

# STATES OF JERSEY



**GOVERNANCE ARRANGEMENTS  
WITHIN HEALTH AND COMMUNITY  
SERVICES: SIX-MONTHLY UPDATE  
REPORT PURSUANT TO THE  
COMPTROLLER AND AUDITOR  
GENERAL'S REPORTS R.120/2018 AND  
R.42/2019, WITH COMMENTS OF THE  
PUBLIC ACCOUNTS COMMITTEE**

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**Presented to the States on 29th November 2019  
by the Public Accounts Committee**

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**STATES GREFFE**

## FOREWORD

The Public Accounts Committee presents its Comments on the Governance Arrangements within Health and Community Services (“HCS”), following receipt of the HCS six-monthly update report (attached). This update follows the issue of the Comptroller and Auditor General’s (“C&AG”) Report: [Governance Arrangements for Health and Social Care](#) published 13th September 2018, and her follow-up Report: [Community and Social Services for Adults and Older Adults](#) published 4th April 2019.

### Comments of the Public Accounts Committee

#### Background

1. The [C&AG’s Report on Governance Arrangements for Health and Social Care](#) published in September 2018 found that the governance arrangements in place were inadequate, being overly complex, lacking proper terms of reference and clarity in relation to reporting lines. The C&AG’s report on [Community and Social Services for Adults and Older Adults](#) published in April 2019 followed on from her 2015 [Review of Community and Social Services](#) and expressed disappointment that the lessons of the 2015 report had not been implemented and improvements had not been secured.

#### C&AG’s 2015 Report: Review of Community and Social Services

2. The C&AG’s first Report focussed on the many inadequacies of services for older adults, adults and children. It found that the Department faced significant challenges across the range of services it provided. While management had taken significant steps to start to tackle particular issues within Children’s Services, the absence of effective arrangements meant that officers could not be confident that similar issues did not affect Adult Services and Older Adult Services. She concluded that there was a risk that issues were masked because of weak arrangements, poor information and a lack of consistency in management.
3. The report made recommendations in areas such as embedding the right culture, managing risks, making sure managers had the right information, and ensuring effective monitoring and reporting arrangements.

#### C&AG’s 2018 report on Governance Arrangements for Health and Social Care

4. This review considered all Government Departments with responsibilities for health and social care services, including the planning of services based on an assessment of need, funding and delivering those services, and monitoring the effectiveness and quality of services.
5. The C&AG commented that fragmentation of responsibilities reflected silo working. The structures seemed to be based around historic issues, including funding flows, rather than the needs of patients and service users. Responsibility was split between 3 departments with different ministerial accountabilities. There was little evidence of proper oversight to identify future health needs or provide assurance on the current delivery of services. Relationships between the voluntary and private sectors were undermined by bad communication. The

report also noted that the Integrated Governance Committee failed in its responsibility to oversee an effective clinical and care audit programme, and did not monitor implementation of recommendations.

6. The PAC concurred with the C&AG's conclusion that, notwithstanding the new Target Operating Model would help to simplify the existing governance structures, there was much to do to rationalise, clarify, communicate and implement improvement. Success would be dependent on a strong management-driven culture that promoted worthwhile change, encouraged challenge and embraced learning. The need for clear, documented governance arrangements, independent regulation and effective risk registers was highlighted in the C&AG's report, along with the need for effective use of complaints and whistleblowing as tools of governance with clear public reporting of performance.
7. The Committee welcomed the [Executive response](#) which fully accepted the findings, including that urgent action needed to be taken to ensure that health and social care governance is fit for purpose.

#### **C&AG's Follow-Up report – Adults and Older Adults**

8. The 2019 follow-up report by the C&AG identified that lessons learned and improvements made to children's services had not been carried through to drive improvements to other services, such as those provided to adults and older adults. The PAC considers these services to be essential to help some of the most vulnerable people in Jersey. It was therefore disappointed to note that the recommendations from the C&AG's first report were not acted upon and implemented throughout the department.
9. The C&AG found little action on a range of agreed recommendations, and where action had been taken there was no mechanism in place to measure whether intended outcomes had been achieved. There was a lack of a learning culture, weaknesses in the overarching governance framework, and unmitigated risks associated with reliance on interim staff. Activities taken to manage risk had not been clearly communicated in terms of what the activities sought to achieve. Sharing of information to support joined-up care had not been achieved, and recommendations to improve compliance with policies and procedures had not been followed.

