the Board at its meeting (to be confirmed).

Any changes to these terms of reference must be approved by the HCS Board.

HEALTH AND COMMUNITY SERVICES

QUALITY AND RISK ASSURANCE COMMITTEE

TERMS OF REFERENCE

VERSION CONTROL

Version	Author	Date	Changes
1.0	Interim Board Secretary / Chief Nurse	April-June 2021	N/A - New Committee

APPROVAL AND REVIEW

These ToR were approved by the Board on (anticipated 9 August 2021)

These ToR were adopted by the Committee at its meeting (anticipated 25 August 2021)

TERMS OF REFERENCE

1. Name of governance body

Quality and Risk Assurance Committee

2. Constitution *(who approved the establishing of the board and when)*

The Quality and Risk Committee ('the Committee') is a standing Committee of the Health and Community Services (HCS) Board, established in accordance with the organisation's standing orders.

3. Accountability *(who the board/committee are accountable to)*

The Committee is accountable to the HCS Board for its performance and effectiveness in accordance with these terms of reference.

4. Authority *(what has been delegated to this board / committee)*

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request by the Committee.

5. Duration of governance body *(how long this governance body is permitted)*

This Committee is a permanent Committee of the HCS Board.

6. Purpose

To provide assurance to the HCS Board that robust governance structures are in place to monitor, manage and improve all aspects of quality & risk: ensuring oversight of an effective system for delivering a high-quality experience for all service-users with a focus on involvement and engagement for the purposes of learning and making improvement.

7. Duties and responsibilities

The Committee will,

- Review and approve the HCS Annual Quality Account before submission to the Board.
- Provide assurance and evidence to the Board that care groups are meeting quality standards across the full range of HCS services and activities.
- Ensure that all elements of governance are adhered to across HCS.
- Provide assurance to the Board that the various Boards and Groups that meet to consider services for which HCS retains clinical governance oversight are providing services that are being delivered in a safe, efficient, and timely manner.
- Ensure that there is a process in place to monitor and promote compliance across HCS with clinical standards and guidelines.
- Ensure that there is an appropriate and effective clinical audit programme.
- Identify and monitor any gaps in the delivery of effective clinical care ensuring progress is made to improve these areas.

- Obtain assurance that where practice is of high quality, that practice is recognised and propagated across HCS.
- Obtain assurance that HCS is outward looking and incorporates the recommendations of external bodies into practice with mechanisms to monitor their delivery.
- Support HCS objectives by striving for continuous quality improvement.
- Promote an honest and open reporting culture across HCS.
- Obtain assurance that robust arrangements are in place for the review of safety learning events and ensure that actions for improvement are completed.
- Obtain assurance that HCS takes all reasonable and practicable steps to maintain a safe and healthy environment which complies with statutory requirements.
- Obtain assurance that there are processes in place that safeguard children and adults.
- Review the establishment and maintenance of an effective system of risk management and internal control across the whole of HCS's activities, aligned with the Government of Jersey Risk Management Strategy.
- Influence where appropriate the programme of internal audit, external audit, and other assurance functions.
- Request and review reports, evidence and assurances from directors and managers on the overall arrangements for governance, risk management and internal control.
- In liaison with the Operations, Performance and Finance Committee, obtain assurance the Quality Impact Assessments are completed for proposals for cost improvement programmes and other significant service changes and that the assessment of their impact on the HCS quality of care determines whether to proceed with implementation.
- Working with the Operations, Performance and Finance Committee to ensure that the availability of resources does not adversely impact upon the quality of services and/or quality of care.
- Working with the People and Organisational Development Committee to obtain assurance on safer and optimal staffing and that education, learning and development is aligned with the HCS quality priorities.
- Consider matters referred to the Committee by its sub-committees.
- Approve the terms of reference and membership of its sub-committees, overseeing their work and receiving reports for consideration and action as necessary.
- Review the work of other committees within the organisation, whose work can provide relevant assurance to the Committee's own areas of responsibility.
- Consider matters referred to the Committee by the Board, the Operations, Performance and Finance Assurance Committee, the People and Organisational Development Assurance Committees and the Senior Leadership Team.

- Receive internal and external audit reports relevant to the remit of the Committee and obtain assurance that findings and recommendations are acted upon.
- Escalate to the Board any identified unresolved risks arising (within the scope of these terms of reference) that pose significant threats to the delivery of quality care or reputation of HCS and/or the Government or Jersey.

