

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES  
BY SENATOR S.W. PALLETT  
QUESTION SUBMITTED ON MONDAY 17th MAY 2021  
ANSWER TO BE TABLED ON MONDAY 24th MAY 2021**

**Question**

Will the Minister state –

- (a) the dates on which the Health and Community Services (H.C.S.) Board has met since 1st April 2020;
- (b) the dates on which the Quality, Performance and Risk Committee of the H.C.S. Board has met since 1st April 2020, who chaired each of the meetings, who the current Chair of the Committee is and the date of their appointment;
- (c) the dates on which the Finance and Modernisation Committee of the H.C.S. Board has met since 1st April 2020, who chaired each of the meetings, who the current Chair of the Committee is and the date of their appointment;
- (d) the dates on which the People and Organisational Development Committee of the H.C.S. Board has met since 1st April 2020, who chaired each of the meetings, who the current Chair of the Committee is and the date of their appointment; and
- (e) the terms of reference for the H.C.S. Board and each of the Committees referred to above?

**Answer**

Will the Minister state –

- (a) the dates on which the Health and Community Services (H.C.S.) Board has met since 1st April 2020;**

|                   |                          |
|-------------------|--------------------------|
| 8 June 2020       | Chair - Minister for HSS |
| 14 September 2020 | Chair - Minister for HSS |
| 19 October 2020   | Chair - Minister for HSS |
| 7 December 2020   | Chair - Minister for HSS |
| 15 February 2021  | Chair - Minister for HSS |
| 8 March 2021      | Chair - Minister for HSS |
| 12 April 2021     | Chair - Minister for HSS |

All papers available at:

<https://www.gov.ie/Government/Departments/HealthCommunityServices/Pages/HealthCommunityServicesDepartmentBoardMeetingPublic.aspx>

(except for 12 April 2021)

- (b) the dates on which the Quality, Performance and Risk Committee of the H.C.S. Board has met since 1st April 2020, who chaired each of the meetings, who the current Chair of the Committee is and the date of their appointment;**

### Quality, Performance and Risk Assurance Committee

The terms of reference of the QPRAC provide that an Assistant Minister chairs the meetings of the Committee. Senator Pallett as Assistant Minister chaired meetings of the committee in the period October 2019 to February 2020, but after he stepped down as Chair, officers, including the Chief Nurse as Vice-Chair, temporarily took on the position.

|                   |   |
|-------------------|---|
| 1 May 2020        | Chair - Chief Nurse   |
| 24 June 2020      | Chair - Director General / Chief Nurse                                  |
| 26 August 2020    | Chair - Chief Nurse   |
| 30 September 2020 | Chair - Chief Nurse (Senator Pallett in attendance)                     |
| 28 October 2020   | Chair - Group Medical Director  |
| 25 November 2020  | Chair - Group Medical Director  |
| 13 January 2021   | Chair- Group Medical Director /Chief Nurse (attended by Deputy Pointon) |
| 17 February 2021  | Chair - Chief Nurse (attended by Minister for HSS and Deputy Pointon)   |

Deputy Trevor Pointon, Assistant Minister for HSS, was appointed as Chair of the Quality, Performance & Risk Committee (now Quality and Risk Committee) in January 2021 and observed the meetings of January 2021 and February 2021.

The HCS Board approved the restructure of the assurance committees during its meeting of 15 February 2021 and the Quality, Performance and Risk Committee became the Quality and Risk Assurance Committee.

### Quality and Risk Assurance Committee

|               |  |
|---------------|--|
| 24 March 2021 | Chair - Chief Nurse (in absence of Assistant Minister for HSS, Deputy Pointon (in the States Assembly) |
| 28 April 2021 | Chair - Assistant Minister for HSS, Deputy Pointon   |

- (c) the dates on which the Finance and Modernisation Committee of the H.C.S. Board has met since 1st April 2020, who chaired each of the meetings, who the current Chair of the Committee is and the date of their appointment;**

Following HCS Board approval in February 2021, Finance and Modernisation became the Operations, Performance and Finance Assurance Committee.

### Operations, Performance and Finance Assurance Committee

|                  |   |
|------------------|---|
| 25 February 2021 | Chair - Director Improvement and Innovation |
| 1 April 2021     | Chair - Director Improvement and Innovation |
| 29 April 2021    | Chair - Director Improvement and Innovation |

Deputy Hugh Raymond, Assistant Minister for HSS, appointed as Chair April 2021 (observed this meeting). Taking the Chair at meeting on 27 May 2021.