#### **PAC Follow-up: Progress Update**

10. The PAC acknowledged that the [Executive response](#) to the C&AG's follow up Report stated that many initiatives were being established by the HCS Management Executive and the HCS Board. The PAC was pleased to note that an ambitious programme of change has been embarked upon, and did not want to disparage the efforts made. However, several proposed timescales for completion of projects were marked 'underway', and the PAC sought more clarity on the proposed timetables for completed implementation of these initiatives, together with the plans to monitor their success.
11. In October 2019 the Executive provided its first 6-monthly HCS report to the Committee to update it on progress made. The PAC held a [Public Hearing](#) with Caroline Landon, Director General of HCS, to question her about that progress

and, shortly thereafter, received a number of responses to follow-up questions. The PAC was keen to learn how other Government initiatives have impacted on the way in which HCS is run. It asked the Director General to detail the development of quantitative metrics to monitor quality and outcomes, the date for publication of complaint data, and the establishment of clear milestones for the implementation of a governance framework. It also questioned how the HCS will monitor delivery against those milestones.

12. The Director General advised the Committee that a patient tracking list had been established to organise and monitor waiting-lists so that a standard for this would be in place by April 2020. Three Committees had been established to oversee Finance and Modernisation; Risk, Quality and Performance; and People and Organisational Development. The Jersey Nursing Assessment and Accreditation System has been introduced to assess all in-patient wards and give a rating. Its assessment would include all in-patient areas for the care of adults and older adults. Performance reviews had been introduced and the organisation was now being clinically led through Care Groups. A new “whistleblowing” policy has been introduced with improvement over the next 6 months being anticipated.
13. The Director General also referred to the Government-wide Governance Framework that would enable a database to monitor progress made in the implementation of PAC and C&AG recommendations. Advice on when that database will be fully validated has yet to be provided. HCS referred to the development of its Integrated Performance Report to measure performance, to benchmark against health indicators measured in other jurisdictions, and to provide a framework for improvement across all service lines.
14. The Director General advised the Committee that a Risk Register would be presented to the public board in November 2019 and published in January 2020, but it was likely to be April 2020 before complaints are reported publicly. Recruitment of permanent staff was ongoing, and a workforce plan was being developed to identify gaps and a change in delivery of services through the new Jersey Care Model. The Committee heard that the workforce plan will be ready to share with colleagues by the end of Quarter 1 2020. This would extend to alignment of central information systems to support the new Care Group structures, and include information from a Partnership forum. The Director General informed the Committee that a formal engagement process would involve a further 6 months’ work. Efficiencies had been identified in contracts management, maintenance and supply contracts, and in working differently.

#### **Next steps**

15. The Committee was pleased to hear of the progress made, but understands there is still a lot of work to be undertaken. It looks forward to receiving a further six-monthly report on further progress achieved, and will hold a public hearing with the Director General in the first quarter of 2020.

**Senator S.C. Ferguson**  
Chairman, Public Accounts Committee

# HEALTH AND COMMUNITY SERVICES PAC REPORT

*October 2019*

## 1. INTRODUCTION

As part of the One Government approach, the Government of Jersey (GoJ) is modernising services to meet long-term goals for the economy, customers, people, services and island. Like all States departments, Health and Community Services (HCS) has reorganised itself to enable teams to work differently and achieve its ambitions. The changes have involved redefining goals and pertinent to this paper describing and implementing a new governance model these include:

- Strengthening clinical and professional leadership
- Closer focus on safety and quality
- Developing better performance management
- Streamlining governance

Focussing on these goals and external reports published in recent years; a new governance model has emerged which supports the newly formed clinically and professionally led care groups. This has been led from the Chief Nurse and Medical Director's office working across all care groups and departments in HCS.

