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 Verbal - for information	TBC	
4	Professional's Story Verbal - for information	Geoff White Head of Professional Practice	
5	Minutes of the previous meeting Minutes of 8 July 2019 📄 AGENDA ITEM 5 HCS Board Minutes 20190708.do... 9		
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 📄 AGENDA ITEM 6.1 Management Executive Commi... 19		
6.2	Terms of Reference - Risk Committee Assurance 📄 AGENDA ITEM 6.2 Risk Committee Terms of Refer... 23		
6.3	Terms of Reference - Quality and Performance Committee Assurance 📄 AGENDA ITEM 6.3 Quality and Performance Com... 27		

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6.4	**Terms of Reference - Finance and Modernisation** Assurance 📄 AGENDA ITEM 6.4 Finance and Modernisation Co...　33		
6.5	**Terms of Reference - People and Organisation Development** Assurance 📄 AGENDA ITEM 6.5 People and OD Committee Ter...　39		
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 📄 AGENDA ITEM 12 Committee Report Management...　43	Director General	
13	**Committee Report Quality and Peformance** Paper - Assurance 📄 AGENDA ITEM 13 Committee Report Qualty and P...　47	Rose Naylor and Q&P Chair	
14	**Committee Report - Risk** Paper - Assurance 📄 AGENDA ITEM 14 Committee Report Risk.docx　51	John McInerney and Risk Chair	
15	**Committee Report - Finance and Modernisation** Paper - Assurance 📄 AGENDA ITEM 15 Committee Report Finance and...　55	Steve Mair and F&M Chair	

#	Description	Owner	Time
16	**Committee Report - People and Organisational Development** Paper - Assurance 📄 AGENDA ITEM 16 Committee Report People and... 57	Darren Skinner and POD Chair	
17	**Progress on Board Assurance Framework** Paper - Assurance 📄 AGENDA ITEM 17 Progress on Board Assurance F... 59	Board Secretary	
18	**Comptroller and Auditor Generals Reports Recommendations Tracker and Schedule** Paper - Assurance 📄 AGENDA ITEM 18 Comptroller and Auditor General... 63	Board Secretary	
19	**Progress Report on establishing Clinical Governance arrangements including changes in the Quality and Safety Care Group** Paper - information 📄 AGENDA ITEM 19 Prog Report Clin Gov Including... 67 📄 AGENDA ITEM 18 CAG Tracker Schedule Sep 201... 71	Group Medical Director	
20	**Merger of the Risk and Quality and Performance Committees until December 2019 and draft Terms of Reference** Paper - Decision 📄 AGENDA ITEM 20 Merger Risk and Q and P Com... 75 📄 AGENDA ITEM 20 Revised Corporate and Clinical... 81	Chief Nurse	
21	**Board Reflection** Verbal	Chair	
22	**Any other business notified** Verbal	Chair	
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 (Chair)	Minister for Health and Community Services	RR
	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	JMcI
	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 Attendance:	Karen Pallot	Executive Assistant	KP
	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.	**Declarations of Interest**	
	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 in-patient 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 re performance 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 30th September 2019. Venue to be advised. Meeting closed at 17.00.	

HEALTH AND COMMUNITY SERVICES BOARD PART A IN PUBLIC - ACTION TRACKER

Meeting Date	Agenda Item	Action	Officer	Exec	By When	Progress report	Action Agreed	Action Closed Date	Status
08/07/2019	3	Signpost' patients to access support following breaking of bad news	PALS	RS	Sep 30 2019	PALS Officer has now been appointed and patients experience and patient engagement resources enhanced	This action better owned by Chief Nurse and PALS	Sep 30 2019	OPEN
08/072019	6	All actions tracked to completion and closure	Board Sec	BP	Continuous	Action trackers established for Board and Committees	Ongoing governance BAU therefore close action	Sep 30 2019	OPEN
08/07/2019	10	Organogram for groups reporting into committees	Board Sec	BP	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
08/07/2019	10	Bring back Board ToR for review Dec 2019	Board Sec	JMcI	01-Dec	Action not due until Dec			OPEN
08/07/2019	11	Update Sep Board on BAF progress	Group Med Director	BP	Sep 30 2019	Report to Board Sep 2019	Board Paper Sep 2019	Sep 30 2019	OPEN
08/07/2019	13	FNHC CEO to share experiences of care regulatory process when available	CEO FNHC	BW	Sep 30 2019	Up date when available	Close action as could form agenda item on regulation of care when appropriate	Sep 30 2019	OPEN

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

HEALTH AND COMMUNITY SERVICES

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.

