
STATES OF JERSEY



GOVERNANCE ARRANGEMENTS FOR HEALTH AND SOCIAL CARE (FOLLOW-UP) (R.143/2021): EXECUTIVE RESPONSE

**Presented to the States on 20th October 2021
by the Public Accounts Committee**

STATES GREFFE

FOREWORD

In accordance with paragraphs 64-66 of the [Code of Practice](#) for engagement between ‘Scrutiny Panels and the Public Accounts Committee’ and ‘the Executive’, (as derived from the [Proceedings Code of Practice](#)) the Public Accounts Committee presents the Executive Response to the Comptroller and Auditor General’s Report entitled: [Governance Arrangements for Health and Social Care \(Follow-up\)](#) (R.143/2021 presented to the States on 13th September 2021).

The Committee is pleased to note that all of the C&AG’s recommendations have been accepted although in two areas, implementation dates are longer than expected. The Committee intends to submit comments on this shortly.

Deputy I. Gardiner

Chair, Public Accounts Committee

The Chief Executive and Director General of Treasury and Exchequer's response to Comptroller and Auditor General's Review: Governance Arrangements for Health and Social Care Follow Up Report

October 2021

Glossary of Terms

BAF – Board Assurance Framework

C&AG – Comptroller and Auditor General

DG – Director General

EPR – Electronic Patient Record

HCS – Health and Community Services

HR – Human Resources

IGA – Integrated Governance Accountabilities

JCM – Jersey Care Model

JNAAS – Jersey Nursing Assessment and Accreditation System

JPF – Jersey Performance Framework

M&D – Modernisation and Digital

PALS – Patient Advice and Liaison Service

TOR – Terms of Reference

Chief Executive and Treasurer’s Response to C&AG Review: [Governance Arrangements for Health and Social Care Follow Up Report](#) - Executive Response to PAC by 15th October 2021 please.

Summary of response:

Health & Community (HCS) Services has reviewed the Comptroller Auditor General’s (C&AG) report and has accepted all 18 recommendations in full. One recommendation has been completed in full.

HCS recognises that good governance is essential for good public services. Since the 2018 Report there has been some progress in implementing recommendations made. HCS Board and Board Committees, Care Group Performance Reviews and Care Group Management and Governance meetings are now established embedded and working well. However, there are elements of governance and learning, specifically around assurance frameworks and risk management that support performance and patient outcomes that require further work. Sharing information and learning from complaints as well as the implementation of a robust PALs service will support the development or changes in service delivery to meet Islanders needs.

The action plan outlined below has been carefully considered and HCS has a willingness for departments to work together to implement changes to improve outcomes.

Action Plan

Recommendations	Action	Target date	Responsible Officer
<p>R1 Document a comprehensive and publicly available Health and Social Care Integrated Governance Accountabilities (IGA) Framework. This structural document should include:</p> <ul style="list-style-type: none"> • terms of reference of committees and groups • relationships between the committees and groups • memberships, workplans and frequency of meetings • arrangements both within HCS, within Government and within the whole Island health and social care system; and 	<p>Many of the principal strands of HCS governance have already been established (including TOR):</p> <ul style="list-style-type: none"> • Level 1: HCS Board & Board Committees • Level 2: Care Group Performance Reviews • Level 3: Care Group Management / Governance meetings • Level 4: Speciality / Service level • Level 5: Department / Individual <p>Key actions:</p> <ul style="list-style-type: none"> • Develop an Accountability Framework which specifies how the performance management systems are structured and tracked, to ensure 	<p>April 2022</p>	<p>HCS Secretary/ Director General</p>

