Government of Jersey – Health and Community Services Health and Community Services Board (In Public - Part A) HCS Board Committee

Lower Hall, St. Paul's Centre, St. Helier 30 September 2019 15:00 - 30 September 2019 17:00

AGENDA

#	Description	Owner	Time
	Health and Community Services Board - Meeting in Public - 30 September 2019		
1	Welcome and Apologies		
	James Le Feuvre, Mind John McInerney, Group Medical Director		
2	Declarations of Interest		
3	Patients Story	TBC	
	Verbal - for information		
4	Professional's Story	Geoff White Head of	
	Verbal - for information	Professional Practice	
5	Minutes of the previous meeting		
	Minutes of 8 July 2019		
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6	Matters Arising and Action Log		
	AGENDA ITEM 6 HCS Board Action Tracker - Sept 17		
6.1	Terms of Reference - Management Executive Committee		
	For Assurance		
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6.2	Terms of Reference - Risk Committee		
	Assurance		
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	Assurance			
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6.5	Terms of Reference - People and Organisation Development			
	Assurance			
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7	Chairs Report		Report	
8	Director General's Report		Director General	
9	Jersey Care Model Presentation		Group Managing Director	
10	BREXIT Preparedness Verbal - Assurance		Group Managing Director	
11	Estates Report Verbal update		Group Managing Director	
12	Committee Report - Management Executive Paper - assurance		Director General	
	AGENDA ITEM 12 Committee Report Management	43		
13	Committee Report Quality and Peformance Paper - Assurance		Rose Naylor and Q&P Chair	
	AGENDA ITEM 13 Committee Report Qualty and P	47		
14	Committee Report - Risk Paper - Assurance		John McInerney and Risk Chair	
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15	Committee Report - Finance and Modernisation Paper - Assurance		Steve Mair and F&M Chair	
	AGENDA ITEM 15 Committee Report Finance and	55		

#	Description	Owner	Time
16	Committee Report - People and Organisational Development	Darren Skinner and POD Chair	
	Paper - Assurance		
	AGENDA ITEM 16 Committee Report People and 57		
17	Progress on Board Assurance Framework	Board Secretary	
	Paper - Assurance		
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18	Comptroller and Auditor Generals Reports Recommendations Tracker and Schedule	Board Secretary	
	Paper - Assurance		
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19	Progress Report on establishing Clinical Governance arrangements including changes in the Quality and Safety Care Group	Group Medical Director	
	Paper - information		
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20	Merger of the Risk and Quality and Performance Committees until December 2019 and draft Terms of Reference	Chief Nurse	
	Paper - Decision		
	AGENDA ITEM 20 Merger Risk and Q and P Com 75		
	AGENDA ITEM 20 Revised Corporate and Clinical 81		
21	Board Reflection	Chair	
	Verbal		
22	Any other business notified	Chair	
	Verbal		
23	Date of Next Meeting		
	The next meeting of the Main Board will take place on 28 October 2019 in St. Paul's Centre, 3.00 p.m 5.00 p.m.		
24	Meeting Closed		

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Health and Community Services Board (Meeting in Public) Notes of meeting on Monday 8th July 2019 at 15.00 – 17:00 p.m. St Paul's Centre, St. Helier

Present:	Richard Renouf	Minister for Health and Community	RR
	(Chair)	Services	
Hugh Raymond		Committee Chair F&M	HR
Caroline Landon		Director General	CL
	Robert Sainsbury	Group Managing Director	RS
	Rose Naylor	Chief Nurse	RN
	Darren Skinner	HCS HR Director	DS
	Steven Mair	Group Finance Director	SM
	John McInerney	Group Medical Director	JMcl
	Bernard Place	Board Secretary	BP
	Adrian Noon	Associate Medical Director Primary Care	AN
	Emelita Robbins	CEO – Jersey Hospice	ER
	Bronwen Whittaker	CEO – Family Nursing and Home Care	BW
	James Le Feuvre	CEO - Mind	JLeF
	Dr Nigel Minihane	Primary Care Body Lead	NM
In	Karen Pallot	Executive Assistant	KP
Attendance:	Mark Richardson	Ministerial Assistant	MR
	Andrew Carter	Governance and Performance Manager	AC
	Louise Journeaux	Communications Manager	LJ

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

		Action
	Meeting Formalities	
1.	Welcome and Apologies	
	Apologies were received from Steve Pallett and Jeremy Macon Committee Chairs, Sean Pontin, Manager Alzheimer's Association, Ms Ruth Brunton, Brighter Futures.	
	Chair did an introduction setting out the role and purpose of the HCS Board and expectations for the day. The Chair welcomed and thanked the public for taking time out of their day to attend.	
2.	<u>Declarations of Interest</u>	
	No conflicts of interest were declared	
3.	Patients Story	

Mr Chapman shared his story.

The Chair thanked Mr Chapman for taking time out to share his experience and wished him every success in his recovery.

Action: 'Signpost' patients with means to access support following the breaking of bad news.

RS

Dr Nigel Minihane joined the meeting at 15:30 p.m.

4. **Professionals Story**

The Group Medical Director introduced Dr Adrian Noon, Consultant in Emergency Medicine and Associate Medical Director, Primary Care. Dr Noon briefed the Board about the issue of a relatively small but important number of frequent Emergency Department attenders. They often with multiple and complex care needs and who for example may also be present failing to attend psychiatry and other appointments.

HCS, the Shelter Trust and multi-agency representatives have joined together to explore more effective ways to provide support to vulnerable homeless persons who are experiencing difficulties accessing primary care.

Funding of c. £50k has been sourced to run two GP clinics a week, four hours of consultant psychology, drugs and alcohol, FNHC, social care support together with dietary, smoking cessation, contraception and sexual health, podiatry advice for these clients.

The Shelter have made adjustments to the physical structure of their building to provide a safe clinical space for professionals to offer service to residents at the Shelter and to those who are have previously received supervised treatment in the hospital or whose behaviour has led to them being excluded.

Feedback from patients has been positive.

The Chair congratulated Dr Noon for providing an excellent example of HCS and multi-agency partners working together to provide care to the vulnerable.

6. Matters Arising and Action Log

There were no matters arising.

The Board Secretary explained the purpose of the Action Log. The Board Secretary will record all actions agreed at the Board.

All actions will be followed up, tracked and their completion and closure will be capable of being audited retrospectively.

BP

7. Chair's Report.

The Chair then provided an overview of the reasons for establishing Board and how it might develop in time, detailed in his report (attached to these minutes).

The Chair then informed Board of the some of the key work streams he has been working on in recent weeks;-

- Organ Donation Campaign
- New Government Plan
- Supporting the establishment of HCS Board, Assurance Committees and Care Groups
- Supporting organisational changes in HCS Target Operating Model, now in its final stages. The Chair expressed his thanks to all staff for continuing to provide excellent care during uncertain times.

8. Board Secretary – Corporate Governance Structure

The Board Secretary gave an overview of the new Corporate Governance Structure and provided assurance to Board re the purpose of the Committees.

9. Director General's Report

The Director General gave a brief synopsis of her Report (attached to these minutes).

Key points to note were:-

- Recognition of challenges facing Mental Health
- Cost Improvement Programme work
- Target Operating Model that will provide a more clinical and professionally led organisation for the future.

The Board read and approved the report provided by the Director General.

10.. Approval of Board Terms of Reference (Schedule of Decisions Referred to the Board and the Scheme of Delegation).

The Board Secretary led the Board through the Terms of Reference and Scheme of Delegation.

 Mental Health Improvement Board to link with Quality and Performance Committee and Management Executive Committee to provide the necessary degree of assurance about progress with service improvement.

- Ensure each assurance committee has a clear description of the sources from which is receiving assurance.
- Action: Board Secretary to prepare Organogram for each Board Committee describing the sources of assurance material eg groups that report into Committees

BP

- CAHMS and Children's Services governance structure being established and will provide assurance through Quality and Performance Committee.
- Finance and Modernisation Committee amendments to the Terms of Reference to include receiving assurance about commissioned services.
- People and Organisational Development Committee Terms of Reference need to describe the HCS relationship with the States Employment Board. They also need to specify how workforce information can be shared within the necessary information governance regulations and standards but in ways that reflect the spirit of partnership working informing the expressed ethos of the Board.

Dr Minihane raised the issue of Primary Care Funding asking how will the money flow now, re the proposed new model, and how will Health and Community Services support patients.

The Group Managing Director informed Dr Minihane that HCS will manage the budget in ways that recognise the need to provide a more inclusive all Island delivery of health care.

The Our Hospital Political Oversight Group (POG) does not form part of the HCS Committee structure. POG is scheduled to meet in October to consider the new Jersey Care Model. The model of care is will be based on the more joined up model for Island health HCS and its partners are proposing to provide.

Board agreed the Schedule of Delegation/Terms of Reference subject to approval by the respective Committees' of their own Terms of Reference that will be considered at their meetings on 15th Jand uly 2019.

It was agreed that the Terms of Reference (Schedule of Delegation) will be reviewed again after 6 months during the first year and annually thereafter.

Action: Board Secretary to bring TOR (Scheme) back to the Board, December 2019/January 2020 for review.

BP

11. New Risks Escalated to the Board

The Group Medical Director gave a brief overview of the report provided to the meeting. The Risk Committee forms one part of HCS response to Recommendation 22 of the Comptroller and Auditor General's Report about the Governance of Health and Community Services which set out the need to improve risk management structures and processes and the means to escalate risk more effectively.

The Group Medical Director explained that having established the HCS Board we do not have in place a Board Assurance Framework which is a key tool providing the Board with oversight of the principal risks to the achievement of HCS strategic objectives. A workshop is to be planned with Associate Medical Directors and other senior staff to inform such a Framework. The work is scheduled to provide a Board Assurance Framework by October.

Action: The Group Medical Director will update the Board at its next meeting.

JMcI

12. Management Executive Committee

The Director General provided a verbal update on the functions of the newly formed Management Executive Committee. The Management Executive Committee membership will consist of clinicians and professionals participating in the budget and decision making for the organisation. The first meeting takes place on Wednesday 17th July 2019.

BP

A report from the Management Executive Committee will come to Board each month.

13 Quality and Performance Committee

The Board noted and read two papers. The Chief Nurse gave an overview of the reports and the Group Managing Director provided a verbal update on the Performance Framework. Key points to note were:-

JNASS Framework – wards are assessed over 14 care standards through observations of staff performance, risk assessments, talking with patient families and reviewing medical records.

One of HCS provider organisations (Jersey Hospice) has been through the JNAAS framework twice and feedback from staff has been positive and they welcomed being assessed against the JNAAS performance standards. Performance – the Group Managing Director gave a brief overview of the key performance standards and the new arrangements and standards for Care Groups. Performance metrics will identify key performance indicators to patient care and HCS efficiency such as inpatient and out-patient waiting times, efficiency metrics, theatre productivity and so on. HCS are looking to provide more detailed key metrics for reporting mental and social care performance which have historically had fewer data sources when compared to those available in acute care. The Group Managing Director described how HCS are also currently working with partnership agencies to develop whole system performance metrics.

Quality and Performance Committee, previously named Quality and Safety Committee has been formed to provide assurance reperformance and patient safety and quality.

The CEO of Family Nursing and Home Care (FNHC) reminded the Board that the new Care Commission regulations will be coming into force in the months ahead for an increasing number of providers. More information will be coming in time from provider organisations which are scheduled to be regulated earlier than HCS and will add to the Board sources of assurance available to the Board. The FNHC CEO agreed to share experiences with these regulatory processes when available.

BW

14. Finance and Modernisation Committee

The Group Finance Director presented a paper for the Board to note. The Group Financial Director informed the Board that he will be meeting monthly with the Assistant Minister for HCS who is chair of the Finance and Modernisation Committee to provide the necessary assurances re HCS expenditure. The Group Finance Director will provide a monthly Finance Report for the Board

Deputy Raymond informed the Board that he will Chair the newly formed Finance and Modernisation Committee and confirmed he has been working closely with the Group Finance Director examining the overall budget.

15. People and Organisational Development (POD) Committee

The Group HR Director presented a report to the Board and noted as a 'statement of intent' as there has not previously been an assurance committee for workforce and organisational development.

The key areas noted as follows:-

- Insufficient and assured HR metrics data in order to report any detail about key workforce indices such as headcount, sickness absence etc. This data concern arises as a result a Government of Jersey level change of IT systems. The HR Director anticipated that the appropriately assured workforce metrics will be available soon.
- Equality and Inclusion work is in progress to enact an approved policy and training will be available for key stakeholders.
- The challenge to address Key Worker accommodation across the Island to assist in the recruitment and retention staff forms a key workstream.
- HCS is undergoing a significant period of organisational change in relation to the implementation of the Target Operating Model. There is a significant need to support and train senior staff appointed into leadership roles.

16. Risk Committee

The Group Medical Director provided a briefing paper which was noted by Board and informed Board that the first meeting of the Risk Committee (formerly Risk and Oversight Committee) with Senator Steve Pallett as Chair takes place on Monday 15th July 2019. The aim of the Committee is to put in place oversight of risk and to seek assurance that the necessary controls are in place to mitigate risk to our patients and the organisation.

The Group Medical Director gave his assurance to the Board that he is not aware of any identified risks at present to statutory and regulatory compliance.

17. Any other business notified prior to the meeting.

There was no other business.

18. Meeting Reflection

Comments noted:-

- Less informal table/room layout needed
- · Poor sound quality in the venue
- Patient story welcomed and appreciated
- Professionals Story provided insight
- Collaborative working arrangements were evidenced in the meeting

	Good start to a first Board Meeting in Public.	
19.	Date of Next Meeting	
	Date of the Next Meeting takes place on Monday 30 th September 2019. Venue to be advised.	
	Meeting closed at 17.00.	



	Α	В	С	D	E	F	G	Н	I	J
			HEALTH AND COMMU	NITY SERVICES BOA	RD PART	A IN PUBLIC -	ACTION TRACKER			
		<u> </u>								
	eeting ate	Agenda Item	Action	Officer	Exec	By When	Progress report	Action Agreed	Action Closed Date	Status
08	3/07/2019	3	Signpost' patients to access support following breaking of bad news	PALS	RS	Sep 30 2019	appointed and patients	This action better owned by Chief Nurse and PALS	Sep 30 2019	OPEN
08	3/072019	6	All actions tracked to completion and closure	Board Sec	ВР	:	Board and Committees	Ongoing governance BAU therefore close action	Sep 30 2019	OPEN
08	3/07/2019	10	Organogram for groups reporting into committees	Board Sec	ВР	Sep 16 2019	MEX, Risk and Q&P have received paper describing groups reporting into Risk and Q&P	Board Committees now	Sep 30 2019	OPEN
08	3/07/2019	10	Bring back Board ToR for review Dec 2019	Board Sec	JMcI	01-Dec	Action not due until Dec			OPEN
08	3/07/2019	11	Update Sep Board on BAF progress	Group Med Director	ВР	Sep 30 2019	Report to Board Sep 2019	Board Paper Sep 2019	Sep 30 2019	OPEN
08	3/07/2019	13	FNHC CEO to share experiences of care regulatory process when available	CEO FNHC	BW	Sep 30 2019	·	Close action as could form agenda item on regulation of care when appropriate	Sep 30 2019	OPEN

Meeting Date	Agenda Item	Action	Officer	Exec	Bv When	Progress report	Action Agreed	Action Closed Date
	·····							
	Audit o	of Completed Actions					:	
HEALTH AND COMMUNITY SERVICES BOARD - ACTION TRACKER								



MANAGEMENT EXECUTIVE COMMITTEE (MEx) TERMS OF REFERENCE (ToR)

VERSION CONTROL							
Version	Author	Date	Changes				
1.0	Andrew Carter	16-04-2019	First Draft				
1.1	Bernard Place	22-05-2019	Second Draft				
1.2	Bernard Place	02-07-2019	D/W RS emphasise decision making function				
1.3	Bernard Place	14-08-2019	Following July 2019 MEX Feedback				

APPROVAL AND REVIEW			
These ToR were approved by the Board on []			
These ToR were adopted by the Committee at its meeting on []			

These ToR shall be reviewed at least annually



1. Purpose and Status

The Management Executive Committee Team (MEx) is the operational decision making arm of the Health and Community Services Board (The Board).

The purpose of MEx is to serve as the most senior decision making group beneath the Board and to assist the Executive Team in achieving the strategies, aims and objectives of Health and Community Services (HCS)

2. Authority

MEx 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 MEx.

3. Responsibilities

The MEx key responsibilities are:

- Leadership and Management of HCS, within the direction and culture set by the Board
- Role model HCS vision and values
- Decision making where operational objectives or Care Group priorities are in tension
- Planning and implementation of strategy, operational plans and policies
- Ensure achievement of agreed operating and financial performance targets
- Oversight and mitigation of risk
- Prioritisation and allocation of resources, within the budget agreed by the Board
- Monitoring and performance management of major capital schemes.
- Provision of advice to the Board on strategic and operational matters as required
- Ensuring an effective and consistent approach to corporate and operational communication to enable strong stakeholder engagement.

Membership

Chair

Director General

Vice Chair

Group Managing Director

Secretary

Board Secretary

Members

• Group Medical Director



- Group Chief Nurse
- Group Finance Business Partner
- Group HR Business Partner
- Director of Modernisation
- Care Group 'TRI's' (Associate Medical Director, Lead Nurse and General Manager) and 'Quads' (including Lead AHP/Social Worker where indicated)
- Associate Medical Director Quality and Safety
- Associate Managing Director
- Head of Nursing
- Head of Midwifery
- Head of Allied Health Professionals
- Head of Non-Clinical Support
- Head of Integration and Business Continuity
- Clinical Lead for Child and Adolescent Mental Health
- Chief Social Worker
- Chief Pharmacist
- Health Ministers Ministerial Assistant
- Acting Associate Director of Modernisation
- Head of Digital Delivery
- Head of Change Delivery
- Chief Ambulance Officer
- Cancer Lead (when appointed)

Any member who is unable to attend a meeting of the Committee may appoint a substitute.

Attendees

MEx may decide that any other person must attend one or all of its meetings to contribute to discussions but no such person shall form part of the quorum nor have decision-making authority. The following post-holders have a standing invitation to attend the meetings:

- Governance and Performance Analyst
- Communications Manager

Accounting and Reporting

Accountability

MEx shall report to the Board on how it discharges its responsibilities.

The minutes of MEx meetings shall be formally recorded by the secretary and submitted to the Board. The Director General shall draw to the attention of the Board any issues that require disclosure to the Board.