8. Membership

Members:

The following posts are the permanent membership of the Committee,

- Assistant Minister for Health and Social Services
- Group Medical Director and Associates
- Group Managing Director and Associates (Vice Chair)
- Chief Nurse and Associates
- Director of Innovation and Improvement
- Associate Medical Director Medical Services
- Associate Medical Director Surgical Services
- Associate Medical Director Mental Health and Adult Social Care
- Associate Medical Director Women, Children and Family Care
- Associate Medical Director Primary, Prevention, and Intermediate Care
- Director Infection Prevention and Control
- Head of Quality and Safety
- Health and Safety Manager
- Information Governance Manger
- Chief Pharmacist
- Risk Manager

The Minister for Health and Social Services, the Director General for HCS and all other Executive Directors will receive a standing invitation to all assurance committee meetings.

In attendance:

The following posts shall be invited to attend routinely meetings of the Committee in full or in part but shall not be a member:

- Designated Doctor Safeguarding
- Designated Nurse Safeguarding
- Board Secretary
- Head of Informatics HCS
- Head of Risk GOJ (Quarterly)
- Head of Estates
- Lead Nurse Infection Prevention and Control

The Committee can request the attendance of any other person if an agenda item requires it.

9. Chairmanship (details of chair and deputy chair)

The Committee shall be Chaired by an Assistant Minister for HSS, appointed by the Minister for HSS.

If the chair is absent or has a conflict of interest which precludes his or her attendance for all or part of a meeting, the Committee shall be chaired by the Vice Chair.

10. Quorum (the minimum number of members that must be present for it to be proceed)

For any meeting of the Committee to proceed, ten must be present. The following combination of members must be present:

- Chair
- Chief Nurse / Group Medical Director, or delegated Associate
- Another Executive Director
- Seven other members

Non-quorate meetings may go ahead unless the Chair decides not to proceed. Any decision made by the non-quorate meeting must however be formally reviewed and ratified at the subsequent quorate meeting.

11. Decision-making *(how decisions will be made i.e. voting member and how non-agreement will be resolved)*

Wherever possible members of the Committee will seek to make decisions and recommendations based on consensus.

12. Subgroups *(details of any sub-groups that will report into this board/committee)*

- Falls Prevention Group
- Serious Incident Review Panel
- Infection Prevention & Control Safety and Improvements Group
- Hospital Transfusion Group
- Resuscitation Group
- Clinical Audit and Effectiveness
- Pressure Ulcer Prevention Group
- Research & Ethics Group
- Medicines Governance
- Radiation Protection (inc. Laser Users)
- Medical Devices
- Health & Safety
- Medical Gases
- Policy, Procedure and Ratifying Group
- Risk Management Committee

13. Responsibility of members and attendees *(what is expected of members and attendees)*

Members and attendees have a responsibility to:

- attend at least 80% of meetings.
- read all papers before the meeting.
- disseminate the minutes, additional information, and good practice as appropriate amongst the senior management team within areas of responsibility.
- identify agenda items, for consideration by the Chair, to the Board Secretary at least 10 working days before the meeting.
- prepare and submit papers for a meeting, using the approved report template, at least 8 working days before the meeting.
- if unable to attend, send their apologies to the Board Secretary at least 24 hours prior to the meeting and, if appropriate, seek the approval to send a deputy to attend on their behalf. Deputies must be appropriately senior and empowered to act on behalf of the committee member.
- when matters are discussed in confidence at the meeting, to maintain such confidences.
- declare any conflicts of interest / potential conflicts of interest as set out below.

- conduct themselves in a manner consistent with 'Our Collective Values and Behaviours', challenging colleagues and partners that do not.

14. Conflicts of Interest *(expectation of members / attendees to declare conflicts)*

All committee members should complete a 'Declaration of Interest' form prior to becoming a member. Committee members should declare conflicts of interest in relation to agenda items as they arise.

15. Secretariat *(who will provide secretariat and expectations)*

The Board Secretary shall provide administrative support and advice to the chairperson and membership. The duties of the secretary shall include but not limited to:

- Preparation of the draft agenda for agreement with the chairperson
- Organisation of meeting arrangements, facilities, and attendance
- Collation and distribution of meeting papers
- Taking the minutes of meetings and keeping a record of matters arising and issues to be carried forward
- Maintaining the Quality and Risk Committee work programme
- Maintain a schedule of meeting dates and a rolling programme of proposed agenda items.
- Standing agenda items will be:
 - Welcome and apologies
 - Conflicts of interest
 - Patient / Client / Staff Story
 - Minutes of the previous meeting
 - Matters arising
 - Matters referred from other groups / Committees
 - Action tracker
 - Matters to be escalated to the HCS Board
 - Matters to be referred to other groups
 - Any additional risks identified
- Ensuring the ToR review is an agenda item prior to the date the ToR document is due for review.

16. Meetings

Meetings of the Committee shall be formal, minuted and compliant with relevant statutory and good practice guidance including Government of Jersey, Our Collective Values and Behaviours and Dignity and Respect.