<ul style="list-style-type: none"> the Jersey Care Model and Our Hospital project governance arrangements 	<p>delivery of the corporate objectives at every level of the organisation.</p> <ul style="list-style-type: none"> Review the effectiveness of the subcommittee / management group structure (including TOR / work plan). Develop the Integrated Governance Framework document for HCS Further develop the framework to include the Whole Island system / JCM / our Hospital 	<p>June 2022</p> <p>June 2022</p> <p>September 2022</p>	
<p>R2 Review the terms of reference for and the membership of the HCS Board. This review should consider:</p> <ul style="list-style-type: none"> the membership within Government and external to Government the responsibilities of the HCS Board in respect of all Government health and social care services (within and external to HCS); and the role and responsibilities of the HCS Board for the whole health and social care system on the Island. 	<ul style="list-style-type: none"> A review of the Terms of Reference will consider all these points & this process will start at the meeting 8 November 2021. (Attached are Draft TOR in Appendix A) 	<p>Revisions Q4 2021 Final Draft Q1 2022</p>	<p>HCS Board Secretary / Director General</p>
<p>R3 Review the way in which the HCS Board operates in order to:</p> <ul style="list-style-type: none"> ensure that a more effective balance is struck between verbal and written reports ensure that the minutes record accurately who is 'present' as a HCS Board member and who is 'in attendance' require the HCS risk register to be reported to the HCS Board on at least an annual basis; and 	<ul style="list-style-type: none"> Ensuring a more effective balance is struck between verbal & written reports is too simplistic. The TOR / annual work plan will be developed to ensure the Board prioritises the issues on which they spend their time (including setting the organisation's strategy and overseeing its performance, governance and compliance with its legal obligations). This is to be recorded on the agenda / planner. Items delivered will be mapped to HCS objectives with a description of purpose of presentation. Following this, need to determine what information is most relevant & <u>the way in which the Board needs to receive the</u> 	<p>Q1 2022</p>	<p>HCS Board Secretary / Director General</p>

<ul style="list-style-type: none"> ensure that the Director General of HCS and other Senior Executives are held to account in an open and transparent way. 	<p><u>information</u>. Where decisions / actions are required, written information will be required.</p> <ul style="list-style-type: none"> The minutes have always recorded this. For clarity, the word 'Board' has been inserted – <i>Board Members Present</i>. Health and Community Services Department Board (gov.je) The HCS Risk Register is discussed within the Quality & Risk Assurance Committee report. Health and Community Services Department Board (gov.je) However, to make it clearer the specific inclusion of the risk register will form part of 2022 HCS Board Work Plan. The HCS Board is a 'meeting in public' (although this was disrupted during the pandemic) where the Chair holds the DG / Executive Directors to account. The BoardPack / minutes are made publicly available through the HCS website. Health and Community Services Department Board (gov.je) Develop a handbook for HCS Board members to ensure they can undertake their responsibilities effectively and appropriately. 	<p>COMPLETE (see website April 2021)</p> <p>2022</p> <p>Q1 2022</p> <p>Q4 2021</p>	
<p>R4 Prioritise the finalisation of the Board Assurance Framework to support the work of the HCS Board. This document should be publicly available and be updated and publicised on at least a six monthly basis</p>	<ul style="list-style-type: none"> The development of a Board Assurance Framework has been discussed in detail with the GOJ Risk & Audit Team. The development of a BAF will be considered in conjunction with the GOJ Risk management Strategy, however, this is a long-term project. Once a detailed timeframe 	<p>Q4 2025</p>	<p>HCS Board Secretary / Director General</p>

	<p>and work programme for the development of the Framework is in place, this will be shared with the CAG.</p> <ul style="list-style-type: none"> • A Risk Manager has been appointed & will be commencing mid-Nov 2021. This role will ensure the development & embedding of risk management processes within HCS & the maintenance of a risk register which fully reflects risk exposure. 	Q4 2022	
<p>R5 Publish an Annual Quality Account for all health and social care services provided by Government. The Annual Quality Account should include, as a minimum, information on:</p> <ul style="list-style-type: none"> • a review of performance over the previous year across the domains of patient/service user safety, clinical effectiveness and patient experience • identification of and progress made in identified areas of improvement • the outcomes of clinical audit • the outcomes and recommendations from internally commissioned external clinical services reviews undertaken in the year • action taken and proposed in respect of clinical audit and other reviews of services • core quality indicators, including benchmarking of performance over time and against other health and social care systems where possible and appropriate • the volume and themes from feedback including feedback from patients/service 	<p>The introduction of an organisation wide Quality Account enabling staff to reflect on their hard work and celebrate their achievements and successes has been identified as a key deliverable within the ratified Quality and Safety Strategy 2021-2023. Work on this will commence early 2022 with the aim of being able to provide an annual quality account for 2022.</p> <p>This will include:</p> <ul style="list-style-type: none"> • A review of performance over the previous year across the domain of patient/service user safety, clinical effectiveness and patient experience • The outcomes and progress made meeting the recommendations of national and local clinical audits • Learning from Serious Incidents and Moderate harm incidents looking at themes across HCS • The outcome of internally commissioned external clinical service reviews • Core quality indicators in line with the NHS 15 quality indicators and NHS Outcomes framework • The volume, feedback and themes from complaints, whistleblowing and PALS service 	Q4 2023	<p>Quality & Safety Team / Director Quality & Safety</p>