The Committee will review it effectiveness at least annually. The HCS Board will review HCS overall corporate governance arrangements, of which MEx forms a part, in December 2019.

Reporting

The following groups will report into the Committee:

- 1. Care Groups
- 2. Other Operational Management Groups
- 3. Quality and Safety Groups
- 4. Other Groups as requested
- 5

Conduct of business and Administrative matters



MEx shall conduct its meeting in accordance with the Terms of Reference.

Any member who has conflict on interests in respect of any matter shall not count in the quorum for the MEx's discussions and any decisions in respect of that matter.

The quorum of this meeting eight members (including at least two executive directors).

MEx shall determine the frequency of its meetings. It is expected that MEx shall meet at least monthly. The Chair may request an extraordinary meeting at any time they consider one to be necessary.

The agenda and any papers for the MEx meetings shall be issued no less than five working days before each meeting. Minutes shall be taken at each of the MEx meetings and shall be circulated to members within the timescales agreed by the MEx.

MEx may agree that its members can participate in its meetings by telephone, video or computer link. Participation in a meeting in this manner shall be deemed to constitute presence in person at the meeting.



HCS RISK COMMITTEE TERMS OF REFERENCE (ToR)

VERSION CONTROL							
Version	Author	Date	Changes				
1.0	Andrew Carter	16-04-2019	First Draft				
1.1	Bernard Place	22-04-2019	Second Draft				
1.2	Bernard Place	19-08-2019	Third Draft after				
			Committee Meeting 15-07-				
			2019				

APPROVAL AND REVIEW			
These ToR were approved by the Board on []			
These ToR were adopted by the Committee at its meeting on []			

These ToR shall be reviewed at least annually



1. Purpose and Status

The Health and Community Services Risk Committee (the Committee) has been established by the Health and Community Services Board (The Board).

The purpose of the committee is to assist the Board in the oversight of risk management and the effectiveness of internal control within Health and Community Services (HCS)

2. Authority

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.

3. Responsibilities

The Committee will:

- Review the establishment and maintenance of an effective system of risk management and internal control across the whole of HCS's activities.
- Receive assurance that risks associated with services commissioned <u>on island</u> by HCS, off <u>island</u> by HCS and those over seen by the various Boards and Groups that meet to consider services for which HCS retains clinical governance oversight (Mental Health Improvement Board, HCS/Children's Service Oversight Group [Child and Adolescent Mental Health and Child Development Centre] and Ambulance Governance Group) are being managed effectively to residual levels acceptable to the Committee.Review the adequacy and effectiveness of:
 - The underlying assurance processes that indicate the degree of achievement of HCS objectives
 - The policies for ensuring compliance with legal and code of conduct requirements and any related reporting/self-certifications
 - The policies and procedures for all work related to counter fraud.
- Influence where appropriate the programme of internal audit, external audit and other assurance functions
- Approve the terms of reference and memberships of its sub-committees, overseeing their work and receiving reports for consideration and action as necessary.
- Ensure there is an effective internal audit function that provided appropriate independent assurance to the Committee and Board.
- Review the work and findings of external auditors and consider the implications and management's responses to their work.
- Ensure that there is an appropriate and effective clinical audit programme. The remit of the Committee will cover the processes for clinical audits, whereas the outcomes of clinical audits will considered by the Quality and Performance Committee.
- Review the work of other committees within the organisation, whose work can provide relevant assurance to the Committee's own areas of responsibility.

Term of Reference V1.3 August 2019



- Request and review reports, evidence and assurances from directors and managers on the overall arrangements for governance, risk management and internal control.
- Monitor the integrity of the financial statements of HCS and any formal announcements relating to its financial performance.
- Ensure that the systems for financial reporting to the Board including those of budgetary controls are subject to review as to the completeness and accuracy of the information provided.
- Review the adequacy and security of HCS arrangements for its employees and contractors to raise concerns, in confidence, about possible wrongdoing in financial reporting or other matters and ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow up action.
- Review the effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns about possible improprieties in financial, clinical or safety matters and ensure that any such concerns are investigated proportionately and independently.
- Ensure that HCS has appropriate and effective Freedom to Speak Up arrangements. The
 remit of the committee will cover the processes, whereas the issues and themes will be
 considered by the People and Organisational Development Committee.

Membership

Chair

Assistant Minister

Vice Chair

Group Medical Director

Secretary

Board Secretary

Members

Director General

Group Managing Director

Group Medical Director

Chief Nurse

HR Director

Associate Medical Directors (rotational representatives)

Head of Estates (JC)

Health and Safety Manager (JM)

Director of Risk and Audit (MT)

Any member who is unable to attend a meeting of the Committee may appoint a substitute.

Attendees

The Committee may decide that any other person must attend one or all of its meetings to contribute to discussions but no such person shall form part of the quorum nor have decision-making authority. The following post-holders have a standing invitation to attend the Committee meetings:

Governance and Performance Analyst Communications Manager

Accounting and Reporting



Accountability

After each of its meetings, the Committee shall report to the Board, via the Chairs report, such issues as it considers should be brought to the Boards attention or require a decision from Board.

The Committee will review it effectiveness after 6 months and annually thereafter.

Reporting

The following groups will report into the Committee:

- 1. Care Groups
- 2. Quality and Safety Groups

Conduct of business and Administrative matters

The Committee shall conduct its meeting in accordance with the Terms of Reference.

Any member who has conflict of interests in respect of any matter shall not count in the quorum for the Committee's discussions and any decisions in respect of that matter.

The quorum of this meeting is five members.

The Committee shall determine the frequency of its meetings. It is expected that the Committee shall meet at least monthly. The Chair may request an extraordinary meeting at any time they consider one to be necessary.

The agenda and any papers for the Committee's meetings shall be issued no less than five working days before each meeting. Minutes shall be taken at each of the Committee's meetings and shall be circulated to members within the timescales agreed by the committee.

The Committee may agree that its members can participate in its meetings by telephone, video or computer link. Participation in a meeting in this manner shall be deemed to constitute presence in person at the meeting.



QUALITY AND PERFORMANCE (Q&P) TERMS OF REFERENCE (ToR)

VERSION CONTROL				
Version	Author	Date	Changes	
1.0	Andrew Carter	16-04-2019	First Draft	
1.1	Bernard Place	19-08-2019	Following Q&P Committee	
			15 July 2019	

APPROVAL AND REVIEW				
	These ToR were approved by the Board on []			
	These ToR were adopted by the Committee at its meeting on []			

These ToR shall be reviewed at least annually



1. Purpose and Status

The Quality and Performance Committee (the Committee) has been established by the Health and Community Services Board (The Board).

The purpose of the committee is to enable the Board to obtain 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 throughout HCS to:

- Deliver Excellence in patient care (Experience, Safety and Effectiveness)
- Deliver operational performance
- Obtain assurance that risks arising from clinical care are adequately controlled or mitigated
- Provide assurance to the Board that risk management arrangements for safety, quality and patient experience are in place and operate effectively.
- Ensure compliance with legal, regulatory and other obligations

2. Authority

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.

3. Responsibilities

The Committee will:

- 4. Provide assurance and evidence to the board that care groups are meeting quality and performance standards across the full range of HCS services and activities.
- 5. Provide assurance to the Board that services commissioned <u>on island</u> by HCS are meeting quality and performance standards set out in the terms of their commissioning.
- 6. Provide assurance to the Board that services commissioned <u>off island</u> by HCS are meeting quality and performance standards set out in the terms of their commissioning.
- 7. Provide assurance to the Board that the various Boards and Groups that meet to consider services for which HCS retains clinical governance oversight (Mental Health Improvement Board, HCS/Childrens Service Oversight Group [Child and Adolescent Mental Health and Child Development Centre], SPB and Abulance Governance Group) are providing services that are being delivered in a safe, efficient and timely manner.
- 8. Where performance is below standards, the Committee will ensure that robust recovery plans are developed and implemented.
- 9. Ensure that there is a process in place to monitor and promote compliance across HCS with clinical standards and guidelines.
- 10. Identify and monitor any gaps in the delivery of effective clinical care ensuring progress is made to improve these areas.
- 11. Obtain assurance that where practice is of high quality, that practice is recognised and propagated across HCS.
- 12. Obtain assurance that HCS is outward looking and incorporates the recommendations of external bodies into practice with mechanisms to monitor their delivery.
- 13. Ensure that all elements of governance are adhered to across HCS.



- 14. Agree the annual quality priorities, monitor progress and ensure that HCS has real time, up to date information about what it is like to experience care across HCS to identify areas for improvement (and ensuring that the improvements are effected).
- 15. Review and approve the HCS annual Quality Account before submission to the Board.
- 16. Approve the terms of reference and membership of its sub-committees, overseeing their work and receiving reports for consideration and action as necessary.
- 17. Consider matters referred to the Committee by the Board
- 18. Consider matters referred to the Committee by its sub-committees.
- 19. Receive internal audit reports relevant to the remit of the Committee and obtain assurance that findings and recommendations are acted upon.
- 20. Support HCS objectives by striving for continuous quality improvement.
- 21. Promote the HCS honest and open reporting culture.
- 22. Obtain assurance that robust arrangements are in place for the review of patient safety incidents and ensure that actions for improvement are completed.
- 23. Obtain assurance that risks to patients are minimised through:
- Considering areas of significant risk, setting priorities and agreeing actions.
- Ensuring that areas of risk are regularly monitored and that effective disaster recovery plans are in place.
- 24. Obtain assurance that there are processes in place that safeguard children and adults.
- 25. 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.
- 26. In liaison with the Finance and Digital 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.
- 27. Working with the Finance and Modernisation Committee to ensure that the availability of resources does not adversely impact upon the quality of services and/or quality of care.
- 28. 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.

Membership

Chair

Assistant Minister

Vice Chair

Chief Nurse

Committee Secretary

Bernard Place

Members

Director General

Group Managing Director

Group Medical Director

Associate Managing Director

Health Modernisation Director

Director of Infection Prevention and Control

Designated Safeguarding Nurse for Adults and Children and/or Designated Doctor

Head of Nursing

Head of Professional Practice - Island wide NMP Lead

Head of Mental Health

Head of Social Care

Associate Medical Director (AMD) Secondary Unscheduled Care

AMD Secondary Scheduled Care



AMD Clinical Support Services and Cancer

Medical Director Prevention, Primary and Intermediate Care and Primary Care

AMD Women, Children and Family Care

Chief Clinical Information Officer

AMD Quality and Safety

Head of Quality and Safety

Chief Pharmacist

Head of Midwifery

Head of Allied Health Professionals

Any member who is unable to attend a meeting of the Committee may appoint a substitute.

Attendees

The Committee may decide that any other person must attend one or all of its meetings to contribute to discussions but no such person shall form part of the quorum nor have decision-making authority. The following post-holders have a standing invitation to attend the Committee meetings:

Group HR Business Partner
Group Finance Business Partner
Communications Manager
Head of Emergency Planning and Ambulance Partnership
Management Executive Support
The Secretary to the Committee

Accounting and Reporting

Accountability

After each of its meetings, the Committee shall report to the Board, via the Chairs report, such issues as it considers should be brought to the Boards attention or require a decision from Board.

The Committee will review it effectiveness initially after 6 months and thereafter annually.

Reporting

The following groups will report into the Committee:

- 1. TBC (Chief Nurse to add when work complete)
- 2.

The Committee will receive a Quality and Performance Report (QPR) at each meeting.

Conduct of business and Administrative matters



The Committee shall conduct its meeting in accordance with the Terms of Reference.

Any member who has conflict on interests in respect of any matter shall not count in the quorum for the Committee's discussions and any decisions in respect of that matter.

The quorum of this meeting is nine members.

In the absence of and Executive Lead or AMD, where possible they may be represented by a Deputy.

The Committee shall determine the frequency of its meetings. It is expected that the Committee shall meet at least monthly. The Chair may request an extraordinary meeting at any time they consider one to be necessary.

The agenda and any papers for the Committee's meetings shall be issued no less than five working days before each meeting. Minutes shall be taken at each of the Committee's meetings and shall be circulated to members within the timescales agreed by the committee.

The Committee may agree that its members can participate in its meetings by telephone, video or computer link. Participation in a meeting in this manner shall be deemed to constitute presence in person at the meeting.



FINANCE AND MODERNISATION COMMITTEE TERMS OF REFERENCE (ToR)

VERSION CONTROL				
Version	Author	Date	Changes	
1.0	Andrew Carter	16-04-2019	First Draft	
1.1	Steven Mair	15-07-2019	Jersey Finance Law	
			Additions	
1.2	Bernard Place	19-08-2019	Following first meeting of	
			Committee 15 July 2019	

APPROVAL AND REVIEW			
These ToR were approved by the Board on []			
These ToR were adopted by the Committee at its meeting on []			

These ToR shall be reviewed at least annually



1. Purpose and Status

The Finance and Modernisation Committee (the Committee) has been established by the Health and Community Services Board (The Board).

The Board and all Committees at an over-arching level operate to support the statutory governance arrangements, noted in Appendix A to these terms of reference

Within that role the operational purpose of the committee is to:

- 1. Support the Board's strategic advice and be provided with assurance about the stewardship of Health and Community Services (HCS) finances, investments, financial sustainability and value for money.
- 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 deliverability of plans to ensure efficiencies and
 transformation are on time, on budget and on quality.
- 3. Provide assurance to the Board concerning all aspects of finance and 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 .
- 4. Provide assurance to the Board the Health and Community Services is discharging its functions and meeting its responsibilities under the Government arrangements with regard to 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
- 5. Provide assurance to the Board that arrangements are in place to assess and deliver benefits of innovative technology and information for use in decision making, and
- 6. 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 all parts of its modernisation agenda to provide safe, sustainable
 and affordable services able to meet future health and social care challenges are being delivered to
 the approved time, cost and quality.

2. Authority

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 HCS employee and all employees are directed to co-operate with any request by the Committee.

3. Responsibilities

The Committee will:



Financial strategy and business planning

- 1. 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 Health and Community Services Department sustainability
 going forward. The Committee shall assess the assumptions therein and the alignment with overall
 objectives.
- 3. 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.
- 4. 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 being assured that the full impact of any developments have been appropriately included.
- 5. Assure the availability and quality of financial management information (Review and maintain an overview of financial and service delivery agreements and key contractual arrangements).
- 6. Receive assurance that business cases of significant size and/or strategic significance have been approved in accordance with Jersey Finance Law, the approved finance scheme of delegation and the approval process for such business cases either through the Management Exectuive Committee or for business cases in excess of £XXXXX capital and/or £XXXXX revenue the Health and Community Services Department Board
- 7. Consider key financial policies, issues and developments to ensure, within the confines of the public finance law, they are shaped, developed and implemented in HCS appropriately.

Membership

Chair

Assistant Minister

Vice Chair

Group Finance Business Partner

Secretary

Board Secretary

Members

Director General

Group Managing Director

Group Medical Director

Group Human Resources Director

Health Modernisation Director

Chief Nurse

Head of Nursing and Governance

Head of Digital Delivery

Head of Change Delivery

Head of Integration and Business Continuity

Chief Clinical Information Officer

Additional Tier 3 post holders when appointed

Any member who is unable to attend a meeting of the Committee may appoint a substitute.

Attendees



The Committee may decide that any other person must attend one or all of its meetings to contribute to discussions but no such person shall form part of the quorum nor have decision-making authority. The following post-holders have a standing invitation to attend the Committee meetings:

Governance and Performance Analyst Communications Manager

Accounting and Reporting

Accountability

After each of its meetings, the Committee shall report to the Board, via the Chairs report, such issues as it considers should be brought to the Boards attention or require a decision from Board.

The Committee will review it effectiveness at 6 monthly intervals for the first year and thereafter annually.

Reporting

The following groups will report into the Committee:

- 1. Finance Group (TBC)
- 2. Strategy Group (TBC)
- 3. Digital Group (TBC)

Conduct of business and Administrative matters

The Committee shall conduct its meeting in accordance with the Terms of Reference.

The Committee will meet in private. Attendees will be employees of the Health and Community Services Department and/or the Government of Jersey. The Chair can vary this requirement by exception.

Any member who has conflict on interests in respect of any matter shall not count in the quorum for the Committee's discussions and any decisions in respect of that matter.

The quorum of this meeting is five members.

The Committee shall determine the frequency of its meetings. It is expected that the Committee shall meet at least monthly. The Chair may request an extraordinary meeting at any time they consider one to be necessary.

The agenda and any papers for the Committee's meetings shall be issued no less than five working days before each meeting. Minutes shall be taken at each of the Committee's meetings and shall be circulated to members within the timescales agreed by the committee.

The Committee may agree that its members can participate in its meetings by telephone, video or computer link. Participation in a meeting in this manner shall be deemed to constitute presence in person at the meeting.



APPENDIX A

The Department, as do all Departments, operates within the Jersey Finance Law which has four levels of corporate regulation/oversight and to assist ensure this the Committee supports the delivery of the statutory governance arrangements through four existing vehicles:

- The Minister for Treasury and Resources must ensure that the public finances of Jersey are regulated, controlled and supervised in accordance with this Law (the Public Finances (Jersey) Law) and that the provisions of this Law are otherwise duly complied with. She will issue a Public Finances Manual (PFM).
- The Treasurer is responsible to the Minister for
 - (a) supervising the administration of this Law;
 - (b) ensuring the proper stewardship and administration of the public finances of Jersey; and
 - (c) establishing a system of internal auditing in support of that stewardship and administration and advising the Comptroller and Auditor General, as well as the Principal Accountable Officer (if appropriate), of the results of internal audits carried out under that system.
- The Principal Accountable Officer (PAO) has a number of functions including:
 - ensuring the propriety and regularity of the finances of States bodies
 - o ensuring that the resources of the bodies are used economically, efficiently and effectively
 - o determining the functions of accountable officers
- Accountable Officers will have a number of functions and responsibilities, which will be set out in the appointment letter from the PAO. These will include compliance with the Law and PFM



HEALTH AND COMMUNITY SERVICES

PEOPLE AND ORGANSIATIONAL DEVELOPMENT (POD) TERMS OF REFERENCE (ToR)

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					

APPROVAL AND REVIEW
These ToR were approved by the Board on []
These ToR were adopted by the Committee at its meeting on []

These ToR shall be reviewed at least annually



HEALTH AND COMMUNITY SERVICES

1. Purpose and Status

The People and Organisational Development Committee (the Committee) has been established by the Health and Community Services Board (The Board).