- (d) the dates on which the People and Organisational Development Committee of the H.C.S. Board has met since 1st April 2020, who chaired each of the meetings, who the current Chair of the Committee is and the date of their appointment; and**

|                 |   |
|-----------------|---|
| 12 August 2020  | Chair - Assistant Minister for HSS (Deputy Macon) |
| 14 October 2020 | Chair - Assistant Minister for HSS (Deputy Macon) |

|                  |  |
|------------------|--|
| 16 December 2020 | Chair - Associate Director of People HCS |
| 27 January 2021  | Chair - Associate Director of People HCS |
| 3 March 2021     | Chair - Associate Director of People HCS |
| 28 April 2021    | Chair - Associate Director of People HCS |

Awaiting appointment of Chair.

**(e) the terms of reference for the H.C.S. Board and each of the Committees referred to above?**

- HCS Board – under annual review (see attached)
- Quality and Risk Assurance Committee – under annual review (following the restructure) (see attached)
- Operations, Performance and Finance Assurance Committee (see attached)
- People and Organisational Development Assurance Committee (see attached)

## 1. Health and Community Services Board

| Terms of Reference   |   |
|--|---|
| Purpose and Authority  | <b>Name of governance body</b>  |
|  | Health and Community Services (HCS) Board   |
|  | <b>Purpose</b> <i>(the reason for which this board/committee has been created)</i>  |
|  | The Board is a forum for the Minister for Health and Community Services to be transparent in the way s/he discharges his/her responsibilities as Minister. The Board therefore: <ul style="list-style-type: none"> <li>• Leads Jersey's health and care system</li> <li>• Draws on evidence from HCS assurance committees to assure Islanders that: <ul style="list-style-type: none"> <li>• HCS strategy and objectives are in accordance with government objectives and future health and care opportunities / threats</li> <li>• HCS is properly governed and well-managed across the full range of activities, and meets its regulatory and statutory responsibilities</li> </ul> </li> <li>• Holds the Management Executive Committee to account for the implementation of strategy and the day-to-day delivery of HCS activities</li> </ul> |
|  | <b>Constitution</b> <i>(who approved the establishing of the board and when)</i>  |
|  | Establishment of the HCS Board was approved by States of Jersey Council of Ministers on 17 October 2018 in response to the recommendations from the C&AG report published in September 2018   |
|  | <b>Accountability</b> <i>(who the board/committee are accountable to)</i>   |
|  | The Board is accountable to the Minister for Health and Community Services for its performance and effectiveness in accordance with these terms of reference. The Board will also report to the Council of Ministers with its decisions.  |
|  | <b>Authority</b> <i>(what has been delegated to this board / committee)</i>   |
|  | The Board is not a decision-making group. Decisions remain within the authority of the Minister for Health and Community Services.<br><br>The Board will provide considered advice to the Minister and any Board voting activity is considered advisory. The Minister will factor Board judgement into any decision that he/she makes.  |
|  | <b>Duration of governance body</b> <i>(how long establishment of this governance body is permitted)</i>   |
|  | The HCS Board is a permanent governance body.   |
|  | <b>Responsibilities</b> <i>(what the board/committee are responsible for delivering)</i>  |
| The Board is responsible for: <ol style="list-style-type: none"> <li><b>1. Leadership and decision making</b> <ol style="list-style-type: none"> <li>1.1. Being the ultimate point of accountability for operational issues, intervening in service delivery in the most significant exceptions</li> <li>1.2. Considering matters that require ministerial decision, lodging of a proposition to the States Assembly or public consultation</li> <li>1.3. Approving HCS strategies and objectives - what the health and care system should do and why</li> <li>1.4. Approving the modernisation and digital change programme</li> <li>1.5. Approving the scheme of delegation</li> <li>1.6. Agreeing significant investment/disinvestment</li> <li>1.7. Monitoring assurance committee recommendations and assuring that the Management Executive Committee responds appropriately</li> <li>1.8. Establishing and maintaining a committee structure with delegated powers as prescribed by States of Jersey Standing Orders,</li> <li>1.9. Reviewing the effectiveness of the Board structure at least annually</li> </ol> </li> </ol> |   |