users, system partners, complaints and whistleblowing; and • key themes from staff surveys with actions planned in response to staff feedback	<ul style="list-style-type: none"> Themes from staff surveys such as BeHeard and the action planned in response to staff feedback 		
R6 Consider appointment of independent members to the assurance committees to ensure that there is appropriate independent challenge of and assurance over performance.	Review the constitution & remuneration of other GOJ Boards (for example Law Officers Department) to explore how this could be developed within HCS.	Q1 2022	HCS Board Secretary
R7 Ensure that robust arrangements are in place to update the data supporting the Jersey Performance Framework on a more regular basis.	<p>The indicators in the Jersey Performance Framework are now being aligned with those in the HCS Quality & Performance report as the two reports will be publishing in the same time period (quarter end). The JPF has a tight quarterly timetable for submission and sign off which has now been shared with reporting teams across Government (from Q3 2021) enabling planning of workload and submission.</p> <p>Data extraction issues from the core health system (TrakCare) have been recurring over recent months and indeed worsening. HCS Informatics is working with M&D to find a solution that enables robust data extraction that does not impact the live system. The Outpatient API has been implemented in October 2021 and the plan is to complete the rest by the end of 2021. Once the data are available to the team, the analysis and report production has been developed in Alteryx – software which allows repeatability and rapid turnaround of reports.</p>	Q3 2021	Head of Informatics
R8 Document a long term strategy for health and wellbeing to be delivered across Government, health and social care services and key partners.	People & Corporate Services are developing a GOJ Wellbeing Strategy. Health will present their strategy to compliment this.	Q3 2022	Head of Organisation Development (COO) / Associated

Progress against the long term strategy should be reported publicly.			Chief for allied Health Professionals and Wellbeing
R9 Complete the review of a PALS and prioritise the establishment of a PALS or equivalent service.	A review of the PALs service has been completed. A Task & finish group is being set up to review and establish the PALS function going forward. Pilot of PALS desk in Gwyneth Huelin from October – December 2021. This will provide users of our service any guidance, support, advice or information should they have concerns, suggestions or queries about their care at point of contact. Service users will be signposted to local services, support groups and complaints process, if necessary.	Q4 2022	Chief Nurse
R10 Review the level of business support provided to the Care Groups.	A HR business partner and a financial business partner will be allocated to each care group	Q2 2022	Associate Director of People (HCS) / Head of Finance Business Partnering (HCS)
R11 Document a more formal programme of planned benchmarking and 'peer to peer' learning.	Document to be created on programme of planned benchmarking projects. Document to be created on a 'peer to peer' learning programme.	Q4 2022	Director of Improvement & Innovation / Medical Director
R12 Document and implement a formal action plan to rollout JNAAS to all community providers.	JNAAS was temporarily suspended during the Covid Pandemic. At that time, JNAAS had been implemented across all inpatient HCS areas and Jersey Hospice Care. JNAAS has now recommenced, and all HCS inpatient areas will have been assessed by December 2021. At the initial discussions with some community providers, there were no immediate plans to introduce a community JNAAS frameworks, due to competing priorities. However, this will be further reviewed in line with the commissioning processes.	Q4 2022	Associate chief Nurse (Professional Practice)