## 2. BACKGROUND

The office of the Comptroller and Auditor General (C&AG) published the report, 'The Office of the Comptroller and Auditor General: Governance Arrangements for Health and Social Care' September 2018 following a review of the adequacy of governance arrangements for existing structures within Health and Social Care (HSSD). This included proposals for changing governance within the then called HSSD and extended to the arrangements put in place relating to health provision outside of the direct control of the States of Jersey such as independent contractors and the private, voluntary and community sectors.

The C&AG report highlighted 22 recommendations of which 14 are directly related to how governance is managed across HCS

In October 2018, HCS (previously HSSD) responded to the C&AG report 'Governance fit for the future. A Programme of action to strengthen governance arrangements for HCS in the States of Jersey' (October 2018) and emphasised 4 design principles underpinning the proposed governance arrangements which have been incorporated into the new governance framework.

1. Our governance arrangements will provide clear leadership and accountability
2. Our governance arrangements will maintain strong focus on quality and safety
3. Our governance arrangements will help us ensure we make efficient effective use of our limited resources
4. Our arrangements will help us achieve timely, well governed services and service transformation in line with our strategic plans.

In addition, two other documents have informed this report:

1. Recurring Themes: Organisational Culture and Corporate Learning Public Accounts Committee (20 May 2019)
2. A Work programme commissioned by the Chief Nurse specifically looking at assurance for the island wide responsibilities of the Chief Nurse (May 2019)

These documents apprise the scope of a programme of work to devise a governance structure fit for purpose for HCS operating in the context of the States of Jersey Chief Executive’s new Target Operating Model (TOM). The new fit for purpose governance framework intends to underpin the delivery of HCS overriding ambition ‘to create a healthy island with safe, high quality, affordable care that is accessible when and where service users need it’ as detailed in the departmental operational business plan.

Our aim is to promote an open culture based on good clinical and corporate governance where our services deliver high quality care with an effective quality assurance across our directly provided and commissioned services with clear emphasis on safety and outcomes

### 3. HEALTH AND COMMUNITY SERVICES CONTEXT

In June 2019, the first public HCS Board was held and this was chaired by the Minister for Health. To support the Board are four assurance committees and in July 2019, the first round of these committees took place, each one is chaired by an Assistant Minister. The Board and Committee structure is demonstrated below in Figure 1.