The purpose of the committee is to assure the Board that the People and Organisational development function is delivering upon its strategic objectives.

A key purpose is to obtain assurance that the health and well-being of staff is being supported in order that HCS can progress towards achieving its strategic objectives

2. Authority

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.

3. Responsibilities

The Committee will:

- 1. To obtain assurance that the work undertaken in support of HCS people and organisational development is aligned with that described in the Government Plan
- 2. 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.
- 3. Obtain assurance that Health and Community Services (HCS) implements effective and equitable reward packages that positively influence performance.
- 4. Obtain assurance that HCS attract and retain high performing workforce capable of delivering HCS operational and clinical objectives.
- 5. Obtain assurance that HCS delivers services, which are fair and equitable promoting diversity and equality of opportunity.
- 6. 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
- 8. 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.
- 9. Agree the HCS workforce strategy and establish, monitor and report to the Board on an annual programme of work to implement the strategy.
- 10. Seek assurance about progress in relation to workforce planning (a 'People Plan') to mitigate the workforce challenges presenting key risks to HCS strategic workforce objectives
- 11. Agree (where necessary) POD reports prior to publication and review implications of local/national reports that have been published.
- 12. Identify risks associated with POD ensuring ownership with mitigating actions, escalating to Board as appropriate.



- **13.** Approve the terms of reference and membership of its sub-committees, overseeing their work, receiving reports for consideration and action as necessary.
- **14.** Consider and approve action plans, programmes of work and strategic objectives providing assurance to the Board on progress.
- 15. Work with the Quality and Performance Committee to obtain assurance on safer and optimal staffing and that education, learning and development is aligned with HCS quality priorities.

Membership

Chair

Assistant Minister

Vice Chair

Group HR Director

Secretary

Board Secretary

Members

Director General

Group Managing Director

Group Medical Director

Chief Nurse

Head of Integration and Business Continuity

Head of AHP's

Head of Nursing

Head of Midwifery

Head of Mental Health

Head of Women, Children and Family Care

Head of Social Care

Head of Secondary Unscheduled Care

Head of Secondary Scheduled Care

Head of Clinical Support Services and Cancer

Senior Finance Business Partner

Trades Union Member of the Partnership Forum

Health and Safety Officer

Any member who is unable to attend a meeting of the Committee may appoint a substitute.

Attendees

The Committee may decide that any other person must attend one or all of its meetings to contribute to discussions but no such person shall form part of the quorum nor have decision-making authority. The following post-holders have a standing invitation to attend the Committee meetings:

- Governance and Performance Analyst
- Communications Manager

Accounting and Reporting



Accountability

After each of its meetings, the Committee shall report to the Board, via the Chairs report, such issues as it considers should be brought to the Boards attention or requires a decision from Board.

The Committee will review it effectiveness at least annually.

Reporting

The following groups will report into the Committee:

- 1. Workforce Group
- 2. The Education and Training Group

Conduct of business and Administrative matters

The Committee shall conduct its meeting in accordance with the Terms of Reference.

Any member who has conflict on interests in respect of any matter shall not count in the quorum for the Committee's discussions and any decisions in respect of that matter.

The quorum of this meeting is three members including at least one Executive Director.

The Committee shall determine the frequency of its meetings. It is expected that the Committee shall meet at least monthly. The Chair may request an extraordinary meeting at any time they consider one to be necessary.

The agenda and any papers for the Committee's meetings shall be issued no less than five working days before each meeting. Minutes shall be taken at each of the Committee's meetings and shall be circulated to members within the timescales agreed by the committee.

The Committee may agree that its members can participate in its meetings by telephone, video or computer link. Participation in a meeting in this manner shall be deemed to constitute presence in person at the meeting.

	Report Title						
	Management Executive Committee (MEX)						
	Author(s) and Sponsor						
Author(s):	Caroline Landon						
Sponsor:							
Date:	September 2019						
	Executive Summary						

Purpose the purpose of this paper is to provide the HCS Board with an update on the matters considered by the Management Executive Committee (MEX) in the two meetings which have taken place since the HCS Board last met.

Narrative the Committee has met on two occasions and has considered the following agenda items.

Review of Board committees – the committee reviewed the mapping of relevant operational groups through to committee and Board to ensure that the right reporting and escalation mechanisms are in place to ensure visibility of operational delivery and risk through to committee and Board. Action agreed to bring back to October MEX after further discussions with team to validate the various groups, membership and purpose.

Proposal to merge Risk and Quality and Performance Committee – a proposal was considered to merge the two committees recognising that whilst the organisation is developing its new governance framework there is an interdependency and duplication of having the two committees separate at this time. The proposal to merge was supported by MEX.

Restructuring of the Quality and Safety Care Group – in order to provide some focussed support to the new Care Groups with risk registers and the clinical governance requirements as part of TOM, the functions of the Quality and Safety Care Group has been split into two key areas Quality and Safety with a focus on learning lessons, changing practice and culture and the other function focussed on clinical governance and risk registers. Both teams will remain under the leadership of the Group Medical Director. Proposal supported by MFX.

HCS Risk Register – A lot of work is underway on the HCS risk register to ensure it is robust and an accurate reflection of the risks faced by the organisation. The purpose of reviewing risks scored at 16 and above at MEX is to ensure operational leads are engaged in peer to peer challenge and to maintain the focus and attention that the organisation is currently having to have re risk management. It was agreed that risks will continue to be reviewed in MEX.

Brexit Readiness Plan – outlined the plans to maintain operational capability and delivery of healthcare services to the island in the event of Brexit end of October. Assurance provided about the state of readiness and preparedness. Planning for healthcare has been consistent with the UK Government guidance. Risk identified relating to workforce access and potential costs associated with sourcing staff from elsewhere.

Digital Update – An update was received re the Digital programme and particularly the work happening with primary care to integrate the patient journey. Action for update to come to MEX each month with particular focus on timelines for implementation.

Ebola Update – The DIPC presented a report on the unfolding Ebola risk and the risk profile assessment according to WHO. Assurance was received that staff were trained and aware re actions to be taken if presentation of a potential case.

Emergency Planning update – A discussion was held re the need for HCS to have a dedicated EPRR officer, the GMD assured the committee that this action was in hand. An action was taken to check the HAZMAT suits were in date, GMD to report back to next committee. The committee agreed that additional suits could

be purchased if suits not fit for purpose, but first port of call was to have a conversation with South Coast EPRR re availability of suits.

Guernsey Update – An update was received from the GMD re the ongoing conversations and collaboration with Guernsey to deliver a more joined up health economy.

Quality and Performance – the performance report was reviewed and it was noted that the elective waiting lists have increased. The lists were impacted by the two week theatre closure over the summer and an action was taken to review this practice for next year. The Information Manager fed back re the ongoing of the Patient Tracking List (PTL) which will help teams to more proactively manage waits for our patients. The PTL is currently being validated and it is expected to be ready to use as a business tool by December 19. The GMD committed that 2020 will be the year that HCS focuses on the reduction of waiting lists and greater transparency and communication with patients re their place on list and likely wait.

Pandemic Flu update –assurance was given on the position of pandemic flu from the Channel Island Pandemic Flu Strategy Group .

Estates Risk Report – full reports provided at the on the position regarding the general HCS estate and the risk associated with aging buildings. The information provided by the Estates Manager, follows a site by site briefing with the Estates Manager and the Group Managing Director, and not only sets out the risks associated with the Estate but also maps the capability and capability within the HCS Estates team to manage the risks as effectively as they would want. The report was for information for the Committee and Committee were asked to note the extensive risk associated with the HCS estate and to receive assurance that the risks are being managed in a systemic way and oversight is provided through a monthly review of the risk register.

I Want Great Care - Lesley Hill gave a presentation re the I want great care initiative that had been launched in the Physiotherapy department. The presentation was well received by committee.

Key Issues to Note – no matters identified at the August and September MEX to be escalated to Public Board

Recommendations 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** IM&T Finance **Human Resources** Estates 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



Report Title						
QUALITY AND PERFORMANCE COMMITTEE REPORT						
Author(s) and Sponsor						
Author(s):	Rose Naylor Chief Nurse					
Sponsor:	Senator Steve Pallot - Committee Chair					
Date: 19 th August and 16 th September 2019						
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 Performance Committee in the two meetings which have taken place since the HCS Board last met. The dates of these two Committee meetings were 16th September and 19th August.

Narrative the Committee has met on two occasions and has considered the following agenda items.

Transfer of Risk Committee responsibilities for Health and Safety, Accreditation of Services and Regulation of Care to Quality and Performance Committee. This was a procedural governance matter to ensure reports received by the most appropriate Committee.

Proposal to merge Risk and Quality and Performance Committee – a proposal was considered to merge the two committees recognising that whilst the organisation is developing its new governance framework there is an interdependency and duplication of having the two committees separate at this time. The proposal to merge was supported by the Q+P and the Risk Committee.

Arms length organisations assurance reporting framework — a paper was received in September which outlined the progress of an assurance framework that provides a line of sight to the Q+P on those services commissioned by or provided for HCS by non HCS organisations. It was recognised that the new commissioning framework will include this requirement however there needed to be an interim arrangement until this was in place. An example was provided from one provider to the Committee. Work to be further developed with other organisations, with a report brought back to the October Committee.

Diabetic Retinal Screening Service – update and assurance on progress. Report received at the September Q+P Committee, providing progress on the implementation of a quality assured retinal screening programme for patients with diabetes. A further report has been requested with a summary update on the actions taken to come back to October Committee.

HCS Risk Register – A lot of work is underway on the HCS risk register to align it with the new Target Operating Model and the Care Group structure. The Committee reviews all risks scoring 16 and above for adult services and 12 and above for children's services.

The Risk Register was reviewed in detail at the August Committee and a number of actions were identified which will provide additional assurance on mitigation.

The RR was represented at Management Executive Committee during September and updated to reflect additional mitigation.

A number of new risks were identified at the Committee in August and these were allocated under the following Committees:

Management Executive . Risk Assurance Committee, Quality and Performance, Finance and Modernisation, People and Organisational Development.

Further work is underway on these risks to provide assurance on mitigation, clarity on ownership and to score the risk. All new risks will be reviewed at the October Management Executive and reported at Octobers Q+P.

Serious Incidents – a position report was provided of the status of current serious incident investigations underway in commissioned by the HCS Serious Incident Review Panel. The report highlights challenges releasing staff to undertake investigations further information requested to come back to Committee outlining plans to address this.

Clinical Audit report – A paper was presented which outlined the approach to the formulation of the 2020 clinical audit and quality and improvement plan, and a paper outlining the current local and national clinical audit activity. The Committee were asked to approve the approach for 2020.

Learning from deaths – a paper was received at the August Committee which outlined the work to date to undertake clinical reviews, using the patient records, on all deaths using a tool developed by the Royal College of Physicians, called Structure Judgement Reviews, this method of audit provides valuable learning for practice. The Committee were in support of this work.

In September the Committee received a further report which outlined the training provided by the Royal College of Physicians which took place this summer in Jersey and involved the training of 28 senior clinical staff. The structured judgement review process has started and a small number of cases have been presented at the Clinical Audit and Morbidity and Mortality meetings.

Quality and Performance Report – the Quality and Performance report was reviewed at both the August and September Q+P. This remains a developing report and data is still being validated.

Jersey Nursing Assessment and Accreditation System – a detailed update was provided at the August Committee which highlighted the following:

14 ward areas have undergone assessment to date during 2019. These include Mental Health Wards, General Hospital Wards, and Jersey Hospice Inpatient Unit.

JNAAS is very positively received by nursing staff as a supportive framework for continuous improvement. Support is given to wards on areas of improvement.

In September a further report was provided to the Committee which provided more detail to the Committee on the Patient Safety Standard which reflected the position at the time of the assessments. Training and escalation were two of the key areas of improvement required in some of the ward areas. This has been actioned since the assessments were completed. Each of the areas will be reassessed and a further update will be provided to Committee.

Patient Experience: An update was provided regarding the development of a Patient Advice and Liaison Service. A Manager has been appointed and started in post in September. The post sits under the Chief Nurse Office and has a key role in developing the patient experience strategy for HCS. The Complaints Team have also been moved to the Chief Nurse Office to support this service.

Safe Staffing -The Chief Nurse and Associate Chief Nurse presented the first draft of the safe staffing report for nursing and midwifery which provides assurance and oversight of the nursing and midwifery workforce. The report which will come to future Q+P Committees contains the following information:

- Actual versus planned hours of nursing/midwifery
- Agency/bank hours of actual hours worked
- Care hours per patient per day
- Reported incidents patient falls, pressure ulcers and medication errors

Feedback from the Committee to expand the report further has required some additional work to include

- Acuity and dependency
- Vacancy Data
- Sickness and absence

Page **2** of **3**

The report is due to come back to Committee in October.

Infection Prevention and Control an update was provided by the Director of Infection Prevention and Control on the period January 2019 – June 2019

Areas covered in the report included

- Water Management
- Kids Laws (KLAWS) work being undertaken to support development of child friendly literature
- Ebola policy update
- Hospital infection rates
- Incident management
- Lyme disease

Mental health – the Associate Medical Director provided an update on the most pressing issues for the Care Group which were

Estates – funding approved for programme of improvement work Recruitment – continues with some positive results Legislation – Article 56 comes into place from September

A copy of the draft Mental Health Improvement Plan was shared for information, the Committee were advised that significant work is underway on the Plan and this work sits with the Mental Health Improvement Board.

Key Issues to Note – no matters identified at the August and September Q+P to be escalated to Public Board

Recommendations 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 Human Resources** IM&T Finance Estates Action / Decision Required For Assurance For Approval For Information For Decision Date the paper was presented to previous Committees

Outcome of discussion when presented to previous Committees/MEx

	Report Title					
RISK COMMITTEE REPORT						
	Author(s) and Sponsor					
Author(s):	Rose Naylor Chief Nurse					
Sponsor:	Senator Steve Pallet - Committee Chair					
Date:	Date: 19 th August and 16 th September 2019					
	Executive Summary					

Purpose the purpose of this paper is to provide the HCS Board with an update on the matters considered by the Risk Committee in the two meetings which have taken place since the HCS Board last met. The dates of these two Committee meetings were 16th September and 19th August.

Narrative the Committee has met on two occasions and has considered the following agenda items.

Transfer of Risk Committee responsibilities for Health and Safety, Accreditation of Services and Regulation of Care to Quality and Performance Committee. This was a procedural governance matter to ensure reports received by the most appropriate Committee.

Proposal to merge Risk and Quality and Performance Committee – a proposal was considered to merge the two committees recognising that whilst the organisation is developing its new governance framework there is an interdependency and duplication of having the two committees separate at this time. The proposal to merge was supported by the Q+P and the Risk Committee.

Restructuring of the Quality and Safety Care Group – in order to provide some focussed support to the new Care Groups with risk registers and the clinical governance requirements as part of TOM, the functions of the Quality and Safety Care Group has been split into two key areas Quality and Safety with a focus on learning lessons, changing practice and culture and the other function focussed on clinical governance and risk registers. Both teams will remain under the leadership of the Group Medical Director.

HCS Risk Register – A lot of work is underway on the HCS risk register to align it with the new Target Operating Model and the Care Group structure. The Committee reviews all risks scoring 16 and above for adult services and 12 and above for children's services.

The Risk Register was reviewed in detail at the August Committee and a number of actions were identified which will provide additional assurance on mitigation.

The RR was represented at Management Executive Committee during September and updated to reflect additional mitigation.

A number of new risks were identified at the Committee in August and these were allocated under the following Committees:

Management Executive . Risk Assurance Committee, Quality and Performance, Finance and Modernisation, People and Organisational Development.

Further work is underway on these risks to provide assurance on mitigation, clarity on ownership and to score the risk. All new risks will be reviewed at the October Management Executive and reported at Octobers Q+P.

Government of Jersey Risk Register (Corporate) update provided to the Committee by the Director of Risk and Audit to ensure that the HCS Risk Committee understands fully the Corporate arrangements across government departments in relation to the management of risk. With specific reference to understanding the following:

- 1) Process by which the Corporate Risk Register is populated
- 2) HCS specific risks on the Corporate Risk Register

- 3) Relevance of wider Gov Je Risks to HCS
- 4) GOVE Je Risk Management Strategy and guidance documents
- 5) Role of the departmental risk group

The Committee was asked to note the report for information.

Brexit Readiness Plan — outlined the plans to maintain operational capability and delivery of healthcare services to the island in the event of Brexit end of October. Assurance provided about the state of readiness and preparedness. Planning for healthcare has been consistent with the UK Government guidance. Risk identified relating to workforce access and potential costs associated with sourcing staff from elsewhere — the committee asked for this to be shared with the People and Organisational Development Committee and the Finance and Modernisation Committee and to be articulated on the risk register in addition to the Brexit Readiness Plan Risk Register.

Internal Audit Plan 2020 schedule of audit -the Director of Risk and Audit provided a paper for information at the Committee which outlined the remaining plans for 2019 Internal Audit and to note the indication proposal for a change to the approach in 2020, to use a risk based approach to internal audit, aligned to the Govt Plan and Corporate Strategic Priorities. This will better reflect the role of internal audit in providing assurance on the key risks to the Government of Jersey. The Annual Plan and Strategic Plan is to be ratified by the Corporate Risk and Audit Committee during Dec 2019.

CAG recommendations action tracker this was provided to the Committee for oversight and assurance on progress against the recommendations.

Emergency Planning update – the Chair was assured that HCS has a major incident policy for both the Hospital and the Ambulance. Key senior staff have been trained in major incident training. Ambulance service provides HAZMAT training and has considerable expertise in this area. Practical exercises have taken place with a further one planned for this year.

It was recognised that the department needed a trained health emergency planning officer and was asked to bring a paper back to the Committee in October which articulated the risks of not having this post and the dates of future planned exercises.

Pandemic Flu update –assurance was given on the position of pandemic flu from the Channel Island Pandemic Flu Strategy Group . Seasonal Flu update to be provided at Q+P Committee.

Health and Safety Report presented at the September Committee essentially outlining the two types of risk normally involving the Health and Safety team.

Namely those managed by the Health and Safety Team or those where there is substantive input from the Health and Safety team or those managed operationally by the Care Groups with some advisory input from the Health and Safety Team. Key areas of focus of work needed across the department relating specifically to the estate, training of staff, fire prevention and management, the Occupational Health Service and a health and safety management system. All of this is captured on the risk register with mitigation as work progresses in this area. There were no recommendations for the Committee arising out of the report received.