|   |  |
|---|--|
|   | <p><b>2. Assurance</b></p> <p>2.1. Providing Islanders with assurance concerning all aspects of HCS strategic and operational responsibilities, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Performance and progress against corporate objectives in accordance with the States of Jersey Common Strategic Policy.</li> <li>• Regular reports/minutes from HCS assurance committees</li> <li>• Risk management and assurance frameworks across HCS</li> </ul> <p>2.2. Ensuring at a corporate level that the resources of the department, both financial and non-financial are deployed to best effect and are delivering high quality and safe services within the financial resources allocated by the States of Jersey</p> <p>2.3. Ensuring submission and publication, as appropriate, of all mandatory returns, the HCS Annual Report and accounts and forward plans</p>         |
| <b>Membership</b>   | <p><b>Membership</b> <i>(details of voting &amp; non-voting members specifying job title as well as name)</i></p>  |
|   | <p><b>Members with voting rights</b></p> <p>The following posts are entitled to permanent membership of the Board with full voting rights:</p> <ul style="list-style-type: none"> <li>• Minister for HCS</li> <li>• Deputy Minister for HCS</li> <li>• Deputy Minister for HCS</li> <li>• Deputy Minister for HCS</li> <li>• Director General for HCS</li> <li>• Group Managing Director</li> <li>• Chief Nurse</li> <li>• Group Medical Director</li> <li>• Health Modernisation Director</li> </ul> <p><b>In attendance with no voting rights</b></p> <p>The following posts shall be invited to attend routinely meetings of the Board in full or in part but shall not be a member or have voting rights:</p> <ul style="list-style-type: none"> <li>• Chair of Island Partnership Forum</li> <li>• Senior Finance Business Partner</li> <li>• The Board Secretary (for the purposes described below)</li> </ul> |
|   | <p><b>Chairmanship</b> <i>(details of chair and deputy chair)</i></p>  |
|   | <p>The committee shall be chaired by the Minister for Health and Community Services</p>  |
|   | <p>The Assistant Minister shall be the deputy chair of the committee and shall chair meetings in the event that either is absent or has a conflict of interest which precludes his or her attendance for all or part of a meeting.</p>   |
|   | <p><b>Quorum</b> <i>(the minimum number of members that must be present for it to be proceed)</i></p>  |
|   | <p>For any formal meeting of the HCS Board to proceed, five voting members must be present, of which two must be Ministerial.</p>  |
|   | <p><b>Decision-making</b> <i>(how decisions will be made i.e. voting member and how non-agreement will be resolved)</i></p>  |
|   | <p>Wherever possible members of the Board will seek to make recommendations based on consensus.</p>  |
|   | <p>It may be necessary to conduct a vote, the result of which will be considered to be structured advice to the Minister for Health and Community Services.</p>  |
| <p>Where necessary, the Minister will determine recommendations or propose a course of action that will be put to the Council of Ministers for endorsement.</p> |  |
| <p><b>Subgroups</b> <i>(details of any sub-groups that will report into this board / committee)</i></p>   |  |
| <ul style="list-style-type: none"> <li>• Management Executive Committee</li> </ul>  |  |