Figure 1: Health and Community Services Committees serving HCS Board

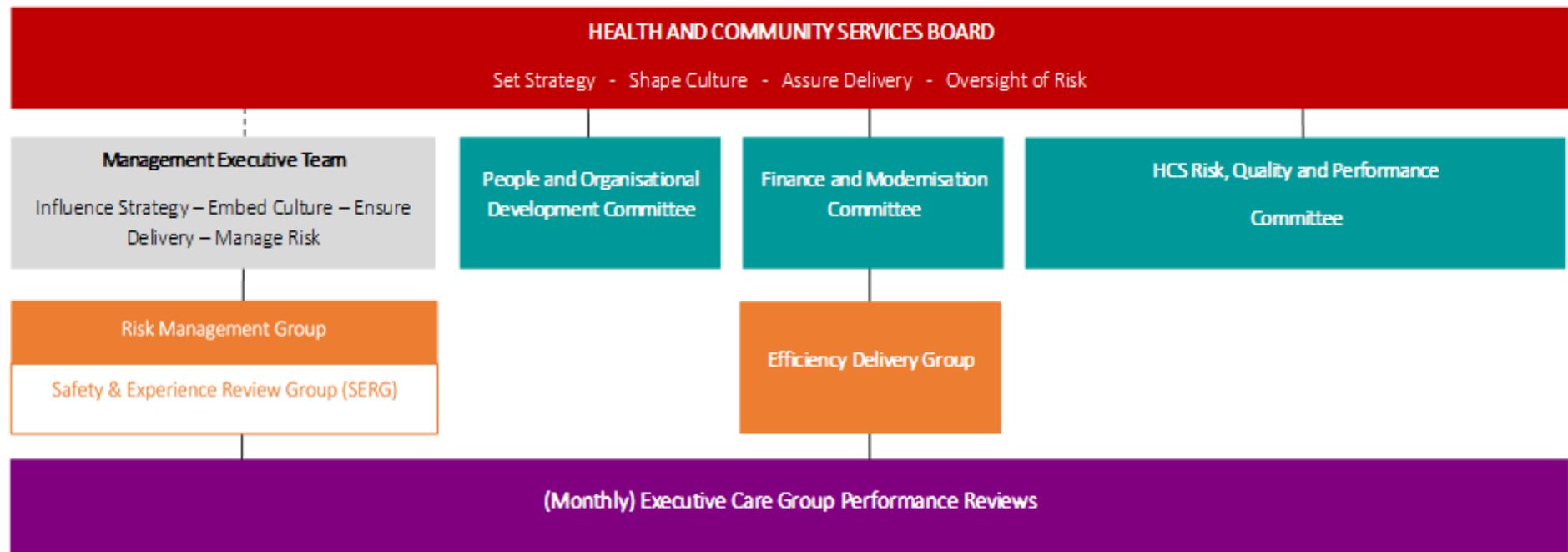
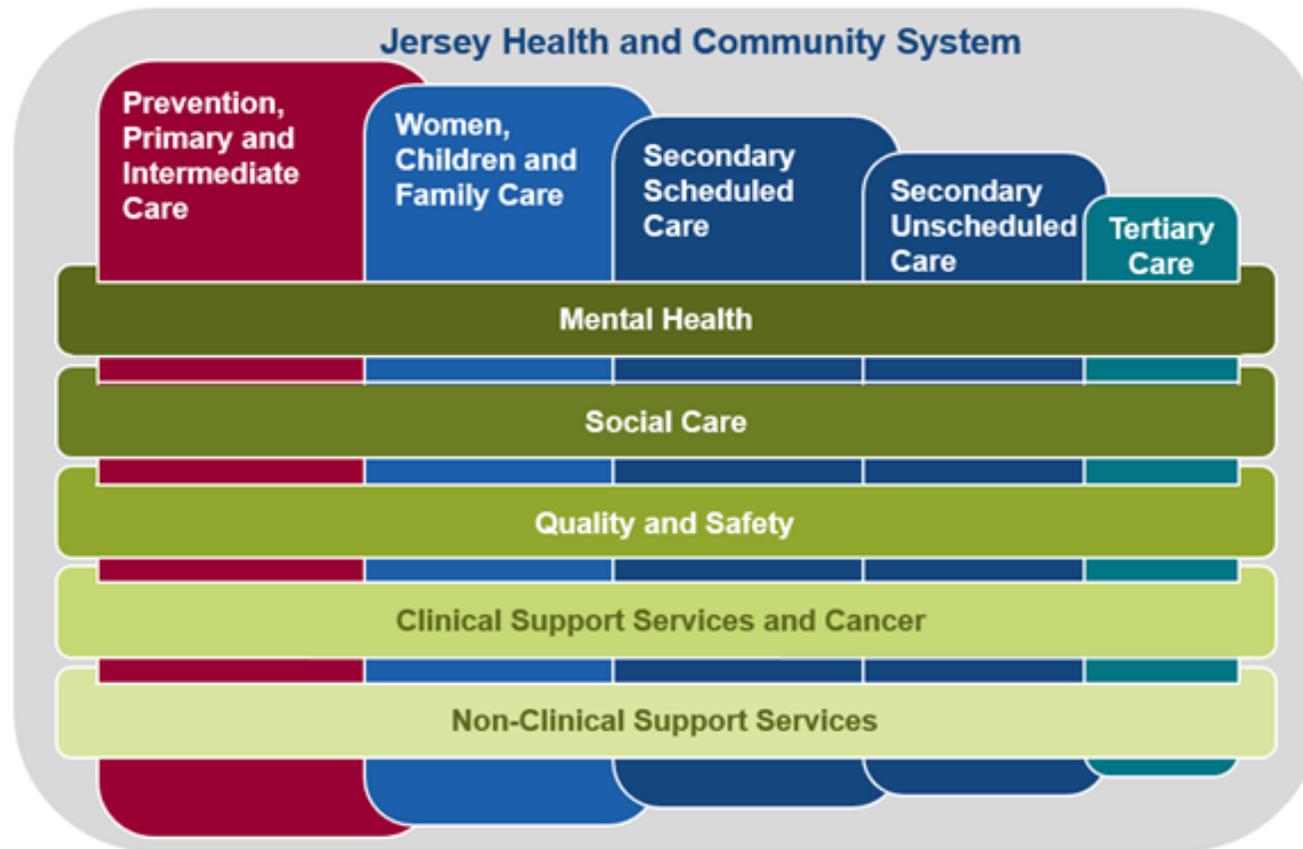