Estates Risk Report – full reports provided at the September Committee on the position regarding the general HCS estate and the risk associated with aging buildings. The information provided by the Estates Manager, follows a site by site briefing with the Estates Manager and the Group Managing Director, and not only sets out the risks associated with the Estate but also maps the capability and capability within the HCS Estates team to manage the risks as effectively as they would want. The report was for information for the Committee and Committee were asked to note the extensive risk associated with the HCS estate and to receive assurance that the risks are being managed in a systemic way and oversight is provided through a monthly review of the risk register.

Key Issues to Note – no matters identified at the August and September Q+P to be escalated to Public Board							ard			
	Recommendations									
The Board is asked t	to NC	TE the Report								
		Impact	t upo	on St	rategic Obje	ctives				
The strategic object	ives f	or HCS are to be det	term	nined	l					
		Impa	act U	Jpon	Corporate R	isks				
None to note in this	repo	ort								
		Regulato	ory a	nd/c	or Legal Impli	cations				
There are no specifi	c reg	ulatory or legal impli	icati	ons	arising from t	this report				
		Equ	ality	/ and	Patient Impa	act				
There is no equality	or pa	atient impact arising	fror	n thi	s report.					
		R	Reso	urce	Implications					
Finance		Human Resources			IM&T			Estat	es	
		Act	ion /	/ Dec	cision Require	ed				
For Decision		For Assurance		V For Approval For Information						
		Date the paper w	as p	rese	nted to previ	ous Comm	nittee	S		
	Outcome of discussion when presented to previous Committees/MEx									



Executive Summary

Purpose

This is an Executive Summary which details the work of the Finance and Modernisation Committee held on 16th September 2019. The purpose of the meeting being to provide assurance to the Board in respect of the financial management and the modernisation programmes for Health and Community Services.

Key Issues to Note

- A review by The Medical Director of the Off Island acute referrals of a four-month period in 2019
 has been undertaken There is scope for improvement in the consistency of approach to off-island
 and on island plastic/cosmetic procedures. The setting up of a clinician led treatment panel is to be
 put into place.
- The key attributes of an effective governance process for the risk management of financial risks together with a risk register was outlined; with nine risks identified, these will be incorporated into the corporate risk register for HCS. (risks included financial management resource, full cost recovery, delivering the financial targets including the efficiency savings)
- The purpose of the Internal Audit Plan based upon a risk-based approach was outlined to the committee and the importance of ensuring that the future internal audit plan for HCS is prioritised and communicated as applicable being key.
- The financial position for HCS for month 8 was presented, the overall position is in line with the previously reported position to the public at month 6 as shown overleaf.
- The modernisation agenda for HCS and the associated risk register were outlined these are under development and are those which are set out in the Government Plan for 2020-2023
- The portfolio for digital included which is also part of the modernisation agenda has a focus upon, the replacement of legacy systems, it is important to align digital plans with the business objectives of HCS.

Conclusions, Implications and Future Actions Required

Both the Finance and Modernisation functions are key enablers to the direct care business provided by HCS, it is fundamental that there is effective financial management and control and that the modernisation function supports delivery of the significant programme of transformation across HCS, with the need to ensure both that investment and efficiency plans are delivered in tandem.

Recommendations

The Board is asked to NOTE the Report FOR DISCUSSION

Impact upon Strategic Objectives

The department's finances and financial management support are integral to and fully support the ambition of the Department

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. In addition any

Health and Community Services Board 16th September 2019 Agenda Item 15 Public Version



changes to the finances such as through the efficiency programme are assessed and signed off by the										
Medical Director and Chief Nurse to ensure a full quality impact assessment is undertaken										
			Res	ource	Implications					
Finance	#	# Human Resources			IM&T			Estates		
Action / Decision Required										
For Decision		For Assurance		#	For Approval For Informa		formation	#		
		Date the paper v	was	prese	nted to previ	ous Comm	ittee	S		
Audit and Risk	People and Quality and Management									
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.)										

Month 6 Financial Highlights

The department is responsible for health matters from the cradle to the grave, and coordinates a wide range of frontline health services, whether in the community or in hospital.

It ensures that not only are our medical services of the highest standard, but that the services provided in the community to vulnerable groups, the elderly, the disabled and those suffering from mental ill health, also meet the high standards of care that they deserve.

The department has most of the functions of the previous Health and Social Services Department, but places greater emphasis on community care for vulnerable groups and stronger preventative services.

Key financial highlights:

HCS has a balanced budget at the end of June and is forecasting a projected year-end underspend of £0.6 million

The forecast position arises from:

- increased income, largely arising from income received from charitable sources and Long Term Care benefits
- an underspend on workforce costs which is a mix of an overspend on medical workforce, reduced expenditure on nursing and a budget held to offset staffing pressures yet to be fully utilised
- finally, an overspend on payments to external bodies, mainly due to the referral of patients to UK hospitals and the increasing cost of domiciliary care in the community.

	Report Title						
	People and Organisation Development Report						
	Author(s) and Sponsor						
Author(s):	Darren Skinner						
Sponsor:	Deputy Jeremy Maçon						
Date:	16 September 2019						
	Executive Summary						

Purpose

The purpose of this paper is to provide the Board through the People and Organisational Development Committee with an overview of work undertaken, and to update the Committee on progress since the previous meeting which took place on Monday 15 July 2019.

HR Metrics and Data - The POD Committee noted at the previous meeting the lack of key HR information available to the business as a result of system issues following the transition from HRIS to the new people information system 'People Link'. The majority of issues have now been resolved and key information is now available to the HR Director by way of an interactive dashboard. As the system is developed, managers will have access to information through 'MyView'. There are some legacy issues as a result of managers being unable to input information in to the system. HCS is in a good position in respect of information as a direct result of its advanced implementation of e-roster.

Occupational Health Service - The Occupational Health contract with AXA has received significant adverse feedback from managers and staff accessing the service. As a result of the poor performance, the new Director of People Services (Mark Grimley) has overseen contract review and performance and has implemented an action plan with AXA to recover service and deliver improvements. In conjunction with this, the GoJ is currently reviewing how OH Services will be delivered and are exploring a variety of possible models with the involvement of HCS as a provider of some services.

Workforce Planning - The HR and Finance department have met over the last month with key stakeholders in order to review the issues with information held in terms of budgeted establishment and actuals in post. The exercise has placed HCS as the only department with accurate data, and finance colleagues are in the process of updating the inaccuracies in data on the new People Link system. This will enable the department to commence meaningful and accurate workforce planning moving forward. The next key challenge will be to align data and staff information as part of the departmental changes arising from the Target Operating Model (TOM).

HR Risk - The HR team have now established an HR Risk Register to review and monitor risks specific to HCS. Risks to the workforce as a result of Brexit are under review and are being added to the risk register.

Health and Wellbeing - A policy, yet to be approved, has been developed and training identified for the 47 members of staff who have indicated that they would like to be TRiM Practitioners. A TRiM Co-ordinator has been identified and will ensure that the TRiM programme is maintained and coordinated effectively. This is a significant investment from HCS for its staff wellbeing and will operated in conjunction with the recent appointment of a Clinical Psychologist dedicated to GoJ staff. In addition, a pilot workshop has been delivered in resilience for staff which received excellent evaluation and as a result further training has been planned for October 2019. The DG and HR Director have met with *Liberate* and as a result work has been planned for HCS to participate in the employer accreditation scheme and roll out DIFERA (Diversity, Inclusion, Fairness, Equality, Respect and Acceptance) training for staff.

Key Issues to Note

• Issues in relation to obtaining key HR metrics and data have been resolved. An interactive dashboard is now available to the HR Director

- AXA OH performance is now being monitored and reviewed by the Director of People Services with an action plan in place. GoJ is currently reviewing the delivery model for OH Services moving forward
- A full review of budgeted v actual headcount has been undertaken between key stakeholders, HR and Finance
- An HR Risk Register has been established and under regular review
- TRiM support is progressing, and a TRiM Co-ordinator has been established
- Training for staff on resilience has been piloted and reviewed and further workshops will be delivered in October 2019
- Work with Liberate has been undertaken to deliver equality and inclusion training for staff

Conclusions, Implications and Future Actions Required

There is still work to be undertaken in establishing key sub groups to the POD Committee and the membership of these groups now need to be established in order to take forward the key elements of work.

		Re	comn	nendations					
The Board is asked to NOTE the Report									
	Impa	ct up	oon St	rategic Obje	ctives				
The strategic objecti	ves for HCS are to be d	eterr	mined						
	Im	pact	Upon	Corporate R	isks				
None to note in this	report								
	Regula	itorv	and/c	or Legal Impli	cations				
There are no specific	c regulatory or legal im								
	Ec	qualit	ty and	Patient Impa	act				
There is no equality	or patient impact arisir	ng fro	m thi	s report.					
		Res	ource	Implications			,		,
Finance	Human Resource	es	✓	IM&T			Estate	es	
	A	ction	/ Dec	ision Require	ed				
For Decision	For Assurance	For Assurance For Approval For Information ✓						✓	
	Date the paper	was	prese	nted to previ	ous Comn	nittee	S		
Audit and Risk	Finance and Modernisation		Organ	ole and iisational lopment	Quality and Performance		Management Executive Tean		
				ıly 2019					
	Outcome of discussion	whe	n pres	sented to pre	evious Con	nmitte	ees/ME	x	



Board Report

Report to:	lealth and Community Services Board			
Date of meeting:	30 September 2019			
Title of paper:	Progress on Board Assurance Framework			
Report author:	Board Secretary			

1. Purpose

What is the purpose of this report? Please delete as appropriate	FOR ASSURANCE
What is being asked/recommended to do/decide?	This Report is provided to assure the Board that the development of a Board Assurance Framework (BAF) continues but that the timetable for developing the BAF is delayed from that presented to the Board in July 2019

2. Background

Why is this matter being brought?	The July Board was briefed that Recommendation 22 of the Comptroller and Auditor General Report Governance Arrangements for Health and Social Care R120/2018 (R120/2018) set out the need to		
	"Establish robust arrangements for the preparation, maintenance, review and challenge of risk registers relating to health and social care, including arrangements for escalation."		
	The HCS Executive response was		
	"Developing a Board Assurance Framework will be the prime responsibility of our new risk and oversight committee. A programme of work detailing milestones to accomplish this will be presented to the board at the first meeting."		
	A programme of work was set out in the July 2019 Board Report for the development of the BAF		
	Deliverable	Timescale	
	Identify HCS Strategic Objectives Identify Principal Risks Identify Key Controls Gain Assurance over Controls	29 July 2019 (TBC) 29 July 2019 (TBC) Aug 2019 (TBC) Executive Care Group Performance Reviews start Aug 2019 (TBC)	
	Board Committees established Draft BAF provided for Board Working BAF	15 July 2019 (first meeting) September 30 2019 October 28 2019	
	Review of degree of BAF effectiveness Review of degree of BAF effectiveness	December 2019 June 2020	

This work has been subject to delay since July 2019 because

- Care Group architecture to support the necessary consultation to identify and refine possible HCS strategic objectives (an essential element of a BAF) is not yet fully in place
- 2. Care Group Performance Review meetings are to start at the end of September
- 3. Risk Register development is still in progress
- 4. Lead responsibility for the development of the BAF has been transferred from the Group Medical Director to the Board Secretary.

A key event in the BAF development programme was a multidisciplinary workshop held on Aug 7 2019 attended by a group of 15 colleagues comprising Associate Medical Directors (6), HCS Executives (4) and Senior Managers (3) and other clinicians (2).

The outputs of this workshop were a set of possible HCS strategic objectives grouped in the following themes

- 1. Patient Experience
- 2. Staff Experience
- 3. Organisational Success
- 4. Partnerships
- 5. Financial Sustainability
- 6. Strategic Success
- 7. Island Context/Jersey Context

The workshop also set out potential opportunities recognising how eventually approved HCS strategic objectives (achieved both through the HCS modernisation programme and through HCS 'business as usual' activities) might align with two specific strategic objectives set out in the Government Plan

- We will put children first by protecting and supporting children, by improving their educational outcomes and by involving and engaging children in decisions that affect their everyday lives
- 2. **We will improve Islanders' wellbeing and mental and physical health** by supporting Islanders to live healthier, active, longer lives, improving the quality and access to mental health services, and by putting patients, families, carers at the heart of Jersey's health and care system

Deliverable	Timescale
Exec Team to Review Outputs from Aug 7 Workshop ('strategic objectives in development') (Short Report)	Mid October
Engagement with Care Groups after Exec Review to refine Workshop Outputs (Short Report)	End October
Exec Team Review of Outputs from Care Group Engagement (Short Report)	Mid November
Identify Principal Risks and Key Controls to achieving Strategic Objectives (Risk Workshop and Report)	End November
Gain Assurance over Controls (Draft BAF)	Executive Care Group Performance Reviews Sep to Dec
Draft BAF provided for Board (Board Report)	December
Working BAF (Assurance from Risk, Q&P Committee)	February 2020
Review of degree of BAF effectiveness (Board Report)	June 2020

This represents a challenging programme for the development of a BAF but is possible

	with if the programme of development is supported by all stakeholders.
Who is the sponsor? Have they been fully briefed?	HCS Director General and Executive Lead for Risk
Which assurance committee or subordinate committee has this been to and were there comments / recommendations to consider?	The development of a Board Assurance Framework has previously been considered by the HCS Board (July 2019)

3. Key Issues

What are the key issues to be aware of?	The establishment of a Health and Community Services Board requires, as a principle of sound corporate governance, the establishment of a Board Assurance Framework. The absence of such a framework presents risks to what are likely, in time, to be HCS strategic objectives.
How does this matter relate to HCS objectives?	Patient safety, patient experience and effectiveness of service are at the heart of HCS strategic objective and operational management. Risk management must be an assured process in a mature organisation and the Board needs to have a straightforward but comprehensive method for oversight of the principal risks to the HCS objectives. A BAF is one means to achieve this.

4. Quality and Safety implications

Are there any quality or	If the Board does not have a straightforward but comprehensive method for oversight of
safety implications?	the principal risks to the HCS objectives.

5. Resource and Performance implications

Are there any financial, staffing or performance implications?	Nil
Has any proposed	Nil
expenditure been	
reviewed by Finance?	

6. Risk implications

Are there any associated risks?	If the Board does not have a straightforward but comprehensive method for oversight of the principal risks to the HCS objectives.
What mitigations are being put in place?	The rapid development of a Board Assurance Framework as one part of a comprehensive improvement in risk management in HCS.

7. Conclusion

The original timetable to produce a Board Assurance Framework has been delayed, A recovery plan that would reduce the impact of the delay experienced thus far is presented. The recovery plan is challenging but achievable if resources are coordinated across all stakeholders.

8. Recommendation

The Board as asked to r	eceive this Report for As	surance		
9. Appendices				
Nil				
REPORT PREPARE	D BY Bernard Place Bo	ard Secretary Septe	ember 2019	



Board Report

Report to:	Health and Community Services Board		
Date of meeting:	30 September 2019	Agenda Item	18
Title of paper:	Comptroller and Auditor General Reports Recommendations Tracker and Schedule		
Report author:	Bernard Place, Board Secretary		

1. Purpose

What is the purpose of this report?	FOR ASSURANCE
What is being	That the progress against the actions described in tracker be considered by the
asked/recommended to	Risk Committee and HCS Board every three months
do/decide?	

2. Background

Why is this matter being brought?	Recommendations in CAG Reports are accepted (or not) by HCS senior management. Once accepted HCS is committed to progressing the recommendations. The tracker CAGtracker@gov.je currently includes the recommendations from the following CAG Reports • Review of Community and Social Services (2015) • Use of Management Information in the Health and Social Services Department - Operating Theatres (2014) • Use of Management Information in the Health and Social Services Department - Operating Theatres – Follow Up (2015) • Private Patient Income (2015) • Private Patients Income Health and Social Services Department Follow Up (2017) • Governance for Health and Social Care (2018) • Community and Social Services for Adults and Older Adults - Follow-up (2019)	
	These reports predate the establishment of the HCS Board and its approved corporate and clinical governance arrangements. The Board is however responsible for their enactment. The tracker is a support tool that will be utilised by the respective Department DG's and senior leaders at various forums: PAC (Public Accounts Committee) Scrutiny CAG Audits EMT – this will become a regular agenda item Senior leader appraisal situations	

The tool requires the provision of accurate and timely reviews. It also highlights the AGENDA ITEM 18 Comptroller and Auditor General Reports Recommendations Tracker.doc

importance of ensuring departments retain audit evidence of the position of closed items in preparation for spot checks from Internal Audit and the CAG. Internal Audit are currently undertaking a validation exercise to test the initial HCS submission of the tracker August 16. Evidence will need to be provided supporting 'closed' recommendations once all returns have been received and reviewed (this is expected to be in late September 2019). Each department is responsible for maintaining the evidence for closed recommendations so that it is readily available for audit (whether that be Internal Audit or CAG). Evidence will also be needed to support any 'in progress' recommendations. Internal Audit recommend that departments maintain a central file of evidence, or at least a log of where this evidence can be found, as if the evidence cannot be provided for audit at the requested date, the report recommendation status will be reported as unconfirmed. The Risk Committee and Board will receive quarterly progress reports against the recommendations Which assurance committeei The Board Secretary coordinated the population of the initial submission of the tracker with updates actions and progress (with contributions from senior managers or subordinate committee has this been to and were from operating theatres, private practice and the Associate Managing Director). The submission was signed off by the Director General before submission to there comments / recommendations to Government of Jersey consider?

3. Key Issues

What are the key issues to be aware of?	 HCS currently has 98 Recommendations recorded in the tracker Progress is being made on a significant number of these recommendations Key recommendations made about HCS corporate governance are being addressed by the implementation of the governance arrangement approved by HCS Board July 2019
How does this matter relate to HCS objectives?	Effective corporate and clinical governance is essential to high quality patient experience, safe and effectiveness of service provided by HCS and its partners. The CAG recommendations are intended to support these objectives.

4. Quality and Safety implications

Are there any quality or	Safety implication will arise if recommendations are not progressed
Are there any quality or	Salety implication will arise if recommendations are not progressed
safety implications?	
Saicty IIIIDIICatiOHS (

5. Resource and Performance implications

Are there any financial, staffing or performance implications?	Staffing costs
Has any proposed	None
expenditure been reviewed	
by Finance?	