The Committee will meet according to a monthly cycle: The Care Group Performance Reviews report into the Committees and each of the Committees report into the HCS Board.

The Chair of the Committee may cancel, postpone, or convene additional meetings as necessary for the Committee to fulfil its purpose and discharge its duties.

17. Frequency of meetings *(how often the meetings will take place and when)*

The Committee will meet according to a monthly cycle.

18. Papers *(when papers should be submitted and circulated prior to meeting)*

All items for future agendas should be notified to the Board Secretary at least 10 working days before the date of the meeting at which it is proposed that the item is considered.

Agenda and Papers will be circulated 5 working days before the meeting.

Tabling of papers will be allowed by exception only and with the agreement of the Chair; late arrival or tabling of important agenda items severely constrains the quality of debate and likelihood of decisions being reached.

19. Minutes *(expectation when minutes will be circulated following meeting)*

Minutes of the meeting are formally recorded. Draft minutes of the meeting shall be prepared by the Board Secretary and Chair after every meeting and circulated to members within five working days.

Minutes of the Committee's meeting shall be recorded formally and ratified by the Committee at its next meeting.

20. Reporting *(open or closed meeting)*

Discussions should be regarded as 'closed' sessions for the purposes of Freedom of Information (FOI) regulations.

The Chair and Vice Chair shall prepare a report of each meeting for submission to the HCS Board at its next meeting.

Issues of concern and/or urgency will be reported to the Minister for HSS in between formal meetings by other means and/or as part of other meeting agendas as necessary and agreed with the Director General. Instances of this nature will be reported to the Board at its next meeting.

In the event of a significant adverse variance in any of the key indicators of clinical performance or patient safety, the responsible Executive Director will make an immediate report to the Committee chair, copied to the Director General, for urgent discussion at the next meeting of the Committee and escalation to the Board.

The Committee will produce an Annual Report for the Board.

21. Terms of Reference Review *(ToR approval and review)*

These Terms of Reference were approved by the Quality and Risk Committee, June 2021.

These Terms of Reference shall be reviewed annually or more frequently if necessary.

The next scheduled review of the Terms of Reference will be undertaken by the Committee in December 2021 in anticipation of approval by the Board at its meeting in January 2022.

Any changes to these terms of reference must be approved by the HCS Board.

HEALTH AND COMMUNITY SERVICES

**OPERATIONS, PERFORMANCE AND FINANCE
ASSURANCE COMMITTEE**

TERMS OF REFERENCE

VERSION CONTROL			
Version	Author	Date	Changes
1.0	Interim Board Secretary / Director Improvement and Innovation	April 2021	N/A - New Committee

APPROVAL AND REVIEW
These ToR were approved by the Board on (anticipated 9 August 2021)
These ToR were adopted by the Committee at its meeting (anticipated 25 August 2021)

TERMS OF REFERENCE

1. Name of governance body

Operations, Performance and Finance Assurance Committee

2. Constitution *(who approved the establishing of the board and when)*

The Operations, Performance and Finance Assurance Committee ('the Committee') is a standing Committee of the Health and Community Services (HCS) Board, established in accordance with the organisation's standing orders.

3. Accountability *(who the board/committee are accountable to)*

The Committee is accountable to the HCS Board for its performance and effectiveness in accordance with these terms of reference.

4. Authority *(what has been delegated to this board / committee)*

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request by the Committee.

5. Duration of governance body *(how long this governance body is permitted)*

This committee is a permanent Committee of the HCS Board.

6. Purpose

The purpose of this Committee is to provide assurance to the HCS Board that systems and procedures are in place to monitor, manage and improve overall performance and service improvement, to consider financial matters, to consider the HCS Business Plan, to support the development of strategic planning and performance processes and reporting, to promote efficiency, productivity and ensure best value is achieved from resource allocation, and to assume oversight for service continuity issues and monitor overall progress of the improvement portfolio.

7. Duties and responsibilities

The Committee will:

- Provide assurance and evidence to the board that HCS services are meeting performance standards across the full range of HCS services and activities.
- Where performance is below standards, the Committee will ensure that robust recovery plans are developed, implemented and progress is monitored.
- Obtain assurance that systems and procedures are in place to monitor, manage and improve performance across the whole system and liaise appropriately with relevant assurance committees: Quality & Risk and People & Organisational Development.
- Obtain assurance that risks to operations, performance and finance are regularly reviewed and where required, action plans are in place and monitored.