Figure 2 illustrates the Care Group model that underpins the clinically led and professionally managed organisation that is HCS. Following reorganisation, each Care Group is led by the triumvirate; associate medical director/lead social worker; lead nurse; lead AHP and general manager.

Figure 2: Health and Community Services Care Group Structure



#### 4. FOCUS ON ACCOUNTABILITY

Throughout has been the overarching principle that those running the day to day service (care groups) are accountable to themselves, the organisation, and those it serves; the public. This ensures that the interests of the organisation are balanced and not run for the benefit of those staffing it (HQIP Good Governance Handbook 2014).

The aim is to ensure the Care Group leaders remain accountable and follow a set of overriding principles implicit in clinical governance:

- Deliver safe and effective care based on available evidence and best practice;
- Achieve demonstrable improvements in patient outcomes;
- Increase the involvement of staff, patients, carers and the public
- Provide assurance to patients and the public on systems for safety and quality of care.

The Quality and Safety Care Group ensures our services are delivered to the required professional and quality standards with the required level of oversight and assurance. It was recognised that the Quality and Safety Care Group remit was very broad and there needed to be much more focus if we were to meet the clinical governance reporting arrangements. Part of the revised governance arrangements included the development of a Board Assurance Framework supported by a fully operational risk register. Whilst work had previously been undertaken on risk registers in HCS it was recognised this needed to be built on to ensure there was assurance around the delivery of services within the Care Groups, that any risks, clinical or non-clinical were captured and that the controls were in place to manage 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.

#### 5. ACTIONS TAKEN IN RESPONSE TO C&AG REPORT 2018 RECOMMENDATIONS

As part of the HCS response to the C&AG report a revised clinical governance framework aligned to the new HCS TOM structure has been developed. The revised clinical governance framework has led to a review of the existing arrangements within and out with the current Quality and Safety team 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. The decision was made to reconfigure the Quality and Safety team into two parts, both teams remaining under the leadership of the Group Medical Director. This would enable 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.

The decision was made to change the function of the existing Quality & Safety Team and to divide it into 2 teams to serve 2 functions; one to focus on strategic quality and safety and the other to focus on operational clinical governance in the care group.

Each Care Group is now supported by a governance facilitator who, whilst corporately managed by a head of governance and risk, works day to day with the care group. This supports the delivery of good governance, the management of risk and accountability within each care group.

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

This report details the changes and early impact of these changes in HCS. The purpose of this is to provide assurance that HCS has a workable clinical governance framework from which it can mature as the clinically and professionally led organisation emerges. The aim is also to demonstrate that by identification and management of clinical risk and accountability, available resources are being directed to benefit the islanders.

HCS has committed to avoiding any further review on governance (Recommendation 4) after accepting the recommendations from the C&AG. This report does not form a further review, but details actions that have been taken to implement systems and processes around the new operating model in HCS in order to govern health and social care provision. For ease of reference this report is divided into:

1. A matrix summarising actions taken that cross references recommendations for the CAG & PAC reports.
2. The changes made to governance within HCS to facilitate a more focussed approach within the Care Group structure
3. Embedded documents detailing the material used to implement/operationalise the recommendations which are evidence of the changes made.