6. Risk implications

Are there any associated risks?	 Risks will materialise if recommendations are not progressed Using progress again recommendations as an element of senior leader appraisals
What mitigations are being	Board Secretary active engagement in Government of Jersey CAG Tracker

put in place?	Department Working Group

7. Conclusion

The Director General, Board Secretary and Governance Support Adviser (Charlotte Hall) met the Comptroller and Audit General 16 July 2019 and welcomed the introduction of the tracker. The CAG Tracker is a welcome opportunity to take stock of historical and current recommendations. The tracker is currently structured report by report. This approach is helpful as a first stage. For HCS the tracker should be also by structured to relate to HCS risk register e.g. themed according to degree of risk to patient safety. This recommendation to restructure the tracker is being actively considered by Government of Jersey Internal Audit which is responsible for administering the tracker.

8. Recommendation

The HCS Board is asked to accept this report and the associated CAG Reports Recommendations Action Tracker for assurance and receive an updated report and tracker in October 2019 and monthly thereafter.



Health and Community Services Board Report

Report to: Health and Community Services Board	
Date of meeting: September 2019	
Title of paper:	Progress Report on establishing Clinical Governance Arrangements including changes in the Quality and Safety Care Group
Report author:	Group Medical Director (presented by Dr Adrian Noon on behalf of the Group Medical Director)

1. Purpose

What is the purpose of this report?	To advise the Board of changes made to the Q+S Care Group to align with revised governance arrangements under the HCS TOM.
What is being asked/recommended to do/decide?	Changes to the Quality and Safety Team The development of a Quality and Safety Care Group under the clinical leadership of the Group Medical Director as part of the new model of care under the HCS TOM, is absolutely required in order to further develop our culture as one that places quality and safety at the heart of everything we do and was supported by staff in the consultation on the TOM.
	As part of the HCS response to the Comptroller and Auditor Generals report a revised clinical governance framework aligned to the new HCS TOM governance structure has been developed. The revised clinical governance framework has led to a review of the existing arrangements within and out with the current Q+S function and wider organisation, to ensure we are in a position to support the Care Groups in the delivery and oversight of their clinical governance activity whilst continuing to develop the Quality and Safety agenda.
	Part of the revised governance arrangements includes the development of a Board Assurance Framework supported by a fully operational risk register. Whilst work has previously been undertaken on risk registers in HCS this now needs to be built on to ensure we have assurance around the delivery of services within our Care Groups, that any risks, clinical or non clinical are captured and that we have controls in place to manage our risks. This in turn provides assurance to HCS Board and creates the golden thread from the point at which care is delivered, right up to the Board having a clear line of sight.
	It was recognised that the Q+S Care Group remit was very broad and there needed to be much more focus if we are to meet the clinical governance reporting arrangements. The decision was made to split the Q+S team into two parts, both teams remaining under the leadership of the Group Medical Director. This would give each team more focus set around a specific of Including Changes in Q+S Care Group doc

AGENDA ITEM 19 Prog Report Clin Gov Including Changes in Q+S Care Group.doc

agenda and would enable the Quality and Safety Care Group to focus on the emerging agenda, whilst being assured that the support for clinical governance was being provided to the Care Groups.

To this end the focus for the work has been split into two main components as below:

Quality and Safety Care Group main functions and responsibilities:

- Quality and Safety strategy
- SJR
- Inquests
- Serious incident management
- Duty of Candour
- M+M meetings
- Clinical Audit programme
- Clinical Audit days
- Litigations and claims
- GDPR/DP
- Caldicott

Risk and Governance Team main functions and responsibilities :

- Providing assurance
- Supporting the care group leads in delivery of Clinical governance information
- Management of the risk register
- Datix reporting
- Complaints
- CAS Alerts
- Policies and procedures
- KPI reporting
- Interpreter Service

2. Background

Why is this matter being brought?	To inform the Board of the changes
Which assurance committee ⁱ or subordinate	AMD group informed
committee has this been to and were there comments / recommendations to consider?	Formal notification to Quality and Performance Committee, Risk Committee and Management Executive Committee (September 2019)),

3. Key Issues

What are the key issues to be aware of?		_	curren re Gro	•		full	team o	f clinical go	vernance	sup	port to co	over
	We	will	need	to	bring	in	some	temporary	support	to	support	full

	implementation of the clinical governance framework whilst we develop inhouse capacity and capability.
How does this matter relate to HCS objectives?	To ensure meeting requirements from a clinical governance perspective. Alignment with the recommendations set out in the Comptroller and Auditor General Report

4. Quality and Safety implications

, ,	As the Care Groups develop this model places governance much closer to
safety implications?	where care is delivered and supports the growth of capacity across the care
	groups.

5. Resource and Performance implications

Are there any financial, staffing or performance implications?	Yes, but not yet clearly defined There will need to be a review and plan for growth in quality and safety which sits as part of the work on the Q+ S strategy.
Has any proposed	NA
expenditure been reviewed by Finance?	

6. Risk implications

Are there any associated	None identified at this stage
risks?	
What mitigations are being	
put in place?	

7. Conclusion

The changes in the Quality and Safety Care Group are designed to provide more effective support for both Care Group and Corporate governance needs.

8. Recommendation

The Board is asked to note this for information

Report Date	ù C Regart Reference Repart Title	Audit Recommendation number Type	E G II I Advise and Recommendation Recognification Count addressed to addressed to	Current Status PAC Theme	M N N Note Taget In Note Taget	RMG Status	Reason for Non-completion	Prioritication	S Departmental(supurate
04/04/2019	Community and Social Community and Social Services for Adults and Older Adults - Follow Services for Adults and Older Adults - Follow-up	ow-up CBAG	Integral of primate continuations quantitate an enjoyments, establis about prosperies for. See Frey recognishes. See Author of the See See See See See See See See See S	Amber (Progress) Corporate Learning	No colors to exclude a contract contract or exclusive and a comparison or exclusive and a contract contract or exclusive and a contract co	a2	Lack of resources	м	se
			Breading and reporting arough as on implementations and impact, and Booking governow, extensively extensively expended on implementation implementation of instructions to desired autonomia.	Amber (Progress) Corporate Learning		AS	Dependencies		
04/04/2019	Community and Social Community and Social Services for Adults and Older Adults - Folion Services for Adults and Older Adults - Folion-up	ne-up ChAG	for an advantage connected construction of the region of the control of the region of the control of the contro	Anber (Progress) Corporate Learning	SEATING On the true requires an explanation improviding with a discussive from soft, described required, and explanation and the required by the Configuration in the form of the configuration of the recognition of the reco	AL	Dependencies		ć
			Softgranding Factorship Road.						
04/04/2019	Community and field Community and Social Services for Adults and Older Adults - Folion Services that Adults and Older Adults - Folion Adults - Folion Adults - Folion exp	ne-up CBAG	Gaint de mentify opperen opperen ter behald zouwen Countrie desdieg sc. Climeter Auget 2019 s. Datron hale in Triple en Landand opperendendenne, General Der syllegen in reje erentition of appellation; g. De volkstate for princer plant of appellation; g. De volkstate for princer plant of perspirementation of agreed action; and De volkstate en Countries of appellation; and De volkstate en Countries of appellation; and	Amber (Progress) — Organizational Culture	Sic/ISC An exempty quality and Nichole less challed with the real exeminary place in 2015 Clother 2015 the Cycline Landau, 4C3 Shorthr General sycholectic formed. Repress Report made but real-related 2015 on the second related and the contract of the con	AZ	Dependencies	*	ar
13,09,2018	Governance for Health and Governance for Health and Social Care	CBAG	2 Finume that effective over-ording concurves are in place to manage health and social care provision. OG of Health Accept. 2018 N	Amber (Progress) Decision-Making	DS of MCS Dec 49	AZ	Dependencies	ж	a)C
	Sacal Care				See Sec. Sec. Sec. Sec. Sec. Sec. Sec. S				
13,09,2018	Generation for Health and Governance for Health and Social Care Social Care	CEAG	Review the effectiveness of and intrinsicals the current groups supporting the generation and could store. So of Health August 2018 is emissing that they are fill by purpose and have up to done from a fill defended and co	Amber (Progress) Decision Making	Six dMSD. The Confirmation consistent move of disting generous mature and processors. This segar distin value willbe consistently in the last of Color 2016. The concerner consistent and confirmation of COD Traps (Section Special Academic Consistent Special Academic Color 2016). The COLOR of COD Special Academic COD Special Academic Consistent Special Academic Color 2016. The COLOR of COD Special Academic COD Special Academic Color 2016. The COLOR of COD Special Academic COD Special Academic Color 2016. The COLOR of COD Special Academic COD Special Academic Color 2016. The COLOR of COD Special Academic COD Special Academic Color 2016. The COLOR of COD Special Academic COD Special Academic Color 2016. The COLOR of COD Special Academic COD Special Academic Color 2016. The COLOR of COD Special Academic COD Special Academic Color 2016. The COLOR of COD Special Academic COD Special Academic Color 2016. The COLOR of COD Special Academic COD Special Academic Color 2016. The COLOR of COD Special Academic COD Special Academic Color 2016. The COLOR of COD Special Academic COD Special Academic Color 2016. The COLOR of COD Special Ac	A2	Dependencies	*	ac
13,09/2018	Governance for Health and Governance for Health and Social Care Social Care	CBAG	2 Publish a sinestable for the exerction of independent regulation and inspection to all elements of health and social care, DG of Health Acoupt 2018 N including services directly provided by the States.	Amber (Progress) Decision-Making	OG of MCS Here a Secrif of MCS seniors that will be subjected to regulation and inspection (represent to CAP Committee Ang 2016) but invested on yet is asset by regulatory pathods:	AL	Dependencies	м	ayc
13,09/2018	Governance for Health and Governance for Health and Social Care Social Care	CBAG	3 Ensure that consultancy reviews leading to proposals for change include documented evaluations of alternatives against: OG of livesth Accept: 2018 N agreed citeria.	Amber (Progress) Decision-Making	OC of MCS Good practice in such melware will have at least an inferrable its nothing as an option applies which benefits and case can be evaluated applicat appeal colorinis. Complete	64	Dependencies	м	ø/c
13/09/2018	Governance for Health and Governance for Health and Social Care Social Care	CBAG	4 Thoroughly review the flodings of the consultants that left to the proposal for the Strategic Partnership Board, determine DG of Health Acopt. 2018 N actions in response and monitor their implementation.	Amber (Progress) Decision-Making	Oct of MCS The intended Categor Proteoming Rates did not proceed, regulations was purple Conserved Previously Relationship Andrewas Physical Relationship Relatio	A2	Superceded	ı	ayc
13/09/2018	Gevernance for Health and Governance for Health and Social Care Social Care	CBAG	E. There and guider document using our diplomate for departments involved in health and consistours in light of the new DE of Health. Accept 2008 No excusion established used to the hope (business) settlement.	Amber (Progress)	Remark Cast Resources Regard is a desired room of more and a resistant or the second remains storing in the second price of the Resources Regard is a finite and of the second remains are an advantaged or the second remains are common assessment about the Cast Remains and the second remains are remainded or the second remainded remaind	A2	Dependencies		ac
13,09/2018	Generators for Health and Generators for Health and Social Care Social Care	CBAG	Adjug a sider trimotable for the description of a health and distributing fromments for arrays, supported by a work. SG of resolth. August 2018 is programme its different for front-ments.	Amber (Progness) Organizational Gulture	Six FMS. Research of them an approximate by the contract of th	Smary Core-Group At	lack of resources	м	¢
13/09/2018	Governance for Health and Governance for Health and Social Care Social Care	CBAG	2 Develop a comprehensive, integrated approach to capturing and using patient views across all provision of health and OG of Health Acrops 2018 N social care. Mali Serviso in place (ed. 2019)	Amber (Progress) Management information	Sci ASC Sciabilità i Notre Manco y di l'asci Secul y ACQ i some patier quadien sel male del crozen. Republic to the for centing of the AC based Seculi	AL .	Lack of resources	н	arc
13,09,/2018	Government for Health and Government for Health and Social Care Social Care	CBAG	Develop a comprehensive programma for improving principation requesting cores health and racid care, schilding 55 of Health Accept 2018 to including solving and displaced of contemplatings and contemplatings.	Anber (Progress) Management information	In addition, the supported because classified colorous production depicted and depicted and facility and friend handles with the exceptional processor described to support and which the support processor described to support and which the support processor described to support and with the support processor described by the support processor described to support the support processor described by t	si.	Requires an IT solution		ac
13,09/2018	Governance for Health and Governance for Health and Social Care	CBAG	9 Prioritise the development of benchmarking of the quality and outsomes of health and social care in Jersey against other OG of Health Acopt. 2018 N	Amber (Progress) Management information	next training injuries any injuries. Appendix supports carries appears, the next training injuries are proposed instituted and a support carried and a sup	A2	Requires an ET solution	м	ayc
	Social Care		Priorise the development of branchesking of the quality and nationer of health and cool care in larvay agrees other OG of Health Acoqut 2018 N jurisdictions. Benchmarking understate as part of HG Officeroy Group work programme Officeroy Group work progr		odersian and competicity (Microsoto Belany Group				
13/09/2018	Governance for Health and Governance for Health and Social Care Social Care	CBAG	10 Develop a plan for the rollout of larmy. Nursing Assessment and Ascordination System scross all elements of health and DG of Health Accept. 2018 N Care, Novilleig either publish funded health and care providers, and monitor implementation.	Amber (Progress) Management information	Societics: Assist pregnance in place and conversity developing the specific processed ventricate bear when the elevery complet they prove in the health of a close and the elevery work and a close as to execute when the elevery complete and a conversion to execute the elevery and an elevery complete and a conversion to execute the elevery development of consideration developed in the socio-manife administration. And conversion to execute the elevery development of conversion to execute the elevery development of conversion developed in the socio-manife administration.	A2	Dependencies		ayc
13,09,2018	Governance for Health and Governance for Health and Social Care	CBAG	11 Operator a structural approach to identifying and inglementing efficiency savings across health and social care, ensuring	Amber (Progress) Financial Management	man distributions. State of the particular of the control of the	A2	Dependencies	*	ajc
	Social Care Generations for Health and Governance for Health and Social Care Social Care			Amber (Progress) Financial Management	layon to Management Securitin Carmetime for operational decisions, Finance and Modernation Cammetime for assurance and progress and actions weekly are discussed as a standing form at Security Finan Modernation Cammetime for the Carmetime for Assurance and Assurance an	A2	Dependencies		
	Section Core		The company of implicant capital for these company of personness of frontilla consistency and consistency. But of the control is a "Empression" of personness of the control of control of the control of		Site and Site and a manifest of the confidence o				
13,09/2018	Governance for Health and Governance for Health and Social Care Social Care	CBAG	Solutioning raw plans with whiteholding prospersors, often the exchange publish alternative formers having the SE of Health. Asset 2018 to Regulate of the promption 2014 and the displace of their the other publishment of personal laters.	Amber (Progress)	26 d/SS _ Zambel delething plot plan on generally in the larger property for the larger process of the larger	R	Dependencies	w	د
13,09/2018	Governance for Health and Governance for Health and Social Care Social Care	CBAG	14 Amenda and implement mechanisms for measuring the impact of the 'QUIX'stinen QUIX Actions' initiative on culture and 'QG of Wealth Accept 2018 No highlighters.	Amber (Progress)	DG of MGS This agant of the Team invery initiative which will be convertely to achieve part to the based with evaluations of impact. Dec 69	AL	Please select	м	arc
13,09,2018	Social Care Governance for Health and Governance for Health and Social Care Social Care	CBAG	Inhabitions: 15 Develop public reporting on complainer, including their incidence, stature, bandling (including queed of handling), make Consultations; Only of the Stature of the Stat	Amber (Progress)	No of NCS Paper untiling and preparated to the controlled or of their galacle, member of the based. No see No. 100, No. 100, All State II have ledge a public (i.e. not in a justic member), All colorings, pages and outputs in colorings are recognition from an all to published an in the opportune colors where the section of the least a not below and to write the section of the least and to be set as on the least a not below and the public are in his dark and public public and his dark and and	ZA.	Dependencies	м	NC
	-MAIN LANT								
13,09,7018	Governance for Health and Governance for Health and Social Care Social Care	CRAG	st. Gazed for requirement for regarding as completes to all privary comprosidens. HASS Accept 2018 N	Anber (Progress)	GZ 265 SG of MCS and which will be displayed in SG of Scoring, primary or problem and commonly appreciation to region as accombine complaint by primary and accommon in the SG 200 to record 2000 problem (SG 2000 to record 2000 problem (SG 2000 to record 2000 to rec	AL	Dependencies	ı	c .
12/02/01/0	Government for Marith and Government for Marith and Social Case	Chaig	27 Secret the scalability and crossed militir surferences provides to increase the body on the scalab and controver of 1885. Acres 2019. N	Ambar (Rossan) - Management information	Societies Work to develop an integrated importing framework with all this published at four board meeting billing to medica associated with the CEP. Q 2009 Recent Q 2009 Q 2009 Recent Q 2009 Recent	A2	Descripcio		ac
20	Governance for Health and Governance for Health and Social Care Social Care	_	22 Cased the axialatily and supper a public performance reporting to increase the focus on the quality and naturate of MASS Accept 2018 No beach had constructive, inclining performance appending page. 18	Amber (Progress) Management information				-	
13,09,/2018	Generators for Health and Generators for Health and Social Care social Care	CBAG	ss Gestion restrosions sa validate performance información tenfore publicación in the Annual Report. 84,55 Accept: 2018 16	Amber (Progress) Management information	Six dHSC Common and denouring ingligible in CASA's upon all contracts from the lease are included in 225M, after selected in the expression denouring included in 225M, included in 225M, included in 225M, included Common and artificial results and Common from September (form date partitip and expression partitip in publishes).	AS	Dependencies	•	sec
13/09/2018	Generations for Health and Governance for Health and Social Care Social Care	CBAG	26 Send the sage and sear of making-policin reporting of the performance of all exerces of least and social care. MLSS Accept 2008 to socialing through the littles related, while give accept performance reporting to the principles.	Anber (Progress) Management Information	SG/MCC Antonianes reporting (pulls) and automat agent conducts (will be publish) waitine through the publishes of the KCC regional Pedicinesis Report (and will be a conducted from the CCC regional Pedicinesis Report (and the CCC) Report	AZ	Dependencies	*	ac
13,09,2018	Governance for Health and Governance for Health and Social Care Social Care	CBAG	26 Equilibilitativatured prosperents for recoloring, willdeling and reporting of action taken in response to agreed MASS Accept 2008 to reconnections using those terminal and external invition.	Amber (Progress) Management information	MicRol. Quantity based reprise at this inflormer and damp (MicRoll Securemental Tracks and large with required tracks) and proper of states. The MicRoll Secure Secure 3 and an advantage of the secure of the secur	AS	Dependencies		a)C
					with these of other Generous of along physicisms.				
					tifles				
13,09,2018	Generators for Health and Generators for Health and Social Care social Care	CBAG	20 Castilla ductar arragements for the programs, maintenance, moine and delating of all enginess soleling to basils. MACS Accept 2018 to and cold are, histoling energes on the matters.	Anber (Progress) Grgenisational Cubure	Side Office Sensing is placed account between the lateral principal responsibility due to real and an image of accounts a large part and office and individual section as a complete the lateral principal section and account principal section account p	A2	Dependencies		oc.
20/04/2015	Private Patient Income Private Patient Income	CBAG	37 BILD Develop an overwinding private parties policy that defines in over place the objectives of, operational and financial. GG of Health Accept 2015 Y principles for and standards on conducting private parties parties	Green (Done) Financial Management	concerns and processed 40 2019 Cd affects Completed N/A	GE	Please select	н	ajc
27 30,04,0015	Private Patient Income Private Patient Income	CBAG	principles for, and standards on conducting private patient business. 1 Disconsider the appropriateness of current policies for charging for private patient activity. Od all Health Accept. 2015. Y	Green (Done) Financial Management	GG-IFICS Complemed N/A	GL GL	Please select	н	arc
20/04/2015	Private Patient Income Private Patient Income Private Patient Income Private Patient Income	CBAG	B) Reconsider the appropriatement of current policies for drawing for private patient activity. 2 B) Review, update and close current policies for coverage of procedural documents, recurring these are aligned with a relief policy and current policies for coverage of procedural documents, recurring these are aligned with a review of private policies for some coupport decision-enables, recording the private policies for some coupport decision-enables, and the private policies for some coupport decision-enables.	Green (Done) Financial Management Green (Done) Financial Management	Sicritics Completed N/A Sicritics Completed N/A	62	Please select Please select	н	ac
30,04,2015	Private Patient Income Private Patient Income	CEAG	,	Green (Done) Financial Management	StafFG Complete NA	A2	Dependencies	*	avc
30,04,0015	Private Patient Income Private Patient Income Private Patient Income	CBAG	IN Adopt and disconnect compliance with release deliments of investigated approach to conting, such as that published. Of cell riseable Acoque. 2015. Y by the release for forecast indexequent extended and the such as the such as that published. 4. Six Adopt and insplanned disconnectical consideral for traffit construction. 4. Six Adopt and implanned disconnected consideral for traffit construction.	Gree (Done) Francis Management Gree (Done) Francis Management	Delay to completion before regard and proposition business case's budged with Government of army, Assembly due to anguing development and review of the TDM.	62	Disperdencies Please select	*	arc arc
20,04/2015	Private Patient Income Private Patient Income Private Patient Income Private Patient Income	CBAG	IS Adopt and implement documentation standards for traffic construction. OG of Health Accept 2015 V SA Adopt and implement quality control procedures to ensure internal considering of tailff deviation prior to finalization. OG of Health Accept 2015 V	Green (Done) Financial Management Green (Done) Financial Management	SG INSC Compined Sign (Information (Info)Copy used to relate the section for striff to 2016. SG INSC Compined Sign (Information (Info)Copy used to relate the striff to 2016. SG INSC Compined Sign (Info Sign	62	Please select Please select		els.
20/04/2015	Private Patient Income Private Patient Income	CBAG	6 ID in deriving the smill and additional private patient charges, calculate and apply appropriate on-coons for high value DG of Health Accept 2015. Y consumables, equipment and draps.	Green (Done) Financial Management	There is a signed method for appartising querheach in place based on the method used in the production of the Service Analysis in the METE and Final Accounts. On drivid: Completed N/A There is a signed method for appartising querheach in place based on the method used in the production of the Service Analysis in the METE and Service Accounts. N/A	GE	Please select		ajc
20,04/2015	Private Patient Income Private Patient Income	CBAG	7 RA Adopt and Implement quality control procedures for patient level information used in tariff development. OG of Health Accept 2015 N	Amber (Progress) Financial Management	OG of WGS Impresented in quality control procedures is being deliven through implementation of WGD's Information Strategy. Also philipsine of the strategy is to impresent to impress the "impressity" of data quality corons all distincts. Service resurgest are increasingly empowable for the quality of the data. MGD's information function supports this	AL.	Dependencies	н	øc
					As in gradies of the ridings is stripled to starting of the gash points at least, we not example as excessing required the plant plant plant in the least part of the gash points and the least part of the gash points and the least part of the gash points and the least part of the gash part of the least part of the lea				
20/04/2015	Private Patient Income Private Patient Income	CBAG	8 100 Adopt and implement proportionate suits procedures of both cost and activity information used to inform the both. DG of Health Accept 2015 N	Red (Eimited Financial Management Progress)	Through from information (a) (i) (ii) in a part of the	AL .	Dependencies	м	ajc
30,04,2015	Private Patient liccome Private Patient Income	CBAG	9 Bib Provide clase and unambiguous guidance to and support for frontiere staff for all parts of the process for identifying OG of Health Accept 2015 y private patient work.	Green (Done) Decision-Making	The form folders, in assessment is had level where the terff recovers costs, concluded that broade it does but there are assortantities to increase in its assurance." Apil	GE	Dependencies	н	ac
×			10						