- Obtain assurance that risks to operations, performance and finance are regularly reviewed and where required, action plans are in place and monitored.
- Receive assurance that arrangements are in place and being effectively managed for achieving efficiencies through income generation, better contract management, procurement, productivity, and other efficiency measures across HCS, including the delivery of efficiency plans within timescale and budget.
- Provide assurance to the Board concerning all aspects of operational performance relating to the provision of HCS in support of getting the best clinical outcomes and experience for patients, within the resources set out in the Government Plan.
- Provide assurance to the Board that the department is discharging its functions and meeting its responsibilities under the Government arrangements regarding Information Management and Technology (IM&T) and Information Governance (IG). Such assurance relates to:
 - a. Information management and digital strategies including clinical systems
 - b. Data protection, confidentiality, and privacy
 - c. Information security including information sharing protocols
 - d. Data quality and integrity
 - e. Records management
- Provide assurance to the Board that IM&T services are safe and sustainable, and that risks are being assessed and managed effectively.
- Provide assurance to the Board that the improvement portfolio is being delivered within the approved timescale and budget.
- Receive assurance reports on the delivery of the financial aspects of the Government Plan.
- Receive assurance reports on the delivery of the annual and medium-term revenue and capital plans, and receive the monthly financial monitoring report, the annual outturn report and agreed associated targets for savings to be assured about the Department's sustainability going forward. The Committee shall assess the assumptions therein and the alignment with overall objectives.
- Review in-year performance against financial plan, particularly gaining an understanding of key assumptions and assurance that risks within HCS projections are being effectively controlled.
- Review levels on contingency with the HCS financial plans, costed risk registers, the phasing of key developments and efficiency schemes, project plans and related project management arrangements, receiving assurance that the full impact of any developments have been appropriately included.
- Assure the availability and quality of financial management information
- Review and maintain an overview of financial and service delivery agreements and key contractual arrangements.

- Receive assurance that business cases of significant size and/or strategic significance have been approved in accordance with Jersey Finance Law and the HCS approval process for business cases.
- Consider key financial policies, to ensure, within the confines of the public finance law, they are implemented in HCS appropriately.
- Receive assurance that the charitable fund is managed in accordance with Public Finance Law and the allocation of this fund is managed according to the approved process within HCS.
- Approve the terms of reference and membership of its sub-committees, overseeing their work and receiving reports for consideration and action as necessary.
- Consider matters referred to the Committee by the Board, the Quality and Risk assurance committee, the People and Organisational Development assurance committees and the Senior Leadership Team.
- Receive internal audit reports relevant to the remit of the Committee and obtain assurance that findings and recommendations are acted upon.
- Escalate to the Board any identified unresolved risks arising (within the scope of these terms of reference) that pose significant threats to the operation, resources of reputation of HCS and/or the Government or Jersey.

8. Membership

Members:

The following posts are the permanent membership of the Committee,

- Assistant Minister for HCS (Chair)
- Director of Improvement and Innovation (Vice Chair)
- Group Managing Director and all Associates
- Associate Chief Nurses / Head of Midwifery / Head of Allied Health Professionals
- Associate Group Medical Director
- Head of Finance
- Associate Director of People
- General Manager Medical Services Care Group
- General Manager Surgical Services Care Group
- General Manager, Prevention, Primary and Intermediate Care Group
- General Manager Mental Health Services
- General Manager Adult Social Care Group
- General Manager Women, Children and Family Care Group

The Minister for Health and Social Services, the Director General for HCS and all other Executive Directors for HCS will receive a standing invitation to all assurance committee meetings.

In attendance:

The following posts shall be invited to attend routinely meetings of the Committee in full or in part but shall not be a member:

- Board Secretary
- Head of Informatics HCS

- Head of Estates
- Head of Non-Clinical Support Services
- Associate Director of Improvement and Innovation
- Head of Strategic Planning and Reporting
- Head of Change Project Management Office
- Associate Medical Director all Care Groups
- Lead Nurses all Care Groups

The Committee can request the attendance of any other person if an agenda item requires it.

9. Chairmanship *(details of chair and deputy chair)*

The Committee shall be Chaired by an Assistant Minister for HSS, appointed by the Minister for HSS.

If the chair is absent or has a conflict of interest which precludes his or her attendance for all or part of a meeting, the Committee shall be chaired by the Vice Chair, Director of Improvement and Innovation.

10. Quorum *(the minimum number of members that must be present for it to be proceed)*

For any meeting of the Committee to proceed, five must be present. The following combination of members must be present:

- Chair
- Two Executive Directors
- Any two other members

Non-quorate meetings may go ahead unless the Chair decides not to proceed. Any decision made by the non-quorate meeting must however be formally reviewed and ratified at the subsequent quorate meeting.

11. Decision-making *(how decisions will be made i.e. voting member and how non-agreement will be resolved)*

Wherever possible members of the Committee will seek to make decisions and recommendations based on consensus.