During this programme of work further governance issues have emerged and a number have required immediate attention resulting in additional workstreams in conjunction and under the authority of the chief nurse detailed in the work plan. This includes review of how HCS manages policies and procedures going forward including those out of date and an update of the Governance Handbook first written in HCS' response, to 'Governance fit for the future. A Programme of action to strengthen governance arrangements for HCS in the States of Jersey' (October 2018).

Furthermore, the Director General, Interim Governance Support/Senior nurse (author) and Board Secretary have already met with the C&AG (July 2019) to report on the changes to the HCS governance framework; the counsel and support of the C&AG has been gratefully received.

#### **6. REVIEW OF ACTIONS IN TRACKING AND HOW THE BOARD IS UPDATED**

Recommendations from these and all external reports are monitored through a documented process held by the Board Secretary and reviewed quarterly at the Quality & Performance/ Risk Committee under a paper entitled 'Comptroller and Auditor General Reports Recommendations Tracker'.

For the purposes of this report evidence on actions and implementation of recommendations is attached for evidence. Moving forward it is recommended HCS re-evaluates in 6 months' time to check actions implemented continue to embed and a suggestion is to use scrutiny from Internal Audit's work plan to review evidence.

#### **7. MAPPING C&AG RECOMMENDATIONS TO ACTIONS**

The matrix details the recommendation from the C&AG report, actions taken and evidence provided to reassure PAC that the points raised by the C&AG have been addressed.

Reference number and Recommendation		Actions
R1	Ensure effective overarching structures are in place to manage health and social care provision.	<p>With the implementation of a clinically led structure through the Target Operating Model, the director general introduced Care Groups that are centred on the services provided in HCS. HCS is led by a board chaired by the Minister for Health and with representation across all sectors touching on health including the voluntary sector and services commissioned by HCS.</p> <p>There are for sub board committees with representation from all the care groups. These include social care and mental health, previously managed separately.</p>
R2	Review the effectiveness of and rationalise the current groups supporting the governance of health and social care, ensuring that they are fit for purpose and have up-to-date terms of reference and clear accountabilities.	<p>All groups at the next level down from sub board committees have been reviewed including ToR, membership, previous minutes. A number had not met for some months. They have all now been matched to report into one of the three committees.</p> <p>Associate Medical Directors (AMDs) have prioritised which groups they will lead and nominated clinical staff to represent their care groups at these clinical working groups.</p>
R3	Publish a timetable for the extension of independent regulation and inspection to all elements of health and social care, including services directly provided by the States.	<p>This action sits within the scope of the Jersey Care Commission however HCS has proactively prepared initial registration documents for those facilities due for inspection. Hospitals will not become regulated until 2021. However, the facilities are in a state of readiness for inspection and are preparing for this using the JNAAS assurance tool whose domains are very similar to the Care Quality Commissions domains.</p> <p>The actions required to ensure facilities are ready for inspection are risk rated and discussed at Q&amp;PC forming a regular update for the Director General (Sept 2019 agenda).</p>
R4	Ensure that consultancy reviews leading to proposals for change include documented evaluations of alternatives against agreed criteria.	All changes to governance frameworks in HCS including alternatives to the current state are discussed the Chief nurse/Medical Director. Changes and proposals are approved through either the Management Executive group or the Quality and Performance Committee.