A 30,04/2015	B Private Patient Income Private Patient Income	D E	F G H I ST Take steps to ingrove the accuracy and con plenement of: OG of Health Account Miss w	j K L Amber (Progress) Dedolon-Makina	M. SG dFMCS For patients referred for private impatient or day case treatment, the Consultant Admission form none includes:	0 Dec 09	G1 P	Q Dependencies	M a	310
11			Bithe coding of private patient procedures in operating theather, and Binformation on the consumables used in operating theather procedures	- programmy manufacturing	Do ut His S. Not planet, internet for pulsars inquient of day case treatment, the Consuctor Admission from now exclusive. Bits in thind-legal conducts code; Bits or control individual code in code; Bit or control individual code in co					
11					Bony In Bird consortalities, protection, loss sets of slogs to be used. Were to understand how best to improve the coding of procedures understain in operating theatmen has focused on evaluating the cost and benefits of two approaches: 1. den't aging the cost a closed coding upgenion in the theatmen to the disclosion as union coders and					
					 Just providing updated ording these for each operable. Assigns these disconsideration from a quality and corp perspective - in scorcing and completeness of codes when entered by thesize scale following written guidance. Plots are undermain in these condition to improve the way thesize social in paramet. 					
H					The coded consumation are recommend at the point of way. The formation in recorded agency is an end pointed, and The formation in recorded agency is a survey pointed, and The formation in an internative company is formed international formation in recording for making in the contract of the contrac					
11					Secretaries (margin direct) The relation of the control of the co					
-27			11							
30,04/2015	Private Patient Income Private Patient Income	CBAG	612 Using "least" placiples, review current processes and arrangements for billing for outputient private parlent DG of Health Accept 2015 N procedures with the aim of reducing the risk of error and maximising efficiency.	Amber (Progress)	SG/INCL visib to underside a make of programs to more unjoiner plans point as into, analogoing of the mover possible. This individual is not to be a second or the programs of	Date of	A2	Dependencies	м	BIC
					Further work is now underway to research options for on-less forms, including: Biseling good practics that UK and elsewhere, and Biseling good practics that UK and elsewhere, and Biseling good practics of the UK and elsewhere, and					
					is addition, the Head of Income and Cooling's revening internal distances to ensure that: Broads and relate are appropriately allocated in less with the Policy on Printer Police is and reportive income targets about 1902 to Devisions; and Encourage apport efficient and effective coputer of its plant in virous provided within 1902 and danger are report accordingly.					
					As part of the review of processes and same generals that billing the encounting and team concursed of the Patient Finance Team are being reviewd. The aim is to develop a culture of "ownership" of financial issues across Divisions, by unkny incentiens to encourage supportive relationships and working practices. Progress includes destEctions of the enet, as a pre-cursor to any move to a Todago Operation, to:					
30,04,2015	Private Patient Income Private Patient Income	CBAG	12 RE2 Document the basis on which overheads have been included in the private patient income and expenditure account, OG of Health Accept 2015 Y demonstrating how this links to the 2016 private patient costing exercise.	Green (Done) Financial Management	Bit serifer some dates previously assumed by the Patient Research such as identifying activity, pulling PAC reports and coloring charges - to Divisions invoked with private patient activity. On of MCS Completed	NA	ω	Superceded	H	ayc
			9							
30,04,2015		CBAG	Critance the focume dashboard by inclusion of curvalative figures on Year to date' income against budget. OG of Health Accept 2015 Y	Green (Done) Financial Management		NA	≅	Please select	м	a)C
30,04,2015	Private Patient Income Private Patient Income	CBAG	14 RSS in line with development of INSEX's integrated Report, enhance Key Performance Indicators on how private patient: OG of Health Accept 2015 N finances are managed, it is enable HSSD to demonstrate compliance with its stande policies and nelevant objectives, including recovery state.	Amber (Progress) Financial Management	Set of InCS A junction cause or of graphs in incorporate two mills in central years for the proper in tracks you can be common and the proper in the common and the commo	Organg	A2	Dependencies	н	ajc
_			15	Green (Done) Management information	3 months in control by serior. However, the VPN, just targets and talesaroun) have been defined funderstand that the PMM is working with the Head of Informatics on additional CPNs. Od of HICS Completed.	N/A	Ω.	Please select		
20,00,2015	Private Patient Income Private Patient Income	CBAG	RG Routinely prepare a menorandum income and expenditure account for private patient activity and use it to monitor OG of Health Accept 2015 v the performance of the private patient business.	Green (DDIN) Management Intomission		NA.	ω	Place seed.	н	arc .
30,04/2015	Private Patient Income Private Patient Income	CBAG	RIJ Produce a longer-term plan for the private patient business that is fully integrated with other planning including the DG of Health Accept 2015 Y Future Hospital' project, workforce planning and risk management.	Green (Done) Organizational Culture	DG of HGS Completed to Complete A shall be in development though assisting a Chee-Gox decision on the Future Hought alteriors larger term private patient business plan can be finalised in order to integrate the plan with the final future Hought agrico.	N/A	AL .	Dependencies	н	ayc
30,04,2015	Private Patient Income Private Patient Income	CBAG	17 RSIA Cocument and implement robust overall governance arrangements for private patient activity. DG of Health Accept 2015 Y	Green (Done) Decision-Making		N/A	A2	Dependencies	н	ayc
30,04/2015		CBAG	18 RG Minotor the effectiveness of the restrictured Private Patient Committee and make further changes (Innovatory, OG of Health Accept 2015 Y	Green (Done) Financial Management	Societies Computer Annual Computer Annual Computer Annual Computer Book of ACC Computer C	N/A	A2	Dependencies	м	ayc
30/04/2015		CBAG	19 RDD Clearly document the approach to monitoring how consultants undertake their private work alongside their public DG of Health Accept 2015 N work.	Amber (Progress) Financial Management	Further re-organisation taking into account the role of the new Care Group leads for Scheduled care who will now doa't this meeting from Suprember 2009 OG of HCS The monitoring of Consultant staff public work is undertaken in a variety of ways – dependent on opcolaty and includes:	Sec 49	61	Dependencies	N	ø/c
			WORL		* review or pulser contact statement * Review of these left statement * Monitoring of private cuese or public cuese on theatre lists.					
			20		Sci. dol. Six recording of Consistent of English work is with related to senting the region of the region of the related to the senting of the region of the region of the region of the related to the region of th					
20,04/2015		CBAG	20 RS1 Clarify the requirements for quantifying and reflecting private patient work within Job Plans and monitor their DG of Health Accept 2015 V implementation. 21	Green (Done) Decision-Misking	DG of HCS Completed 30b Planning remains cogning in relation to the monitoring of private / public work.	NA	64	Dependencies	*	Blc
09/02/2017	Private Patient Income: Private Fusient Income: Health and Social Services Department Health and Social Services Department Follow-up Department Follow-up	CBAG	All improve arrangements for considering issues identified in sudit and other external reports so that: DG of Health Accept 2017 Y If all event requiring recovered in explicitly considered and and selected and IEEE in event consists of explications of acceptance of acceptance in acceptance of acceptance in acceptance of acceptance in acceptance in acceptance of acceptance in ac	Green (Done) Corporate Learning	05 of NCS Completed	NA	GS	Dependencies	M	ajc
11										
09/02/2017	Private Pastent Income: Private Pastent Income: Health and Social Services Department Health and Social Services Department Department	CBAG	1 RS Essum implementation of the Policy on Poliuse Patients addresses nelwant risks and apportunities as identified in my GG of Health Accept 2017 V report.	Green (Done) Corporate Learning	96 of VCS Completed	N/A	GS	Dependencies	*	ajc
11	Department Follow-up									
			2							
09/02/2017	Private Patient Income: Private Patient Income: Health and Social Services Department Health and Social Services Department Follow-up D	CBAG	Rii Satabilah a uthedule of KPIs to evaluate the contribution and impact of key supects of the Policy and associated DG of Health Accept 2017 Y procedural guidance, so provide management information on the extent to which each achieves its planned outcomes.	Green (Done) Management information	DG of HCS Completed Includes: "Proceedings and Proceedings and	N/A	ω.	Supercaded	н	ayc
	Follow-up				Set of MCS Completed in the control of the control					
09/02/2017	Private Patient Income: Private Patient Income: Health and Social Services Decators**	CBAG	2 All If proposits for a Trading Operation for private patient income are taken forward, develop and implement robust OG of Health Accept 2017 N	Amber (Progress) Financial Management	* Activity by discharge dine Of dHAS The Department is in discussion with the Treasury over proposals for a Trading Operation. Ethe proposals trains forward, it will receive a report and prospection to the Assemblar this review will invite which which in the Company over proposals for a Trading Operation.	Dec 49	AL	Dependencies	M	ajc
	Private Patient income: Private Patient income: Health and Social Services Department Health and Social Services Follow-up Department Follow-up		amagements for the governance, overlight and management of the Trading Operation.		So of MCS The Department is in discussion with the Tomary new proposable for Trading Operation. This proposal is taken throwed, it will require a report and proposition to the Assemble, this report will include details setting and ratiosal governance, newright and transquence arrangements to support the reseasement of a Trading Operation.					
99,02/2017	Private Patient Income: Private Patient Income: Health and Social Services Department. Health and Social Services Follow-up Department Follow-up	CBAG	4 66 Plan and implement a proportionate programme of sudit of both cost and activity information to support future DG of Health Accept 2017 V enhancements to costing across HGSD.	Green (Done) Management information	9G-dHCS Completed	N/A	GS	Dependencies	м	ajc
	Department Follow-up									
	Private Patient Income: Private Patient Income: Health and Social Services Department	care.	5	Green (Done) Management information	DG-dTMCS Complemed	N/A	GI	Dependencies	ж	ajc
00,02,2027	Private Patient Income: Private Patient Income: Health and Social Services Department Health and Social Services Department College. Department College.	Cana	NG Agree an overhead apportionment framework applicable to all costing exercises including those supporting Private DG of Health Accept 2017 V Private income, the Mendium Term Financial Plan and the serval hodget.	weet panels was general and a second	second surgents	**		agenance		N/L
09/02/2017	Private Patient Income: Private Patient Income: Health and Social Services Department Health and Social Services Follow-up	CBAG	6 Distablish and regularly report financial RPIs which clearly demonstrate the link between current performance and DG of Health Accept 2017 Y business objectives in a way which enables in a gland i understanding of the position.	Green (Done) Financial Management	DG of HCS Completed	N/A	61	Dependencies	н	B/C
	Private Patient Income: Private Patient Income: Health and Social Services Department Health and Gold Services Department Follow-up									
		au.	,					Paradorio .		
19/12/2017	Private Patient Income: Private Patient Income: Wealth and Social Services Department Health and Social Services Collow-up Collow-up Follow-up	Lands	68 Produces longer term plan for private parient business that is fully integrated with other planning including the DG of Health Accept 2017 N "Suture Hospital" project, workforce planning and risk management.	Amber (Progress) — Organizational Culture	DG of INCS The Head of information is continuing to work through the data quality improvement. This plan includes a symbosistic fleep duri makes programme by works and work or culture and engagement to improve the complement and accorded of the complement and will be described for complement and will also be used in INCS which will change the way the PF stell's collected in Nationary work.	Minute.	A2	Dependencies	-	ajc
	- anner up				District such resolvance is price for each inclination of the second consistency of configuration. The second configuration is the second configuration in the price of a proposal ground process between second and consistent and excellent process of configuration of configuratio					
09,02/2017	Private Patient Income: Private Patient Income: Health and Social Services Department Health and Social Services - Follow-up	CBAG	8 66 Establish arrangements, including EPIs, analysis and reporting mechanisms, to assess compliance with roles and OG of Health Accept 2017 Y responsibilities as set out in the Policy on Private Paleons.	Green (Done) Management information	and baseful issues. Indemnet's head and another index does not be determined from the control of the second or the control of the second or the control of the control of the board of industrial or and the area collection. Of all MSS Completed	N/A	61	Dependencies	*	ajc
	Private Patient Income: Philate Patient Income: Health and Social Services Department Health and Social Services Copartment Follow-up Department Follow-up									
			*							
09/02/2017	Private Patient locates: Private Patient locates: Wealth and Social Services Department Follow-up Department: Follow-up Tellow-up	CBAG	RGS Stabilish a framework to evaluate the effectiveness of the PPMC. QG of Health Accept: 2017 V	Green (Done) Management information	DG of HCS Completed The Managing Director and Deputy Managing Sirector review minutes and outputs of PRMC on a bi marethly basis, and attending meetings regularly.	NA	GS	Dependencies	н	ajc
	Follow-up									
09/02/2017	Private Patient Income: Private Patient Income: Health and Social Services Department. Health and Social Services Follow-up	CBAG	6.0. REI Document and implement arrangements to enable HSSO to monitor compliance with ctandards for managing private OG of Health Accept 2017 No work alongside public work, including against abil Plans.	Amber (Progress) Management information	SG (FVC) VGD to make fording variable to droughten is distributing team by law with previous contributing with will share for the coding of displant prices option in these. VGD to covering in the previous of description of contributing variables are contributed in the coding variables. The coding variables are contributed variables are contributed variables are contributed variables. The coding variables are contributed variables are contributed variables are contributed variables. The coding variables are contributed variables are contributed variables are contributed variables. The coding variables are contributed variables are contributed variables are contributed variables.	Orgáng	A2	Dependencies	м	alc
	Private Patient Income: Philate Patient Income: Health and Social Services Department Health and Social Services Copartment Follow-up Department Follow-up				MCS has made finding available to chneighen its cloical cuding team (in line with previous commitments) which supports the coding of all private patient episodes. This is now an embedded procedure and is ongoing.					
			11							
10/12/2016	Review of Community and Review of Community and Social Services Social Services	CBAG	TEL RESIDENT CHARGE FOR THE COMPRISON AND Implementation of the CASCO-vide governance framework, covering HCS Management Accept 2015 N all CASCO services, "business as usual" and charge-initiatives, and monitor delivery against those milentones. Security 4 HCS Security Acceptance of the Casco-Video Security Acceptance of the Casco-Video Security Acceptance Acce	Amber (Progress) Decision-Making	OG of NGC As past of the drangers undertaken account the department, the services that were part of CSD are now part of our integrated care group structure. The most prominent care groups that this report relates to are the social care and mental health care groups, but there is also interface with wider care groups such as Primary Prevention and Intermediate.	Underway, Q4 2009	All	Dependencies	M.	B/C
					As sufficed within the body of this report, a revised governance framework has been implemented arous MCS, with clear reporting lines and assurance committees. It is important to note that the governance framework for the entiring of MCS is consistent arous all care groups and this incudes those previous areas within CESS.					
					The navily established governance processes for HCS commence in July 2009 including the HCS loand and Assurance Committees. Updates from all Assurance Committees and the HCS loand will be provided to the CAG.					
					HCS leard will also be provided with assurance principally through the Reik Committee about progress against the relevant improvement plans as a wealt of the CAG report, Notes and minutes for; The Mercal Health improvement Board will be provided monthly which includes progress against all health and unling concerns.	Monthly				
					 The finest of installs hyperment based on the Jury saider sensity which have been agained a finest the should be process. In the objective of improvement plane and receiver from the Act data clane Companies of participation (installay reviews and data be provided. Both of the above provide without or furgress against recommendations and can requester CNA region. 					
10/12/2015	Review of Community and Review of Community and Social Services Social Services	CBAG	R2 in developing the workforce strategy for C&SSQ, identify specific measures to reduce reliance on interior staff. HCS Management. Accept. 2015 N. Genotive	Amber (Progress) Organizational Culture	OG of HCS As coalined in the body of this report, HCS are currently implementing the revised care group structures. In line with the entirety of HCC, all care groups within HCS are required to develop workforce strategies to reduce the refusers an intents, locus and temporary coeff.	Q2 2019 Revised Q6 2019	AG .	Requires an IT solution	н	ajc
			,		The kiny workforce pressures cudined within community and social services includes; Social Worken, Curres, Registered Metal Health Naurus, Kernal Health Madical (2014 and CAMAR) Frobeniscensk. Assurance shows upgeres agricer workforce showing algorition, and anothermous its provided through the Neural Pengles and Carachistorical Development Committee Assurance shows upgeres agricer workforce showing algorition, and anothermous its provided through the Neural Pengles and Carachistorical Development Committee Assurance shows upgeres agricer workforce showing algorition, and admittements are considered in the State of					
10/12/2015	Review of Community and Review of Community and Social Services. Social Services	CBAG	2 RD Put in place stops to evaluate the effectiveness of work designed to improve ergagement with CASSD staff and make Charges where reconstants. Lincolline	Amber (Progress) - Organizational Culture	Incident Section is selected, below at Centerpory and . This perform pursues and index contents by a cold or active incident. Section there, Cover by personal section contents by a cold or active incident. Section there, Cover by Specied Section from the Cover, and content section that incident incidents and active pursue provides or personal provides provides and provides and provides provides and pro	Q8 2019 Revised Q6 2019	A2	Dependencies	*	ajc
					For Social Care particularly the department has encapsized there is a deficit of professional development which has again enforced the exect for a Chief Social Worker role in subdicion a lead Social Worker for Mental Health and the greatly coveted role of Principle Social Worker are being introduced on the shand. We believe these roles will be key driven of workforce engagement.					
			Management Generalise		The new role of Principal Social Worker is designed to enhance the specials and performance of social workers, in particular providing a "golden thread" between practicioners and senior management in enhancing the devia					
			Genotive		performance around workland, expensions, headership, and practice. MCS is also part of the Team servey initiative and there is representation from staff from the former CSSD crossures.					
			Management Generalie			By Q4				
			MAGGISHE		There is social work flower which meet morthly to engage worker with managem to look at procisio development and OR. There are "in house" resolving planned to look at how social workers can be supported by managem; before managem in their own professional development as part of business as usual. This will be supported by the Procisional Business.					
-		au.	1	to the second of	A "Making Salispaurding Personal" (MSP) Lead has also been appointed to embed the principles of good practice in Salispaurding Adults. The MSP Lead will much out to all agencies as well as to staff within the			Paradorio .		
10/12/2015	Beview of Community and Review of Community and Social Services Social Services	Lands	M Catalish and monitor implementation of effective arrangements for regarding, evaluating, excluding and responsing Quilty and Acopt 2015 N Performance Acopt 2015 N Perfor	Amber (Progress) Management information	DG of MCS We have established a Quality and Reformance assurance committee to assure quality and performance access ICS. In addition, a new integrated Ferformance export has been developed which includes key performance access characters for the established community, and entertail hashing comparison. Bath Char-Goung will these comprehensive in dis registers from these data the new existing VCS Rels Registers. The department has already and and distributions for its management processes.	No. accord PROVINC QU. ACCOR	A2	Dependencies	*	with
					A joint improvement Plan (Sufeyanding and Learning Stability) is in progress in response to risk identified. This plan reports to the Sufeyanding Partnership Board. The action plan is monitored and updated via the Performance and Policy sub-ensure of the SPA.					
			HCS Management Generalise		In relation to Mental Health the department has established a Mental Health Improvement Board. The Board is overseing an improvement plan for MH services. Details of the monthly favour are sent to the OHG.	Q 2019				
			Administra		All Care Groups will have detailed finis Registers in place as part of the overacting governance formwork as conveyed to the CAS. The department has set dear expectations of risk management and excitation as part of this process. A newly established finish and Audit Committee has also been established.	In Place				
10/32/2015	Review of Community and Sentenced Community and Curied Frances	Cling	Softgranding Pertowning Band A 56 Develop mechanisms for charins information between FACS and the newly aroused system for Children's Services to Operational Care. Accept. 2015. Y	Green (Done) Management information	in addition MCS will feed into the ONIGOV Risk and Oversight Committee process.	In Place	AS	Requires an IT solution	*	٤
	Review of Community and Review of Community and Social Services. Social Services		SC Develop methodises for change information between FACS and the newly procured option for Children's Service to Generalized Care Acapt 2015 V Group Care							
10/12/2015	Review of Community and Review of Community and Social Services Social Services	CBAG	RG Develop a set of expectations and a timestable for the provision of management information from FACS and the new Operational Care Accept 2005 N system for Children's Services and monitor delivery. Group	Amber (Progress) Management information	DG dHGS Data in the integrand Report is extracted from Dank Patter using the other application of Rebulgico. In core came, it has been identified that on being from an an adulate-core adulated that has been registed. These are builting reviewed through the Care Partner Cherolog Group to maintain reference address. Because appropriate and acturate data captures a confidence and data.	Orgáng	A2	Requires an IT solution	н	c
10/12/2015	Review of Community and Review of Community and Social Services. Social Services	CBAG	6 Print all CASSID services: HCS Management Accept 2015 Ni Bidevilog-dest performance standards: Bidevilog-dest performance standards: Bidevilog-dest performance standards:	Amber (Progress) Management information	DG of HCS We are developing a revised Performance framework for all the care arouse within our revised TDM which includes the former CSD.	Q3 2019 Revised Q4 2019	A2	Requires an IT solution	*	plc
			6 OF Far all CASSO services: MCS Management: Accept: 2015. IN Biometric des reformances translations. Biometric des reformances translations. Execution biomorphic protection of describence, and a factor formation and a factor formation and protection and describence and a factor formation and protection and describence and factor formation and protection and describence and factor formation and protection and describence and factor formation and describence and describenc		As collect in the body of this open, the monthly integrated features & Performance Report (SERS) is being further developed to before understand performance, drive actions and enhance governance and assurance of others;	Underway				
10/12/2015	Review of Community and Review of Community and Social Services Social Services	CBAG	7 NE Establish a chea programme with milectones for delivery and use of summary information for all community and HCS Management Accept 2015 Ni social services, including GPUs and dearboards, and member delivery. Security	Amber (Progress) Management information	A miles of nechromore indivisors have have disabled for following the softial or another have been softial in assemble following the following the following the following and the following and the following a new developing a revised Performance framework for all the care groups within our revised TOM which includes the former CSSD.	Q3 2019 Revised Q6 2019	42	Dependencies	*	ajc
	annuar MENICES				As outlined in the body of this report, the monthly integrated Resources & Performance Report (RFR) is being further developed to better understand performance, drive action and enhance governance and assurance of delivery.	Indexes				
10/12/2015	Review of Community and Review of Community and Social Services Social Services	CBAG	8 Mendor access to policies, procedures and guidance and take corrective action as necessary. Assurance Accept 2015 N Committees	Amber (Progress)	OG of MCS Policies and groundure will be reviewed on a regular basis via the Relat and Audit Assurance Committee and the Quality and Performance Assurance Committees. The Caloguerding Postmenthip Reset than a field rime policy officer whose color is supplication policies relating to Software Assurance Assurance Committees.	Underway Q2 2019 Revised Q6 2019	AS	Requires an IT solution	М	c .
10/12/2015	Review of Community and Review of Community and Social Services Social Services	CBAG	830 desetly steps to improve 85 he recording ordersocking of the complete on of amoust approximate, and 85 he recording ordersocking of the complete on of amoust approximate, and 85 he recording ordersolating orders of efficiences.	Amber (Progress) - Organizational Culture	The diagranting fracturating leads to a full-free policy office whose twin to update/produce policy middle got followed by the full-free was published on the GPV website. Of of MCS This will be achieved though the Convention, My dous' which is a government wide process to encurage regular discussions to take place thereon team members and their fine managems to bely understand both how was supplemining, and how we can be exported, to achieve and got in.	Linderway QJ 2019	AS	Requires an IT solution	*	c
L					This will also be monitored via the Workforce and assurance committee.					
10/12/2015	Social Services	CBAG	ALL Stabilith a timeframe for the rollout of the Practice Workbook and monitor delivery. West of Social Care Accept 2015 N West of Social Care Accept 2015 N West of Mexical West Objectional	Amber (Progress)	OG of MCS This initiative was planed and the findings freedback to CQG and nated at SMT. This implementation meetings took place chained by SMT imprage (ID and SMT) the intentiening in March. 2017. The decision was made to after implementation in the wash the incident extraction and two as to see membership would change due to include any time the magnetic afficient Care and the end of the control of the magnetic and the membership would change due to include any time the end of ficial Care and the membership would be compared by the membership would be controlled and the membership would be cont	Sep 19	AS	Dependencies	M	olc
10/12/2015	Review of Community and Review of Community and Social Services Social Services	CBAG	11 Proof-course R12 Meetify a longer-term solution to delivery of identified training needs. Heads of Core Accept 2015 N Glospe	Amber (Progress) Corporate Learning	OG of HCS The Weeds of care groups will be responsible for identifying and ensuring training needs of the care group workform are met.	Q3 2019 Revised Q4 2019	AS	Requires an IT solution	×	٤
11			Woodsforce muspice		trell be a function of the Workforce assurance committee to assure this is in place of or MCS					
10/12/2016	Review of Community and Sentenced Community and Curied Frances	CBAG	constitutes 12 R64 Addet a CASSO-wide risk based framework for making and for surrestitution and for survival and causing and for surrestitution and for survival and assured as	Amber (Progress) Corporate Learning	OG dTMCS As part of the revised governance framework that is being implemented across MCS, a Board Ansurance Framework is being developed. This will incorporate management of all CCCO risks.	30/08/2019 Revised Qr 2019	AS	Dependencies	M	ayc
20	SOOR Services		12 RE4 Adopt a CRSSO-wide risk based framework for review and/or actreditation and/or audit of all services and monitor: MCS Management: Accept: 2015 N In suplementation. 14		Clinical & Core governance, rafety and risk assurance committee will have overright of risk across the organization.					
10/12/2015	Brulew of Community and Review of Community and Social Services Social Services	CBAG	14 RSS Adopt a CASSO-wide concurred approach to monitoring: HCS Management: Accept: 2015 N 8 th in priementation of agreed action a since given review, accreditation and compliants; and Gaecative 8 for accessing the efficiencies of the about sides.	Amber (Progress) Corporate Learning	OG of MCS A MCS wide quality and complaints structure is in place as part of the Cire MCS approach covering quality, softing and potient experience. PMCS in place QR 2009	31/08/2019 Revised QE 2019	A2	Dependencies	м	Ø(c
11										I
-20			60							