12. Subgroups *(details of any sub-groups that will report into this board/committee)*

- Care Group Performance Reviews
- Operational and Clinical Hub
- Emergency Preparedness and Resilience Group
- Change Project Management Office

13. Responsibility of members and attendees *(what is expected of members and attendees)*

Members and attendees have a responsibility to:

- attend at least 80% of meetings.
- read all papers before the meeting.
- disseminate the minutes, additional information, and good practice as appropriate amongst the senior management team within areas of responsibility.
- identify agenda items, for consideration by the Chair, to the Board Secretary at least 10 working days before the meeting.
- prepare and submit papers for a meeting, using the approved report template, at least 8 working days before the meeting.

- if unable to attend, send their apologies to the Board Secretary at least 24 hours prior to the meeting and, if appropriate, seek the approval to send a deputy to attend on their behalf. Deputies must be appropriately senior and empowered to act on behalf of the committee member.
- when matters are discussed in confidence at the meeting, to maintain such confidences.
- declare any conflicts of interest / potential conflicts of interest as set out below.
- conduct themselves in a manner consistent with 'Our Collective Values and Behaviours', challenging colleagues and partners that do not.

14. Conflicts of Interest *(expectation of members / attendees to declare conflicts)*

All committee members should complete a 'Declaration of Interest' form prior to becoming a member. Committee members should declare conflicts of interest in relation to agenda items as they arise.

15. Secretariat *(who will provide secretariat and expectations)*

The Board Secretary shall provide administrative support and advice to the chairperson and membership. The duties of the secretary shall include but not limited to:

- Preparation of the draft agenda for agreement with the chairperson
- Organisation of meeting arrangements, facilities, and attendance
- Collation and distribution of meeting papers
- Taking the minutes of meetings and keeping a record of matters arising and issues to be carried forward
- Maintaining the Operations, Performance and Finance Committee annual work programme
- Maintain a schedule of meeting dates and a rolling programme of proposed agenda items.
- Standing agenda items will be:
 - Welcome and apologies
 - Conflicts of interest
 - Patient / Client / Staff Story
 - Minutes of the previous meeting
 - Matters arising
 - Matters referred from other groups / Committees
 - Action tracker
 - Matters to be escalated to the HCS Board
 - Matters to be referred to other groups
 - Any additional risks identified
- Ensuring the ToR review is an agenda item prior to the date the ToR document is due for review.

16. Meetings

Meetings of the Committee shall be formal, minuted and compliant with relevant statutory and good practice guidance including Government of Jersey, Our Collective Values and Behaviours and Dignity and Respect.

The Committee will meet according to a monthly cycle: The Care Group Performance Reviews report into the Committees and each of the Committees report into the HCS Board.

The Chair of the Committee may cancel, postpone, or convene additional meetings as necessary for the Committee to fulfil its purpose and discharge its duties.

17. Frequency of meetings (*how often the meetings will take place and when*)

The Committee will meet according to a monthly cycle.

18. Papers (*when papers should be submitted and circulated prior to meeting*)

All items for future agendas should be notified to the Board Secretary at least 10 working days before the date of the meeting at which it is proposed that the item is considered.

Agenda and Papers will be circulated 5 working days before the meeting.

Tabling of papers will be allowed by exception only and with the agreement of the Chair; late arrival or tabling of important agenda items severely constrains the quality of debate and likelihood of decisions being reached.

19. Minutes (*expectation when minutes will be circulated following meeting*)

Minutes of the meeting are formally recorded. Draft minutes of the meeting shall be prepared by the Board Secretary and Chair after every meeting and circulated to members within five working days.

Minutes of the Committee's meeting shall be recorded formally and ratified by the Committee at its next meeting.

20. Reporting (*open or closed meeting*)

Discussions should be regarded as 'closed' sessions for the purposes of Freedom of Information (FOI) regulations.

The Chair and Vice Chair shall prepare a report of each meeting for submission to the HCS Board at its next meeting.

Issues of concern and/or urgency will be reported to the Minister for HSS in between formal meetings by other means and/or as part of other meeting agendas as necessary and agreed with the Director General. Instances of this nature will be reported to the Board at its next meeting.

In the event of a significant adverse variance in any of the key indicators of clinical performance or patient safety, the responsible Executive Director will make an immediate report to the Committee chair, copied to the Director General, for urgent discussion at the next meeting of the Committee and escalation to the Board.

The Committee will produce an Annual Report for the Board.

21. Terms of Reference Review (*ToR approval and review*)

These Terms of Reference were approved by this committee 1 April 2021.

These Terms of Reference shall be reviewed annually or more frequently if necessary.

The next scheduled review of the Terms of Reference will be undertaken by the Committee in October 2021 in anticipation of approval by the Board at its meeting in (to be confirmed).

Any changes to these terms of reference must be approved by the HCS Board.