R8	<p>Develop a comprehensive, integrated approach to capturing and using patient views across all provision of health and social care.</p>	<p>Following the analysis and reconfiguration of the Quality &amp; Safety team to develop a team for Governance and Risk, the management of complaints has been the subject of scrutiny. The Chief Nurse has charged the Associate Chief Nurse with managing complaints and also developing a Patient Experience strategy.</p> <p>With support from informatics the outpatients and mental health care group are now trialling a Friends and Family type test which will form the basis of further approaches to capturing experience. Patient Stories are now used at Board.</p> <p>The mental health improvement board has experts by experience at the meetings as of Nov 2019.</p>
R9	<p>Develop a comprehensive programme for improving performance reporting across health and social care, including securing data quality and adoption of meaningful targets.</p>	<p>Part of the governance changes includes the introduction of individual Care Group Performance Reviews which started in September 2019. Monthly scorecards and dashboards detailing quantitative and qualitative data around the activity of the Care Group is developed and has started to be used at performance reviews with the executives . Terms of reference and formats for performance reviews have been written and dates scheduled for monthly reviews with the Executive Directors holding the Care Groups to account.</p> <p>The proposal has been agreed by the management executives with Care Group leads. The Chief Nurse has an Accountable Care Framework encompassing quality indicators for nursing care both within HCS and externally for the Hospice and FNHC which will be used as part of her monthly senior nurse meetings and at the contracting meetings. A commissioning framework is now in development to ensure there are robust KPIs and qualitative data reported to Q&amp;P Committee.</p> <p>The HCS Board and quality and performance committee receives the quality and performance report (QPR) designed around the care group structure on a monthly basis. The QPR is fluid and develops with time ensuring the metrics and RAG rating reflect the latest findings from NICE guidelines, the Royal Colleges and NHS Benchmarking to name a few. All data in the QPR is aggregated up from care group level data via scorecards dashboards to facilitate discussion in the care group performance reviews.</p> <p>SAFESTAFFING</p> <p>The Safe Staffing report produced monthly details the range of metrics used to measure safe staffing this is discussed at MEx and Q&amp;P Committee and individually by care group at performance reviews.</p>

R10	<p>Prioritise the development of benchmarking of the quality and outcomes of health and social care in Jersey against other jurisdictions.</p>	<p>A continuous exercise benchmarking the performance of HCS services with Island and NHS peers facilitated the development of the QPR and care group scorecards. HCS is in contact with other island providers and is a member of the NHS benchmarking network.</p> <p>This exercise has not only allowed for the benchmarking of quality, outcomes and performance but has also allowed for the sharing of ideas, processes and tools. For example the Patient Tracking List (PTL) uses Power BI to provide a live status of patient’s progress through the HCS outpatient and elective system; filtering by priority of referral and waiting time to drill down to patient level detail and therefore manage the longest waiters and overall risk within the waiting lists.</p> <p>Jersey Care Model review of secondary care</p>
R11	<p>Develop a plan for the rollout of Jersey Nursing Assessment and Accreditation System across all elements of health and care, including other publicly funded health and care providers, and monitor Implementation.</p>	<p>JNAAS now rolled out across all inpatient areas in acute and older peoples care, mental health and maternity. A rolling review of findings is published monthly in the Integrated Performance Report at the monthly Quality &amp; Performance Committee chaired by the Assistant Minister with attendance from every Care Group.</p> <p>Areas outside the management of HCS are now in scope for inspection and this includes the Ambulance Service, the Hospice and services provided by the community provider, FNHC. Going forward any new service ‘commissioned’ as a provider of care to HCS will automatically participate in JNAAS as part of the contract negotiations.</p>
R12	<p>Operate a structured approach to identifying and implementing efficiency savings across health and social care, ensuring that savings are identified before the commencement of the financial year.</p>	<p>The Efficiency Board meets monthly and is chaired by the Director General. An aspect of the governance of quality and safety around this is that every efficiency project has a quality impact assessment that is agreed and signed off by the Chief Nurse and Medical Director.</p> <p>This provides an assurance on risks around quality indicators against the impact of the efficiency saving. These are routinely stored with the project initiation document. Further work is planned around evaluating impact on quality post-delivery of the savings.</p>