10/07/2016	B C D E Use of Management Use of Management information in the Health and Social Services CBAG Information in the Health and Department - Operating Theatres	Update the Theatres and Anesthesia Division Business Plan to: Align objectives cleanly to MSD Business Plan objectives; OG of Health Accept 2016 N Accept Division Accept Accept 2016 N	K L Amber (Progress) Management Information	M N N N N N N N N N N N N N N N N N N N	O A2	Q. Dependencies	R H	\$ 9(C
	contribution of the season and conjustment - operating treatment Social Service Segment - Operating Theories	ная водин ардигрия и дохож единия другоми.		talendard for the definition of the Section 2016. Enfect for the reveragement of the Section 2016 of the				
10,07/2014	Use of Management Use of Management Information in the Health and Social Services CBAG Information in the Health and Department - Operating Theatres Social Services Department - Department - Department - Department -	1 Identify appropriate KPIs measuring economy, efficiency and effectiveness. QG of Health Accept: 2014 N	Amber (Progress) Management information	DG of MCS TG has bound an developing new 69% to maniform the 76 C. However. QR 2019 Sthere is confusion in the definition of some of the FPs between the Business Plan; weelly / monthly performance reports, the monthly deribboard, and advice analyses in other reports. For example, alone start.	62	Dependencies	н	e)rc
11	Social Services Department - Operating Theatres			Side Mark Section Section (Section Section Sec				
11				ANY VERSION OFFICE DELITERATION AND THE PROPERTY INSTITUTE OF THE PROPERTY OF				
10,07/2014	Use of Management Use of Management information in the Health and Social Services elementation in the Health and Department - Operating Theories Social Services Operatment -	2 For each KPL set appropriate targets and tolerances to support delivery of objectives. DG of Health Accept 2016 Y	Green (Done) Management information	DG of PMCS Completed Section of the Sec	G1	Please select	*	ølc.
	informazioni in the Health and Calipartineet - Operating Inheatries Social Review Operating Operating Theatries			auch Coljective has been out using instrumy recognised towards the				
×		1						
10,07/2016	Use of Management Use of Management information in the Health and Social Services Information in the Health and Organization - Operating Theaters. Social Service Department - Operating Planters	Develop and utilise management information reporting capability for the Goldstee Olympus system used in the DG of Health Accept 2016 N endoscopy sales.	Amber (Progress) Management Information	Solidation The Colonians and information of the Colonians and the	62	Dependencies	*	økc.
	Operating Theatres			The endoccopy wit marker utilisation using the accepted Endoccopy Point system. Endabase is used primarily for clinical contonner, peer to peer reviews and clinical benchmarking				
10/07/2014	Use of Management Use of Management information in the Health and Social Services (SEAG Information in the Health and Objectment - Operating Theatres	4 Gstablish and reinforce-clear accountabilities for the complements and accuracy of data entry. OG of Health Accept 2014 N	Amber (Progress) Management Information	DG oFHCS The TEA Discional lead presents exception eports, highlighting mining—and more recently, instructed—data, at Theories Discional And Planning Group meetings and at weekly staff meetings. These reports are TEC search in shareful was insure relation to removalishing for data analysis.	G1	Dependencies	*	0/C
	Social Services Department - Operating Theatres			So direct. The Solicities of purposes executive sport, highlighting unling and tree reading, least trees and sport sport and provided purposes and a reading frame purpose and a second provided				
				Roles and responsibilities have been more clearly set out and circulated. However, proper accountability for data completeness and accuracy has yet to the embedded. Theaters movine a Weekly Training dataf report from Health Informatics and action are taken to correct.				
-72	Use of Management Use of Management information in the Health and Social Services CBAG	S Further develop and utilize TRAkcan's management information reporting by: Stabbishing and implementing a OG of Health Accept. 3556 N		DG of NCS TAA has: TKC	<u> </u>	Dependencies		ayc.
20/27/2020	Use of Management Use of Management Information in the Health and Social Services C&AG Information in the Health and Department - Operating Theorem Gold Service Operations - Operating Theorem Operating Theorem	Further develop and utilize TRACconfr. management information reporting by: Gradishining and Implementing a DG of Health Accept 2056 N Inicinium data set's Adopting client data definitions in all areas; and Establishing manufatory data and information fields.	Amber (Progress) Management information	Market Make M	-	ungerstens.		No.
	aparang common			Enrancined from the discount leaving section and an extra control of the section				
				Manages. The modesty field is secure for all realized as projected as set of the kellending mode agreement and the secure of th				
10,07/2014	Use of Management Use of Management information in the Health and Social Services information in the Health and Department - Operating Theatree. Social Services Department -	6 Implement arrangements for promoting and testing the quality of data. OG of Health Accept: 2014 N	Amber (Progress) Management information	DG of HCS TIAN care a series of exception reports that are provided to TBA staff. The Data Quality Team within HGSVs information function routinely reviews TBA data and provider weekly reports. TBC Review is clientlying completeness and scuracy issues coloring:	61	Dependencies.	н	a)rc
	Social Services Department - Operating Theatres			Sid stability. Make on a section of appropriate report that or a proceded in the Conf. The Bird Golden's Press and Sid Sid Sid Sid Sid Sid Sid Sid Sid Si				
				care standing und-mod on scrowd and drawle trace, making all weams uncountercrave comments.				
10/07/2014	Use of Management Use of Management Information in the Health and Social Services CBAG	7 Getablish and implement arrangements to actively collect solver information from all relevant staff groups about OG of Health Accept 2054 v	Green (Done) Management information	DG of NCS Completed N/A	A2	Dependencies	*	ayc
11	Use of Management use of Management information in the Health and Social Services. CBAG information in the Health and Organized Operating Residence Operating Theories Operating Theories Operating Theories.	Establish and implement arrangements to achievic collect under orderancion from all relevant staff groups about DG of Health Accept 2016 V operating theses additionals is under to find management information.		DG-strACS Completed information generalized at Theore Information Meetings, Senter Solf meetings and theoretic generalized generalized at Theoretic Information Sentence (Sentence Sentence Sent				
11								
L								
10/07/2014	Use of Management Use of Management information in the Health and Social Services Information in the Health and Organization - Operating Theaters. Social Service Department - Operating Planters	a Collect information on gaps between patients during lists and amend the calculation of the utilization rate performance OG of Health Accept 2016 N Indicator to account for this foot* time.	Amber (Progress) Management information	\$6.0 keVs. The resear of all memory, and prices of the confidence	GE .	Dependencies	м	ayC
	Operating Theatres			Another adiation calculation compares individually patient level" findings with historical let' straings. This takes into account 'pope' and in come cases 'beeinge' - between patients (although this nets off page and contings within a single season making patential assess). This has 'continued in continued are man and work follows — 'stapp' at the start and end of thesite into — as there have been identified as area. In respect of improvement.				
11				Updated method of calabolog. These citization takes into account patient harn around friess.				
10/07/2014	Use of Management Use of Management information in the Health and Social Services CEAG	8 Are end the calculation of the utilisation rate performance indicator to reflect actual available time in each theatre for each. Of of Wealth Acopt. 2014 Y calculator in out.	Green (Done) Management information	OSca*VCS Completed Operand included in proceed of control of the control of the control of the control of the control of control of t	GE.	Dependencies	м	e)K
	Use of Management Use of Management Information is the Health and Social Services C&AG Information in the Health and Ingastrated - Operating Theaters. Social Services Operating the Garden Country Theaters. Operating Theaters.	samual militis		upcomes method or concurring meaner-consument states and account the available time of each theutre				
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-02		10						
10/07/2014	Use of Management blue of Management information in the Wealth and Social Services CBAG information in the Wealth and Department - Operating Theories Copies (Service Department - Operating Theories Copiesing Theories Copiesing Theories Copiesing Theories Copiesing Theories	Agree performance information required for Theorie-4 and other emergency activity, implement systems to collect it and DG of Health Accept. 2014 V materially prepare an appropriate performance indicator.	Green (Done) Management information	OG of MCS Completed Toursay Tonespect; and Classics thesise utilization monitored. Performance indicator reflects availability order than utilization as per the non-elective surgery taking place N/A	⊕	Dependencies	*	økc
	Operating Theatres							
10/07/2014	Use of Management Use of Management Information in the Health and Social Services CBAG Information in the Health and Department - Operating Theatres Social Services Department - Department - Dep	11 Clisseminate nelevant management information more widely and provide training on its use. OG of Health Accept 2056 V	Green (Done) Management information	DG of MCS Completed Theore is Ricordon widely dissemented to all suggical codit, and is published on the Corporate Darbboard	ω.	Dependencies	*	o/c
	Social Services Department - Operating Theatres							
		12	Amber (Progress) Management information	OG of MCS 1Pits need to file from business adjustives: this recommendation cannot be fully implemented until MSD and TEA business plans are updated to align to MSD adjustives (see Exhibit 1, file above) TEC	GE	Dependencies	м	ayc.
20/27/2020	Use of Management use of Management Information in the Health and Social Services. CBAG information in the Health and Opportment - Operating Meeters. Social Services Opportment - Operating Theories Operating Theories	12 Novine LPRs to align with business reach, including considering introducing a RPI for early finishes and obsert liter; DG of Health Accept 2016 N Amending Vits to bely consider and crossing specific issues on g, by reporting Yall finish Amending and Yanzenbelg patients? Amending Vits to bely counter and manage specific issues on g, by reporting Yall finish Amending and throughout patients. Amending Vits to bely counter and manage specific issues on g, by reporting Yall finish Amending and observable patients? Amending Vits to bely counter and manage specific issues on g, by reporting Yall finish Amending and observable patients?	Ander programs management management	the series is read that discharge and the series of the se	900	ungerstens.		No.
	Upon Accept 11 minut ets.			\$6 of MCS is the user for face to be belowing diginal. This consensation cannot be fully implement and field out "But belowing pairs are quinted to align to MCD objection (see field) is, if a stored it. Moreover, the stored is the stored of the stored is the stored in				
				Theore Utilization information widely used to develop Theore Efficiency Project plan				
10,07/2014	Use of Management Use of Management information in the Health and Social Services. CAAG Information in the Health and Department - Operating Theoletes Social Services Department - Operating Theoletes Covering Termina	13 Use the full governal of data from TRAKcaw, including to calculate consultants' typical procedure times, to inform QG of Health Acospt. 2016 N scheduling of patients for theaten.	Amber (Progress) Management Information	Solid Section is selected and control section (spin belt of principle property processing only to obtain the lay of the one consequent, it is not processing on section from the control of the control o	GL GL	Dependencies	*	D(C
	Social Services Conjument - Operating Theorem			monac, chai intende a use inview talk, along that though each to make plant conducing mone mount by injudicing instruction tour, in spiritudy cause of majoritudy for a critical to reliable to the conductive state of the co				
10,07/2014	Use of Management Use of Management information in the Health and Social Services CBAG	14 As data quality improves, expand the use of data and management information to inform larger-term decision-making. QG of Health Accept 2014 N	Red (Limited Management information Progress)	OG of WGS There is any ptrop endence that MSED has used the start yellormasco information to exploit new apportunities or manage identified risks. TMC These will calculate information widely used to develop Theore MSEGIN	GE .	Dependencies	*	aye
	Under this indicate that the control of the control		Родии)	Theatre utilization information widely used to develop Theatre Efficiency Project Plan				
		sis						
10,07/2016	Use of Management Use of Management Information in the Health and Social Services CBAG information in the Health and Oppartment - Opporting Theatres Social Services Oppartment - Opporting Theatres Oppartment Theatres	Prioritise development of the capacity to use cost information alongside activity information to inform decision-making. OG of Health Accept. 2016 N	Red (Limited Management Information Progress)	Oct PMCS wid21's adminision as part if the process to during the next Medium Term Francial Plan Include providing for the development of coding areas its western ASSD has not considered an administrate approach if TMC finding was contained an information administrate and information and provided an information and provided an information and provided an information and provided a	62	Dependencies	*	økc.
	Operating Theatres							
10/07/2014	Use of Management Use of Management information in the Health and Social Services CEAG information in the Health and Organized Opportunet - Operating Theatree	16 Ground decisions on the future requirements for, and use of, appearing theorie capacity are made - and where necessary OG of Health Accept 2014 Normalister - uniquelying which restricted information.	Red (Limited Management Information Progress)	So dirECS The Ream required liver for commissioned as solvened company to assempt produce assemptions to advergeding theories requirements. Takes been adulted that the detailed modeling wender undertaken how. Takes feeled continued as context and projected will do as the cities as information from productions adulted from the results required from productions adulted from the results required from productions adulted from the results required from the results of the results required from the results of the results	A2	Dependencies	*	c
11	Use of Modiglement — Oil and Modiglement (modification on the wearth and social Services Cabbus Information in the Neath and to Department - Operating Theatres — Operating Theatres — Operating Theatres — Operating Theatres			Rebust Throne Utilization information available for use to establish future thronte requirements in a new Houghts!				
11								
200000		o .		Marie America	_	American Control of the Control of t		
4 / post (2000)	Use of Management Use of Management information in the Neshband Gold Services Obligation to the Neshband to Use of Management information in the Neshband Gold Services Objection of Object	It is Design and inspirement robust monitoring and record keeping arrangements, to enhance monitoring of the OS of Health Accept 2015 Y implementation of monitorinal, including arrangements to evaluate the changes made to ensure that the actions have a solved-for the deficied existence.	ween passey corporate carring	Of official Completed Size the CAS makes significant developments have been made as to have investible information accounting monitor treates utilization. This has solded the development of the 2 year Theories Efficiency Project Face	GE .	Dependencies	•	ekc
11	up -							
11								
27/08/2015	Use of Management Use of Management Information in the Health and Social Services CEAG Information in the Mealth and Social Services	1 (3) The to produce the sexual vSGD business Plan before the consenerament of the Francial year, even if subsequent . OS of Health Accept. 2015. Y changes thay be required.	Green (Done) Organizational Culture	DG of MCS Completed is 2010 a 2 year Theoreto-Officiency Project Plan has been developed.	æ	Dependencies		a)(c
11	Use of Management Use of Management Information is this Health and Social Services Information is the Health and Englatment — Operating Theodomy Department — Operating Theodomy Department — Operating Theodomy Department — Operating Theodomy Department Operating Theodomy Depar			ти жилот и и деня повысотовлення ученува менто менто менто денто дей.				
11								
Ш								
27/08/2015	Use of Management Use of Management Information in the Health and Social Services CBAG Information in the Health and Experiment - Operating Theatres: Follow-up Social Services Department - Operating Theatres: Follow-up Operating Theatres: Follow-up - Ope	2 SI Priorities epideling of the Theories and Assemblesia Devision Business Plan to: DG of Health Accept 2015 Y BAIGN (Aprillation Selection 1950) accepts Plan Selection Selection (Aprillation Selection Sel	Green (Done) Organizational Culture	OG of INCS Completed The 2 year Theorem Officiency Feigher plan closely reflects the current HCS abjectives.	GE	Dependencies	м	e/c
11	Operating Theatree: Follow- up	ermono egif (girale processe repente)						
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Board Report