HEALTH AND COMMUNITY SERVICES

**PEOPLE AND ORGANISATIONAL DEVELOPMENT
ASSURANCE COMMITTEE**

TERMS OF REFERENCE

VERSION CONTROL			
Version	Author	Date	Changes
1.0	Andrew Carter	16-04-2019	First Draft
1.1	Bernard Place	22-05-2019	Second Draft
1.1.1	Bernard Place	July	In response to feedback July 2019 Committee
2.0	Interim Board Secretary / Associate Director of People HCS	April 2021	Duplicity removed from section 7 & membership revised.

APPROVAL AND REVIEW
These ToR were approved by the Board on (anticipated 9 August 2021)
These ToR were adopted by the Committee at its meeting (anticipated 25 August 2021)

TERMS OF REFERENCE

1. Name of governance body

People and Organisational Development Assurance Committee

2. Constitution *(who approved the establishing of the board and when)*

The People and Organisational Development Assurance Committee ('the Committee') is a standing Committee of the Health and Community Services (HCS) Board, established in accordance with the organisation's standing orders.

3. Accountability *(who the board/committee are accountable to)*

The Committee is accountable to the HCS Board for its performance and effectiveness in accordance with these terms of reference.

4. Authority *(what has been delegated to this board / committee)*

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request by the Committee.

5. Duration of governance body *(how long this governance body is permitted)*

This committee is a permanent Committee of the HCS Board.

6. Purpose

To support and maintain a culture within HCS where the delivery of the highest possible standard of people management is understood to be the responsibility of everyone working within the organisation and is built upon partnership and collaboration.

Ensuring that robust arrangements to implement people governance are in place and are monitored so that staff are,

- well informed,
- appropriately trained and developed,
- involved in decisions,
- treated fairly and consistently, with dignity and respect, in an environment where equality and diversity are valued,
- provided with a continually improving and safe working environment, promoting the health and wellbeing of staff, service-users, and the wider community.

7. Duties and responsibilities

The Committee will:

- Obtain assurance that the work undertaken in support of HCS people and organisational development is aligned with that described in the Government Plan.

- Obtain assurance that there are practices in place which ensure the sustainability and affordability of workforce supply on a short, medium, and long-term basis including workforce planning, development, redesign, recruitment, and retention.
- Obtain assurance that HCS implements effective and equitable reward packages that positively influence performance.
- Obtain assurance that HCS attract and retain a high performing workforce capable of delivering HCS operational and clinical objectives.
- Obtain assurance that strategic education issues and external relationships which impact upon supply and engagement are included in HCS planning.
- Seek assurance that investments in education and training are supporting HCS strategic objectives.
- Obtain assurance that HCS is driving improved employee engagement, ensuring appropriate mechanisms for the employee voice to ensure that rapid action is taken to improve staff experience.
- Agree the HCS workforce strategy and establish, monitor, and report to the Board on an annual programme of work to implement the strategy.
- Agree (where necessary) POD reports prior to publication and review implications of local/national reports that have been published.
- Identify risks associated with POD ensuring ownership with mitigating actions, escalating to Board as appropriate.
- Approve the terms of reference and membership of its sub-committees, overseeing their work, receiving reports for consideration and action as necessary.
- Consider and approve action plans, programmes of work and strategic objectives providing assurance to the Board on progress.
- Receive the Care Groups Performance Review committee reports providing assurance around people management.
- Work with the Quality and Risk, and Operations, Performance and Finance Assurance Committees to obtain assurance on safer and optimal staffing and that education, learning and development is aligned with HCS quality and performance priorities.
- To take an overview of the equality and diversity policy and achievement of goals.
- To review key workforce performance indicators, including sickness absence, bank/agency usage and expenditure, training, appraisal, vacancies, staff turnover and achievement of key performance indicators, and measure the impact on staff well-being.
- To review staff survey results and seek assurance in relation to the implementation of action plans.
- Obtain assurance of the effectiveness of the HCS Communication strategy and workplans.

8. Membership

Members:

The following posts are the permanent membership of the Committee,

- Assistant Minister for Health and Social Services - Chair
- Associate Director of People for HCS – Vice Chair
- Chief Nurse
- Group Managing Director
- Group Medical Director
- Director Innovation and Improvement
- Head of Finance Business Partnering
- Head of Communication HCS
- Associate Chief for Allied Health Professional (AHP) and Wellbeing
- Associate Group Medical Director / AMD Representative
- Head of Medical Education
- Head of Higher Education
- Head of Organisational Development
- Union Representation

The Minister for Health and Social Services and the Director General for HCS will receive a standing invitation to all assurance committee meetings.