|                       |   |
|-----------------------|---|
|                       | <ul style="list-style-type: none"> <li>• Clinical and Care Governance, Safety and Risk Assurance Committee</li> <li>• Quality and Performance Assurance Committee</li> <li>• Finance and Corporate Governance Assurance Committee</li> <li>• Workforce Assurance Committee</li> </ul>   |
|                       | <b>Responsibility of members and attendees</b> <i>(what is expected of members and attendees)</i>   |
|                       | <p>Members and attendees have a responsibility to:</p> <ul style="list-style-type: none"> <li>• attend at least 80% of meeting</li> <li>• read all papers before the meeting</li> <li>• act as ‘champions’, disseminating information and good practice as appropriate</li> <li>• identify agenda items, for consideration by the Chair, to the Secretary at least 5 working days before the meeting</li> <li>• prepare and submit papers for a meeting, using the HCS report template, at least 5 working days before the meeting</li> <li>• if unable to attend, send their apologies to the Chair and Secretary at least 24 hours prior to the meeting and, if appropriate, seek the approval of the Chair to send a deputy to attend on their behalf</li> <li>• when matters are discussed in confidence at the meeting, to maintain such confidences;</li> <li>• declare any conflicts of interest / potential conflicts of interest as set out below</li> </ul> <p>Conduct themselves in a manner consistent with ‘OUR Values OUR Actions’, challenging colleagues and partners that do not</p> |
|                       | <b>Conflicts of Interest</b> <i>(expectation of members / attendees to declare conflicts)</i>   |
|                       | <p>Members should declare conflicts of interest in relation to agenda items as they arise.</p>  |
| <b>Administration</b> | <b>Secretariat</b> <i>(who will provide secretariat and expectations)</i>   |
|                       | <p>The responsibilities of the secretary shall include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Preparing draft agenda for agreement with the chair</li> <li>• Organising meeting arrangements, facilities and attendance</li> <li>• Collating and distributing of meeting papers</li> <li>• Taking the minutes of meetings and keeping a record of matters arising and issues to be carried forward</li> <li>• Maintaining a schedule of meeting dates and a rolling programme of proposed agenda items</li> <li>• Ensuring the ToR review is an agenda item prior to the date the ToR document is due for review.</li> </ul>   |
|                       | <b>Frequency of meetings</b> <i>(how often the meetings will take place and when)</i>   |
|                       | <p>Meetings will take at least monthly. Meetings will be held in public at least place quarterly.</p>   |
|                       | <b>Papers</b> <i>(when papers should be submitted and circulated prior to meeting)</i>  |
|                       | <p>All items for future agendas should be submitted to the secretary at least ten working days before the date of the meeting at which it is proposed that the item is considered.</p> <p>Agenda and Papers will be circulated and five working days before the meeting the meeting. Papers for meetings in public will be published on gov.je</p> <p>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.</p>  |
|                       | <b>Minutes</b> <i>(expectation when minutes will be circulated following meeting)</i>   |

Minutes of the meeting are formally recorded. Draft minutes of the meeting shall be prepared by the chair and the secretary after every meeting and circulated to members within 5 working days.

**Reporting** *(open or closed meeting)*

Meetings will be held both in private and in public. Agendas for meetings held in public will be published on gov.je in advance of scheduled meetings, along with previous minutes and documented decisions.

**Terms of Reference review** *(ToR approval and review)*

These Terms of Reference were approved by XX on DATE.

These Terms of Reference shall be reviewed annually or more frequently by the HCS Board if necessary. The next scheduled review of the Terms of Reference will be a general review of all governance structures and terms of reference by the Management Executive in summer 2019.

Any changes to these terms of reference must be approved by the Minister for Health and Community Services.

# 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<br>15 July 2019 |

| APPROVAL AND REVIEW   |
|---|
| These ToR were approved by the Board on 30 September 2019                   |
| These ToR were adopted by the Committee at its meeting on 16 September 2019 |

*These ToR shall be reviewed at least annually*

## HEALTH AND COMMUNITY SERVICES

### 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 its 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 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 nine members.

In the absence of an 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.

# TERMS OF REFERENCE

## **1. Name of governance body**

Operations, Performance and Finance Assurance Committee

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

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

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

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

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

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

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

This committee is a permanent Committee of the HCS Board.

## **6. Purpose**

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

## **7. Duties and responsibilities**

The Committee will:

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

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

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

## 8. Membership

### Members:

The following posts are the permanent membership of the Committee,

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

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

### In attendance:

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

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

- Lead Nurses all Care Groups

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

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

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

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

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

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

- Chair
- Two Executive Directors
- Any two other members

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

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

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

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

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

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

Members and attendees have a responsibility to:

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

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

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

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

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

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

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

#### **16. Meetings**

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

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

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

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

The Committee will meet according to a monthly cycle.

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

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



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

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

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

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

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

#### **20. Reporting** (*open or closed meeting*)

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

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

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

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

The Committee will produce an Annual Report for the Board.

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

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

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

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

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

# TERMS OF REFERENCE

## **22. Name of governance body**

People and Organisational Development Assurance Committee

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

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

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

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

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

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

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

This committee is a permanent Committee of the HCS Board.

## **27. Purpose**

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

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

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

## **28. Duties and responsibilities**

The Committee will:

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

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

## **29.Membership**

### **Members:**

The following posts are the permanent membership of the Committee,

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

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

**In attendance:**

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

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

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

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

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

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

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

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

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

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

**32. 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.

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

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

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

Members and attendees have a responsibility to:

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The Committee will produce an Annual Report for the Board.

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

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

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

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