Report to:	Health and Community Services Board (having been considered by Risk Committee [Sep 2019], Quality and Performance Committee [Sep 2019]
Date of meeting:	30 September 2019
Title of paper:	Proposal to Merge Risk and Quality and Performance Committees until December 2019
Report author:	Chief Nurse

1. Purpose

What is the purpose of this report? Please delete as appropriate	FOR DECISION
What is being asked/recommended to do/decide?	To approve the proposal to merge the Risk and Quality and Performance Committees until December 2019. Both Risk and Quality and Performance Committees have considered the merger. The Chair of the Risk, Quality and Performance Committee and the Director General as the HCS accountable officer recommend to the September HCS Board
	that this merger occurs in readiness for October Committee meeting 16 October 2019
	The merged Risk, Quality and Performance Committee review its effectiveness in merged form in December 2019
	 The Chair of the Risk, Quality and Performance Committee and the Director General bring back a recommendation to the HCS Board in December 2019 whether this corporate governance arrangement is to continue, or the Committee disaggregates to the form approved by the July HCS Board.

2. Background

Why is this matter being brought?	In approving the corporate governance arrangements in July 2019, the HCS Board recognised that this was a significant change. There would be a transitional period in which Board Committees established their effective functioning in identifying risk and seeking assurance about how these risks were being controlled.
	In part the arrangements approved were in response to the recommendations of the Comptroller and Auditor General's assessment of HCS governance ('Governance Arrangements for Health and Social Care -September 2018)'. The CAG was primarily concerned about the quality and safety of HCS care for patients and how risks to that quality and safety were being identified and managed. The risk register is key to both Risk and Quality and Performance Committees.
	The intention was that the establishment of the <i>corporate</i> governance structures – considering significant risk (scoring >16) - would be broadly mirrored by the establishment in a similar timeframe of the <i>clinical</i> (Care Group) governance structures managing the larger number of less significant risks (scoring <16). The two would work in tandem with risks not able to be managed at Care Group level being escalated to

Board Committees and de-escalated when Board committees were assured that risks previously scoring >16 were now being effectively mitigated to scores <16.

The delay in concluding the Target Operating Model and having in place the necessary Care Group clinical governance architecture means that Care Groups do not yet have the capacity to manage risk in the way intended, with a fully functioning Care Group risk register providing care group staff with the means to prioritise their resources to manage higher risks to lower more acceptable residual levels.

With Risk and Quality and Performance Committees in operation several issues have therefore crystallised. Important administrative issues have become apparent. For example many risks are emerging in both Q&P and Risk Committees but there is then an undue duplication of content in both Committees or a possibility that key risks are considered in one committee without the appropriate membership from the other committee (for example Q&P does not have membership of colleagues from finance, BREXIT considered in Risk also has implications for matters considered in Q&P) and, finally, there is a challenge in sequencing the consideration of risk at Q&P and Risk Committees respectively

While these 'administrative problems' will have 'administrative solutions' a more fundamental issue concerns the legacy of a risk register not having an assured process of validation of its scores (with respect to likelihood and/or impact) means that both Committees are considering risks that could be more effectively considered by Care Groups. There is also a risk that significant risks <u>might</u> exist that are not being considered by Board or its Committees (although to reassure the Board there is yet no evidence this is the case). What is happening however is that relatively large numbers of risks <u>are</u> being articulated in Committees many of which would not be considered at committee level in a more mature organisation in governance terms.

There are two possible choices

- 1 The Committees could continue, with the risk that they could be 'blind' to some potentially significant risks that would only become apparent at the point they realised their adverse effect
- 2 The Committees could merge to provide, temporarily, resilience in assurance about risk until both corporate and clinical governance structures and processes are more fully established

This paper recommends the latter as the more prudent, risk averse, choice to be made

This situation, paradoxically, illustrates the strength of the corporate governance arrangements approved in July 2019 and that this is likely to be a transitional issue

- 1 Risks that were previously not apparent (as recorded on the Risk Register) are being identified
- Q&P Committee Aug 2019 has initiated a rapid validation by respective AMDs and senior managers of all risks scoring >16 in HCS and Ambulance services and >12 in CAHMS
- This has catalysed the intended reorganisation of the Quality and Safety Care Group to provide the necessary support for Care Groups to be able to record and manage risks <16.
- 4 The Target Operating Model for Tier 3 (senior management, clinical and professional staff) is now concluding
- 5 Care Group governance processes were approved by the August Management Executive Committee
- 6 Executive Care Group Performance Reviews (including local management of risk and the assurance of the recorded risk scores <16 or > 16) will start in

September 2019

7 HCS Risk Management software (DATIX) is being upgraded in October 2019 to reflect the organisational structure with its clinal and cooperate governance form

The workplans of all Committees indicate a review of effectiveness and functioning in December 2019. Indeed, this was a condition of Board approval of the scheme of delegation approved July 2019. By the time of the December 2019 corporate governance review the expectation is that Care Groups will be fully established and working effectively. In doing so there will be evidence of fewer gaps in assurance and stronger risk management at the monthly Executive Care Group Reviews. By the end of 2019 the expectation then is that by then a merged Risk and Quality and Performance Committee will have a more assured understanding of the risks being managed effectively and appropriately at Care Group and Corporate levels respectively. At this point the HCS Board would be in a more assured position to consider disaggregation of a merged Risk and Quality and Performance Committee as originally approved and for both committees to be better placed to fulfil their purpose set out in their respective terms of reference.

For Risk the purpose of the committee is to assist the Board in the oversight of risk management and the effectiveness of internal control within Health and Community Services (HCS)

For Quality and Performance, the purpose of the committee is to enable the Board to obtain assurance that high standards of care are provided by Health and Community Services (HCS) and, that adequate and appropriate governance structures are in place throughout HCS to:

- Deliver Excellence in patient care (Experience, Safety and Effectiveness)
- Deliver operational performance
- Obtain assurance that risks arising from clinical care are adequately controlled or mitigated
- Provide assurance to the Board that risk management arrangements for safety, quality and patient experience are in place and operate effectively.
- Ensure compliance with legal, regulatory and other obligations

Risks associated with finance would continue to be considered in detail in the Finance and Modernisation Committee and workforce and education matters in the People and Organisational Development Committee. Key risks from both Committees would be considered by what would be, subject to HCS Board approval, be the amalgamated Quality, Performance and Risk Committee

The internal audit assurance would be gained through the Finance and Modernisation Committee. Director of Risk & Audit being a current member of the Risk Committee would be able contribute helpful oversight.

Who is the sponsor? Have they been fully

Chair of the Risk and Quality and Performance Committee and HCS Director General

briefed?	
Which assurance	This proposal is an action from Risk Committees and Quality and Performance
committee ⁱ or	Committees Sept 2019
subordinate committee	·
has this been to and	
were there comments /	
recommendations to	
consider?	

3. Key Issues

What are the key issues to be aware of?	 There is invariably risk associated with transition in governance arrangements These transitional risks need to be managed in a prudent risk averse way to assure patient safety, patient experience and the effectiveness of HCS services The approved Terms of Reference for both Risk and Quality and Performance Committee have been combined without edit to their respective purposes, responsibilities and memberships (apart from grammatical changes). These draft merged Terms of Reference for a Risk, Quality and Performance Committee are provided as part of this agenda item A workplan for the merged Committee, subject to Board approval of the merger, will be drafted for its first meeting October
How does this matter relate to HCS objectives?	Patient safety, patient experience and effectiveness of service must be an assured process in a mature organisation.

4. Quality and Safety implications

Are there any quality or	The safety implications are more likely to be known with greater certainty if Risk and
afety implications?	Quality and Performance Committees merge rather than continue as separate
	Committees during the transitional period while Care Groups are becoming more effectively established.

5. Resource and Performance implications

Are there any financial,	Nil
staffing or performance	
implications?	
Has any proposed	Nil
expenditure been	
reviewed by Finance?	

6. Risk implications

Are there any	Risks described in body of report
associated risks?	
What mitigations are	
being put in place?	The proposed merger of Risk and Quality and Performance Committees

7. Conclusion

The corporate governance arrangements approved by the Board in July 2019 represent a considered response to the shortcomings in governance identified the Comptroller and Auditor General's report 'Governance Arrangements for Health and Social Care (September 2018)'. Balancing the implementation of these arrangements in the context of the organisational immaturity of HCS, its legacy approach in managing risk and the pace of change needed to address the shortcomings set out in the CAG report before major risks materialise

suggests a more prudent and measured approach to implementation is necessary than originally intended by the																	
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8. Recommendation

The Board as asked to approve the proposal to merge Risk and Quality and Performance Committees until this arrangement is formally reviewed by the Board in December 2019

9. Appendices

REPORT PREPARED BY Bernard Place Board Secretary September 2019

HEALTH AND COMMUNITY SERVICES ORGANISATION CHART