	<p>We are already creating frameworks for our own HCS Mental Healthcare Teams and have templates that can be modified for other community teams/providers. The templates can be individualised to commissioned organisations, without losing the standardised evidence-based benchmarks we use.</p>		
<p>R13 As part of the implementation of the Jersey Care Model, explore ways of sharing information and learning from complaints across all parts of the health and social care system, including from primary care providers.</p>	<p>To include “sharing information and learning from complaints” as a standing agenda item in the JCM Health and Care Partnership Group. Health and Social services report feedback into Datix. This is then reported to the executive as part of the Quality and performance care group reporting.</p> <p>To produce a summary report against this agenda item by end of 2022.</p> <p>Note: The JCM Health and Care Partnership Group provides a seat for all health and care providers on island and therefore would be a good place to share and explore ways of improving the sharing of learning from complaints.</p>	Q4 2022	Director of Improvement & Innovation
<p>R14 Redefine the expected behaviours supporting the Team Jersey Values into a language specific to the delivery of health and social care services for HCS staff.</p>	<p>The GoJ Team Jersey team to co-produce with HCS staff and HCS Team Jersey Leads the re-wording of the expected behaviours supporting the Team Jersey Values to make them relevant to clinical and non-clinical support staff in a health and care environment.</p> <p>Updated documentation produced and published.</p>	Q4 2022	Director of Improvement & Innovation / Programme Director Team Jersey/Head of Organisational Development
<p>R15 Implement a more comprehensive quality and safety programme across all health and social care services.</p>	<p>The Quality and Safety Strategy 2021-2023 has been approved within HCS and will be rolled out in Q1 2022. The Strategy describes:</p> <ul style="list-style-type: none"> • how we organise ourselves 	Q1 2022	Quality & Safety team / Director Quality & Safety

	<ul style="list-style-type: none"> • how we will imbed an open learning culture cross-cutting throughout all our structures how we will implement constant improvement; and • how we will measure and share this success in delivering a new Jersey Standard for Quality and Safety within health and social care for all Islanders. 		
<p>R16 Extend further the scope and nature of routine public reporting of the performance of all elements of health and social care, including through the Government of Jersey website, taking into account performance reporting in other jurisdictions.</p>	<p>Reporting is currently restricted due to technical limitations and staffing capacity. The new EPR system (implementation by end of 2022) will enable better and easier reporting. In the meantime, we will</p> <ul style="list-style-type: none"> • review options for public reporting including taking into account performance reporting in other jurisdictions 	Q3 2022	<p>Head of Informatics / Director of Improvement & Innovation</p>
<p>R17 Improve the arrangements for the management of risks by:</p> <ul style="list-style-type: none"> • documenting the risk appetite for the key risks identified on the risk register • ensuring that risk mitigation actions are aimed at managing risks within the identified risk appetite • clarifying the interaction between the HCS approach to risk and the Government ERM approach • improving the audit trail through the assurance committees and the HCS Board as to how risks have been managed on and off the risk register; and • ensuring the HCS Board reviews the top health and social care system risks on a systematic basis at least twice a year. 	<p>A Risk Manager has been appointed & will start mid-November to further develop & embed risk management process within HCS. This will incorporate actions to meet the recommendation in full.</p> <p>A Risk Management Committee has been established (see attached TOR)</p> <p>The risk appetite document is being developed for presentation at the Risk Management Committee. Following agreement here, this document will need to be presented to the Senior Leadership for approval & the Quality & Risk Assurance Committee for assurance.</p> <p>The inclusion of the Risk Register at the HCS Board will feature on the annual work plan for 2022</p>	<p>Q4 2021</p> <p>Q4 2021</p> <p>Q1 2022</p>	<p>Appointed Risk Manager</p>

<p>R18 Ensure that the quality and safety programme to be implemented includes a comprehensive strand of work aimed at developing the capacity and capability of all those involved in delivering governance across health and social care.</p>	<p>Governance standards will be developed alongside the Quality and Safety strategy. Quality and Safety resources across HCS should be pulled into a central team in order to have the capacity and capability to deliver the governance across HCS.</p>	<p>Q3 2022</p>	<p>Quality & Safety team / Director Quality & Safety</p>
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Recommendations not accepted

	Recommendation	Reason for rejection
	NONE	

TERMS OF REFERENCE

1. Name of governance body

Health and Community Services (HCS) Risk Management Committee

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

The Risk Management Committee is a standing subcommittee of the Quality and Risk Assurance Committee.

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

The Committee is accountable to the Quality and Risk Assurance Committee for its performance and effectiveness in accordance with these terms of reference.

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

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

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

This committee is a permanent subcommittee of the Quality and Risk Assurance Committee.