HEALTH AND COMMUNITY SERVICES

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

Term of Reference V1.3 August 2019

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 _on island_ by HCS, o_ff island_ 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

AGENDA ITEM 6.2 Risk Committee Terms of Reference.docx

- 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

Term of Reference V1.3 August 2019

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.

Term of Reference V1.3 August 2019

AGENDA ITEM 6.2 Risk Committee Terms of Reference.docx

HEALTH AND COMMUNITY SERVICES

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 _on island_ 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 _off island_ 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.

HEALTH AND COMMUNITY SERVICES

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

AGENDA ITEM 6.4 Finance and Modernisation Committee Terms of Reference.docx

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.
2. 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.
7. 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:

AGENDA ITEM 6.4 Finance and Modernisation Committee Terms of Reference.docx

Financial strategy and business planning

1. Receive assurance reports on the delivery of the financial aspects of the Government Plan.
2. 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

AGENDA ITEM 6.4 Finance and Modernisation Committee Terms of Reference.docx

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.

AGENDA ITEM 6.4 Finance and Modernisation Committee Terms of Reference.docx

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:
  o   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

AGENDA ITEM 6.5 People and OD Committee Terms of Reference.docx

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.
7. 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.

AGENDA ITEM 6.5 People and OD Committee Terms of Reference.docx

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.

AGENDA ITEM 6.5 People and OD Committee Terms of Reference.docx

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 MEX.

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							
Finance		Human Resources		IM&T		Estates	

Action / Decision Required							
For Decision		For Assurance	√	For Approval		For Information	

Date the paper was presented to previous Committees					

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:	19th August and 16th 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

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							
Finance		Human Resources		IM&T		Estates	

Action / Decision Required							
For Decision		For Assurance	√	For Approval		For Information	

Date the paper was presented to previous Committees					

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:	19th August and 16th 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.

AGENDA ITEM 14 Committee Report Risk.docx

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

AGENDA ITEM 14 Committee Report Risk.docx

Report Title
Finance and Modernisation Report – Assistant Minister Hugh Raymond

Author(s) and Sponsor	
Author(s):	Steven Mair
Sponsor	Hugh Raymond

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

AGENDA ITEM 15 Committee Report Finance and Modernisation (Public).docx

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							
Resource Implications							
Finance	#	Human Resources		IM&T		Estates	
Action / Decision Required							
For Decision		For Assurance	#	For Approval		For Information	#
Date the paper was presented to previous Committees							
Audit and Risk		Finance and Modernisation		People and Organisational Development		Quality and Performance	Management Executive Team
Outcome of discussion when presented to previous Committees/Mex							
Relevant Board Committees, which considered the report, should be identified as should their decision (E.G endorsement/recommendation to the Board, assurance received etc.)							

<u>Month 6 Financial Highlights</u>

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.

AGENDA ITEM 15 Committee Report Finance and Modernisation (Public).docx

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.

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						
Finance		Human Resources	✓	IM&T		Estates	

Action / Decision Required						
For Decision		For Assurance		For Approval		For Information	✓

Date the paper was presented to previous Committees				
Audit and Risk	Finance and Modernisation	People and Organisational Development	Quality and Performance	Management Executive Team
		15 July 2019		

Outcome of discussion when presented to previous Committees/MEx

Board Report

Report to:	Health 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	29 July 2019 (TBC)
Identify Principal Risks	29 July 2019 (TBC)
Identify Key Controls	Aug 2019 (TBC)
Gain Assurance over Controls	Executive Care Group Performance Reviews start Aug 2019 (TBC)
Board Committees established	15 July 2019 (first meeting)
Draft BAF provided for Board	September 30 2019
Working BAF	October 28 2019
Review of degree of BAF effectiveness	December 2019
Review of degree of BAF effectiveness	June 2020

AGENDA ITEM 17 Progress on Board Assurance Framework.doc

This work has been subject to delay since July 2019 because

1. 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

1. **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

AGENDA ITEM 17 Progress on Board Assurance Framework.doc

	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[i] 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 safety implications?	If the Board does not have a straightforward but comprehensive method for oversight of the principal risks to the HCS objectives.