<p>R13</p>	<p>Develop and implement a plan for robust oversight of governance of health and social care.</p>	<p>A full review of the Quality &amp; Safety team has been undertaken and a gap analysis produced. The team has divided and a small team of operational governance staff has formed, they are specifically charged to manage risk and governance within the Care Groups. The team are called the 'Governance and Risk Team' and retain corporate governance functions whilst individually now aligned to specific care groups. This is welcomed by the Care Groups who have a much broader and accountable approach to managing governance and risk in their care groups. A Head of Governance &amp; Risk appointment has been made starting in October to continue the changes already made to implement an improved model of governance for HCS.</p> <p>The Quality &amp; Safety Team have specific roles which include devising a quality and safety strategy for HCS, managing and coordinating clinical audit to drive clinical effectiveness amongst other responsibilities detailed in.</p> <p>Further details including determining groups, clinical audit, oversight, determining the appropriate groups, their membership, terms of reference and accountabilities is detailed in the paper informing MEx on the changes to the governance quality safety team.</p>
<p>R16</p>	<p>Develop public reporting on complaints, including their incidence, nature, handling (including speed of handling), resolution and learning.</p>	<p>The complaints process is being reviewed by the Associate Chief Nurse under the Chief Nurse's direction. This has already resulted in streamlining complaints and lining with the States wide complaints process. However, complaints form one part of a wider Patient Experience strategy where positive and negative feedback must be sought from the public and this is now in train. One individual is now responsible for complaints where as previously 5 individuals had a role in complaints management. This has streamlined how HCS responds to complaints by and improved the process dramatically. HCS has an emergent PALs team now a PALs manager has been appointed.</p> <p>Public reporting is being developed through Patients voices and stories at Board and through regular reporting through the Quality and Performance Committee where patient feedback will become a standing agenda item for reporting and also forms part of the integrated performance report.</p> <p>The Quality Performance Report details complaints, number and length of time to respond.</p>

R18	Extend the availability and scope of public performance reporting to increase the focus on the quality and outcome of health and care services, including performance against targets.	<p>The integrated performance report in the form of a scorecard detailing quality and clinical outcomes is discussed at the Board which is held in public with papers on the website.</p> <p>The use of a score card is replicated at care group level. Every Care Group (associate medical director, lead nurse and general manager) will be subject to monthly performance reviews with the executive directors who are, in turn held to account by the HCS board.</p>
		PERFORMANCE REVIEWS
R21	Establish structured arrangements for monitoring, validating and reporting of action taken in response to agreed recommendations arising from internal and external reviews.	<p>Within HCS and the Care Groups structures now exist where external audits, reviews, scrutiny, reports are published and discussed.</p> <p>The Risk Committee and Quality &amp; Performance Committees will be the main conduits for actions resulting from these reviews. The structured committees are robustly managed by the Board Secretary who monitor actions to be brought back on a tracker and forward committee planner.</p>
R22	Establish robust arrangements for the preparation, maintenance, review and challenge of risk registers relating to health and social care, including arrangements for escalation.	<p>Considerable work has been undertaken by the governance and risk team with the care groups. HCS now has a corporate risk register (Risks 16 and above) as per the Risk Management Policy which is reviewed monthly at Management Executive and 2 sub board committees.</p> <p>Training for managers and the triumvirate has started in the use and functionality of the Datix system allowing and indeed encouraging them to make full use of the system. They should be able to record new risks, track actions and update and retrieve their care group risk registers following basic training. This is being provided from within the governance and risk team.</p> <p>As the sub committees emerge a number of additional risk registers are now developed cross cutting other areas in GoJ.</p>

## 8. CONCLUSION

In conclusion this now demonstrates of how HCS manages and maintains accountability through the care groups. **The C&AG report has provided the opportunity to develop processes for clinical governance. HCS can now demonstrate** the use of a fit for purpose functioning risk register and robust governance from Board to Ward.

The development of a commissioning framework will support further development of robust governance in services 'commissioned' by HCS. In the meantime, these, and arm's length services have a clear route to Board providing assurance on the quality of services value for money.

## 9. RECOMMENDATIONS

There are a number of recommendations to further develop the changes made to governance which include:

The development of strategies/work streams to support the outputs of HCS:

- Clinical Governance and Risk Strategy
- Quality & Safety Strategy
- Robust Clinical Audit Plan encompassing all national audits
- Patient Experience strategy and development of this work stream to inform the care groups and the Board of how patients view the services HCS provide
- Internal Audit plan (2020) to encompass and test out the changes made to governance to provide assurance to the Board and C&AG
- The development of a Quality Account.