6. Purpose

The purpose of the HCS Risk Management Committee is to:

- Ensure a consistent approach to risk management within HCS that aligns to the Government of Jersey (GOJ) Risk Management Strategy.
- Ensure that risk management practices are operating effectively across all areas within HCS.
- Provide a consolidated and considered view of HCS departmental risks to inform the corporate risk register.
- Support the objectives of the Enterprise Risk Management (ERM) Strategy and the implementation of this to further increase the maturity of risk management within HCS.
- Provide assurance and advice to the Quality & Risk Assurance Committee in respect of risks facing HCS & plans to mitigate these risks.
- Review and update the HCS risk management process in line with the GOJ Risk Management Strategy.

7. Duties and responsibilities

- To ensure the identification, evaluation and monitoring of key risks that threaten achievement of HCS's strategic objectives and that a register of these risks is maintained.
- Support the development of consistent risk management practices and processes across HCS, communicating and embedding this throughout.
- Encourage and promote an effective risk management culture across HCS.

- Ensure that risk is identified and managed in accordance with HCS's risk appetite and tolerances, and where this is exceeded, action taken to reduce the risk.
- Horizon scan for new and emerging risks that could impact on any part of HCS.
- Ensure that the HCS risk register is up to date and all risks have an action plan with regular reports of progress against these.
- Review new risks and associated controls and actions entered onto the HCS Risk Register and confirm their acceptance onto the register as live risks.
- The development and identification of key risk indicators to further support the assessment of risk.
- Review departmental training needs in terms of risk management. Identifying training requirements and receive and review evaluations / outcomes following provision of training.
- Invite services / departments and corporate functions to attend the committee on a rotational basis to present a risk report on their risk register and key actions taken.
- Consider and approve the remit of the risk management function and ensure that it has adequate resources, processes and appropriately access to information to enable it to perform its function effectively.
- Provide assurance to the Quality and Risk Assurance Committee that risk management practices and processes are in place and effective. Where gaps have been identified, provide assurance that action plans are in place and being monitored to address this.

Reviewing all HCS and Ambulance Service risks >15 and all Children, Young People, Education and Skills (CYPES) >11 included in the risk register.

- Consider the assessment of these risks, identifying and challenging risks that warrant escalation to the Senior Leadership Team.
- Challenge risk handlers / managers on actions taken to mitigate these risks & update on progress against these.
- Undertake deep dive exercise of each risk on an annual basis (minimum) to understand the effectiveness of active risk management around these, to support the risk on its "path to green".

8. Membership

Members:

The following posts are the permanent membership of the Committee,

- Director of Quality and Safety (Chair)
- Chief Nurse or Delegate (Vice Chair)
- Group Managing Director or Delegate
- Group Medical Director or Delegate

- Associate Director of People HCS or Delegate
- Head of Finance Business Partnering HCS
- Head of Informatics HCS
- Risk Manager HCS
- Head of Estates
- Head of Non-Clinical Support Services
- Care Group SLT Representative
- Chief Clinical Information Officer
- Head of Allied Healthcare Professionals
- Chief Pharmacist
- Head of Therapies

In attendance:

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

- Board Secretary

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

9. Chairmanship (details of chair and deputy chair)

The Committee shall be Chaired by the Director of Quality and Safety, in the interim period Chief Nurse.

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

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

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

- One Executive Director
- Risk Manager
- Four other members

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

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

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

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

N/A

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

Members and attendees have a responsibility to:

- attend at least 80% of meetings.
- read all papers before the meeting.

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

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

Committee members should declare conflicts of interest in relation to agenda items as they arise.

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

The Risk Manager shall provide administrative support and advice to the Chairperson and membership. The duties shall include but not limited to:

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

16. Meetings

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

The Committee will meet monthly.

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

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

The Committee will meet monthly.

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

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

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

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

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

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

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

20. Reporting *(open or closed meeting)*

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

The Risk Manager shall prepare a report of each meeting for submission to the Quality and Risk Assurance Committee at its next meeting.

Issues of concern and/or urgency will be reported to the Senior Leadership Team in between formal meetings by other means and/or as part of other meeting agendas as necessary and agreed with the Director General.

The Committee will produce monthly reports for the Quality & Risk Assurance Committee.

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

These Terms of Reference were approved by <insert> on DATE.

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

The next scheduled review of the Terms of Reference will be undertaken by the Committee in December 2021 in anticipation of approval by the Quality and Risk Assurance Committee at its meeting in July 2021.

Any changes to these terms of reference must be approved by the Quality and Risk Assurance Committee.