5. Resource and Performance implications

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

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 receive this Report for Assurance

9. Appendices

Nil

REPORT PREPARED BY Bernard Place Board Secretary September 2019

Government of JERSEY

Health and Community Services

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 asked/recommended to do/decide?	That the progress against the actions described in tracker be considered by the Risk Committee and HCS Board every three months

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

| | 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 committee[i] or subordinate committee has this been to and were there comments / recommendations to consider? | The Board Secretary coordinated the population of the initial submission of the tracker with updates actions and progress (with contributions from senior managers from operating theatres, private practice and the Associate Managing Director). The submission was signed off by the Director General before submission to Government of Jersey |
| | |

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 implications?	Safety implication will arise if recommendations are not progressed

5. Resource and Performance implications

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

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

AGENDA ITEM 18 Comptroller and Auditor General Reports Recommendations Tracker.doc

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

	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 committee has this been to and were there comments / recommendations to consider?	AMD group informed 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?	We don't currently have a full team of clinical governance support to cover all the Care Groups We will need to bring in some temporary support to support full

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

	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

Are there any quality or safety implications?	As the Care Groups develop this model places governance much closer to 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 expenditure been reviewed by Finance?	NA

6. Risk implications

Are there any associated risks?	None identified at this stage
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

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

| | | Use of Management Information in the Health and Social Services Department – Operating Theatre: Follow-up | Use of Management Information in the Health and Social Services Department – Operating Theatre: Follow-up | C&AG | | R6 Review the Informatics Strategy for continued relevance of both objectives and proposed means of delivery. | DG of Health | Accept | 2015 | Y | Green (Done) | | DG of HCS | Completed | | | | | N/A | | GL | | Dependencies | | | M | | | GYG |
| 17/08/2015 | | Use of Management Information in the Health and Social Services Department – Operating Theatre: Follow-up | Use of Management Information in the Health and Social Services Department – Operating Theatre: Follow-up | C&AG | | R8 Develop and roll out a programme for sharing the valuable learning about management information within operating theatres to clinicians and other staff within HSSD. | DG of Health | Accept | 2015 | Y | Green (Done) | Management Information Corporate Learning | DG of HCS | Completed | | | | | N/A | | GL | | Dependencies | | | M | | | GYG |

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 1. that this merger occurs in readiness for October Committee meeting 16 October 2019 2. The merged Risk, Quality and Performance Committee review its effectiveness in merged form in December 2019 3. 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 *corporate* governance structures – considering significant risk (scoring >16) - would be broadly mirrored by the establishment in a similar timeframe of the *clinical* (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 _might_ 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 _are_ 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
2   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
3   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

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	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

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

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 safety implications?	The safety implications are more likely to be known with greater certainty if Risk and 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, staffing or performance implications?	Nil
Has any proposed expenditure been reviewed by Finance?	Nil

6. Risk implications

Are there any associated risks?	Risks described in body of report
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

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suggests a more prudent and measured approach to implementation is necessary than originally intended by the Board. The merger of the Risk and Quality and Performance committees provides a means for the implementation of the governance arrangements approved by the Board to proceed in a more risk averse manner until December 2019.

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

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HEALTH AND COMMUNITY SERVICES ORGANISATION CHART

Government of JERSEY

HEALTH AND COMMUNITY SERVICES BOARD

Set Strategy - Shape Culture - Assure Delivery - Oversight of Risk

Management Executive Team

Influence Strategy – Embed Culture – Ensure Delivery – Manage Risk

People and Organisational Development Committee

Finance and Modernisation Committee

HCS Risk, Quality and Performance Committee

Risk Management Group

Safety & Experience Review Group (SERG)

Efficiency Delivery Group

(Monthly) Executive Care Group Performance Reviews

‣ Operational Delivery Group ‣ Theatre Transformation Programme ‣ Health Modernisation Group	‣ Patient Experience Strategy Group ‣ Health & Safety Group ‣ Risk Management Group ‣ Quality Group	‣ Efficiency and Assurance Group ‣ Capital Planning Group	‣ Workforce Group ‣ Education, Learning and Development

Executive Oversight and Assurance Groups	Accountability and Performance Management	Delivery Groups	Board Sub-Committees
Assuring delivery, escalation and trouble shooting	Executive Challenge & Support (1/12) DG Assurance (1/4)	Enabling, delivering, monitoring and trouble shooting	Scrutiny, challenge, support and assurance

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