In attendance:

The following posts shall be invited to attend routinely meetings of the Committee in full or in part but shall not be a member:

- Board Secretary
- Group Director HR
- HR Business Partner for HCS
- Head of Medical Staffing
- Projects and Placements Manager
- Care Group Representation

The Committee can request the attendance of any other person if an agenda item requires it.

9. Chairmanship *(details of chair and deputy chair)*

The Committee shall be Chaired by an Assistant Minister for HSS, appointed by the Minister for HSS.

If the chair is absent or has a conflict of interest which precludes his or her attendance for all or part of a meeting, the Committee shall be chaired by the Vice Chair, Associate Director of People.

10. Quorum *(the minimum number of members that must be present for it to be proceed)*

For any meeting of the Committee to proceed, six members must be present. The following combination of members must be present:

- Chair
- Vice Chair
- Two Executive Director or deputy
- Any two other members

Non-quorate meetings may go ahead unless the Chair decides not to proceed. Any decision made by the non-quorate meeting must however be formally reviewed and ratified at the subsequent quorate meeting.

11. Decision-making *(how decisions will be made i.e. voting member and how non-agreement will be resolved)*

Wherever possible members of the Committee will seek to make decisions and recommendations based on consensus.

12. Subgroups *(details of any sub-groups that will report into this board/committee)*

- Wellbeing Committee
- Post Graduate Education and Training Committee
- Recruitment Group
- Workforce Planning Group
- Higher Education and Vocational Training

13. Responsibility of members and attendees *(what is expected of members and attendees)*

Members and attendees have a responsibility to:

- attend at least 80% of meetings.
- read all papers before the meeting.
- disseminate the minutes, additional information and good practice as appropriate amongst the senior management team within areas of responsibility.
- identify agenda items, for consideration by the Chair, to the Board Secretary at least 10 working days before the meeting.
- prepare and submit papers for a meeting, using the approved report template, at least 8 working days before the meeting.
- if unable to attend, send their apologies to the Board Secretary at least 24 hours prior to the meeting and, if appropriate, seek the approval to send a deputy to attend on their behalf. Deputies must be appropriately senior and empowered to act on behalf of the committee member.
- when matters are discussed in confidence at the meeting, to maintain such confidences.
- declare any conflicts of interest / potential conflicts of interest as set out below.
- conduct themselves in a manner consistent with 'Our Collective Values and Behaviours', challenging colleagues and partners that do not.

14. Conflicts of Interest *(expectation of members / attendees to declare conflicts)*

All committee members should complete a 'Declaration of Interest' form prior to becoming a member. Committee members should declare conflicts of interest in relation to agenda items as they arise.

15. Secretariat *(who will provide secretariat and expectations)*

The Board Secretary shall provide administrative support and advice to the chairperson and membership. The duties of the secretary shall include but not limited to:

- Preparation of the draft agenda for agreement with the chairperson
- Organisation of meeting arrangements, facilities, and attendance
- Collation and distribution of meeting papers
- Taking the minutes of meetings and keeping a record of matters arising and issues to be carried forward
- Maintaining the People and Organisational Development Assurance Committee work programme

- Maintain a schedule of meeting dates and a rolling programme of proposed agenda items.
- Standing agenda items will be:
 - Welcome and apologies
 - Conflicts of interest
 - Patient / Client / Staff Story
 - Minutes of the previous meeting
 - Matters arising
 - Matters referred from other groups / Committees
 - Action tracker
 - Matters to be escalated to the HCS Board
 - Matters to be referred to other groups
 - Any additional risks identified
- Ensuring the ToR review is an agenda item prior to the date the ToR document is due for review.

16. Meetings

Meetings of the Committee shall be formal, minuted and compliant with relevant statutory and good practice guidance including Government of Jersey, Our Collective Values and Behaviours and Dignity and Respect.

The Committee will meet according to a monthly cycle: The Care Group Performance Reviews report into the Committees and each of the Committees report into the HCS Board.

The Chair of the Committee may cancel, postpone, or convene additional meetings as necessary for the Committee to fulfil its purpose and discharge its duties.

17. Frequency of meetings *(how often the meetings will take place and when)*

The Committee will meet according to a monthly cycle.

18. Papers *(when papers should be submitted and circulated prior to meeting)*

All items for future agendas should be notified to the Board Secretary at least 10 working days before the date of the meeting at which it is proposed that the item is considered.

Agenda and Papers will be circulated 5 working days before the meeting.

Tabling of papers will be allowed by exception only and with the agreement of the Chair; late arrival or tabling of important agenda items severely constrains the quality of debate and likelihood of decisions being reached.

19. Minutes *(expectation when minutes will be circulated following meeting)*

Minutes of the meeting are formally recorded. Draft minutes of the meeting shall be prepared by the Board Secretary and Chair after every meeting and circulated to members within five working days.

Minutes of the Committee's meeting shall be recorded formally and ratified by the Committee at its next meeting.

20. Reporting *(open or closed meeting)*

Discussions should be regarded as 'closed' sessions for the purposes of Freedom of Information (FOI) regulations.

The Chair and Vice Chair shall prepare a report of each meeting for submission to the HCS Board at its next meeting.

Issues of concern and/or urgency will be reported to the Minister for HSS in between formal meetings by other means and/or as part of other meeting agendas as necessary and agreed with the Director General. Instances of this nature will be reported to the Board at its next meeting.

In the event of a significant adverse variance in any of the key indicators of clinical performance or patient safety, the responsible Executive Director will make an immediate report to the Committee chair, copied to the Director General, for urgent discussion at the next meeting of the Committee and escalation to the Board.

The Committee will produce an Annual Report for the Board.

21. Terms of Reference Review *(ToR approval and review)*

These Terms of Reference were approved by this committee on 28 April 2021.

These Terms of Reference shall be reviewed annually or more frequently if necessary.

The next scheduled review of the Terms of Reference will be undertaken by the Committee in October 2021 in anticipation of approval by the Board at its meeting (to be confirmed).

Any changes to these terms of reference must be approved by the HCS Board.

Report Title	
Finance Report – Assistant Minister Hugh Raymond	
Author(s) and Sponsor	
Author(s):	Michelle Roach
Sponsor	Hugh Raymond
Executive Summary	
<p>Purpose</p> <p>This is an Executive Summary which details the financial position for the period January to June 2021 for Health and Community Services (HCS). The purpose of the paper is to provide assurance to the Board in respect of the financial management for HCS.</p> <p>Key Issues to Note</p> <ul style="list-style-type: none"> • The financial position for HCS for month 6, <i>including</i> Covid related costs, is a year to date overspend of £1.8m as at the 30 June 2021. • Total Covid related costs of £1.9m have been incurred year to date for which budget has been approved and funding allocated. • The full year forecast for Covid 19 related expenditure is £5.6m and includes ongoing increased operational costs of £3.9m as the second wave continues to impact and, £1.7m for service recovery due to the disruption of Covid 19 on waiting lists and service delivery. Business cases for the full value have been submitted with funding approved and reflected in June. • The forecast year end position, <i>excluding</i> Covid related costs, is expected to break even. • Efficiency savings remain a key feature for HCS with a recurrent target of £12.6m delivery for 2021. Despite the challenges faced, HCS are currently forecasting delivery of £10.3m (81.5%) of actual efficiencies. The remaining target of £2.3m is expected to be realised through continual management review and enhanced financial controls aiming to drive further efficiencies resulting in an increase to the current forecast actual efficiencies and will be reflected in future reports. • 2021 continues to be challenging for HCS both operationally and financially due to the ongoing impact of Covid 19 and financial constraints. Despite these challenges, HSC have made significant progress towards achieving the financial position aiming to breakeven for the 2021 financial year end. • Zero-Based Budget (ZBB) methodology continues to be embedded across all departments in order to correctly allocate budgets for 2021 to deliver agreed services and activity levels whilst, achieving target efficiencies. This approach aims to enable the identification of further efficiency opportunities to meet the £6.2m target for HCS within the Government Plan for 2022. <p>Conclusions, Implications and Future Actions Required</p> <p>The Finance function is a key enabler to the direct care business provided by HCS. It is fundamental that there is alignment between the direct service provision and the enabling functions. Finance will continue to provide rigour; to ensure that the functions contribute effectively to the delivery of the HCS objectives (as set out in the Government Plan for 2021-2024).</p>	
Recommendations	
The Board is asked to NOTE the Report FOR DISCUSSION	
Impact upon Strategic Objectives	

The provision of financial support and financial control are fundamental to the delivery of the strategic objectives at ministerial, one government and departmental level.							
Impact Upon Corporate Risks							
Potential risks are identified as part of the monthly monitoring report and the management team and Ministers assess and consider them							
Regulatory and/or Legal Implications							
This report allows the Department to comply with the Public Finance Law and professional standards							
Equality and Patient Impact							
By maximising the resources available within the constraints of public expenditure limits and ensuring that they are used in a cost-effective manner the Department's finances support patient care.							
Resource Implications							
Finance	#	Human Resources		IM&T		Estates	
Action / Decision Required							
For Decision		For Assurance	#	For Approval		For Information	#
Date the paper was presented to previous Committees							
Audit and Risk		Finance and Modernisation	People and Organisational Development	Quality and Performance		Management Executive Team	
Outcome of discussion when presented to previous Committees/Mex							
Relevant Board Committees, which considered the report, should be identified as should their decision (E.G endorsement/recommendation to the Board, assurance received etc.)							