Government of JERSEY

Quality and Safety Strategy

2021 – 2023

A journey to continuous improvement and learning

Health & Community Services

Quality & Safety Strategy

Executive Summary

Strategies to enhance Quality and Safety across health and community care systems are not new in the international context (e.g., USA, Institute for Healthcare Improvement and Safe & Reliable Healthcare, & UK Institute for Public Policy Research) and closer to home we have been working to a mirrored vision with the States of Jersey White Paper 2012 – Caring for Each Other, Caring for ourselves.

Within this document Health & Community Services (HCS), Quality and Safety Strategy for the next 2 years is described highlighting how we will organise ourselves, 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.

On our shared journey to achieve an exemplary system of Quality and Safety within HCS we shall build on what has worked well to date and learn from our history. We shall endeavour to be more proactive than reactive in responding to potential threats. We shall construct a climate which supports a fundamental culture of continued learning, learn humility in building trust through a duty of candour, listen and work closer with our patients, people who use services and their families and carers to deliver the changes they deserve. We recognise that is not sufficient just to practice 'do no harm' but to also promote dignity and equity in all our actions.

Furthermore, we shall, within our strategy recognise that our service duty with regard to finite resources is to ensure our delivery of Quality and Safety is both as efficient and cost effective as possible. This will allow HCS to do the 'most for the most' with the budget it is allocated, whilst at the same time recognizing the duty of care that is mandated for every individual person using our services.

Dr Paul Hughes , Deputy Medical Director,

Associate Medcial Director Quality & Safety

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1. Introduction

This strategy provides a framework to outline the way in which Health and Community Services (HCS) will develop a quality governance system fit for purpose and consider how we will deliver a safe, sustainable and affordable service that puts patients, people who use services and key stakeholders (such as families and carers) at the heart of all it does.

This quality and safety strategy, whilst recognising the current challenges ahead, sets out the ambitions for the next 2 years.

Quality in healthcare has been described in a variety of ways, however patient safety (the prevention of harm) and person-centred care are common themes. In social care this also includes empowerment, inclusion and liberation. These elements embody the principles of good care governance which are recognising high standards of care, transparent responsibility and accountability for those standards and a constant cycle of improvement. It is intended that this document outlines the proposed structure, accountabilities and processes by which Health & Community Services will deliver quality and safety care governance arrangements and systems, providing onward assurance to the Directors and Board of HCS.

This strategy will be the basis of how we facilitate an organisation that is 'well-led', operating efficiently, achieving its objectives, managing risk and delivering the best possible care and outcomes and outputs for the people who use services, other stakeholders and the wider community.

This is a starting point for structures and mechanisms to achieve quality, safety and care governance at strategic and care group level and will develop as ideas are tried and tested and as circumstances change, given the current challenges facing all health and social care systems across the world.

Across all care groups' staff will be enabled to work in an environment which promotes teamwork, good communication, and personal development opportunities to support high standards of service delivery.

Staff across the organisation also need to be engaged, so information flow is crucial to their understanding of where and what reports should be made; and why the information flow from services to board and vice versa is crucial to achieving the overarching quality and safety aims and objectives.

There is a general acceptance that high performing Health and Community Care organisations have a number of things in common, crucially they have a clear understanding of universally practised Quality Improvement (QI) approaches and a determined focus on a relatively small number of key priorities. HCS has been vulnerable in both of these areas; the capacity and knowledge of QI methodology amongst clinicians/practitioners is

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underdeveloped across the organisation and there is a lack of clear focus in identifying organisational wide key priorities. The latter resulting in an often-uncoordinated approach where small pockets of work are championed but either do not come to fruition or are not consistently embedded.

This strategy seeks to identify and drive a number of key priorities, but we must not be overly ambitious, if we are to achieve our goals over the next 2 years. Notwithstanding, the outcome of the strategy will be the development and publication of the first Organisational Quality Account 2021-23. This will reflect on the achievements of the work proposed herein and identify forward plans.

November 2020.

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2. Defining quality

Quality can be defined in three domains, these are safety, a good person-centred experience and the effectiveness of care.

The assessment of quality is not whether a minimum standard is met but whether the experience and outcomes for people are positive. Increasingly inspection and quality assurance is moving from seeing whether something is done 'correctly', to asking 'how successful is this in improving experiences and outcomes for people.'

The Institute of Medicine identify six specific aims for improving quality, outlined in Figure 1. These aims are integral to the philosophy which underpins this strategy.

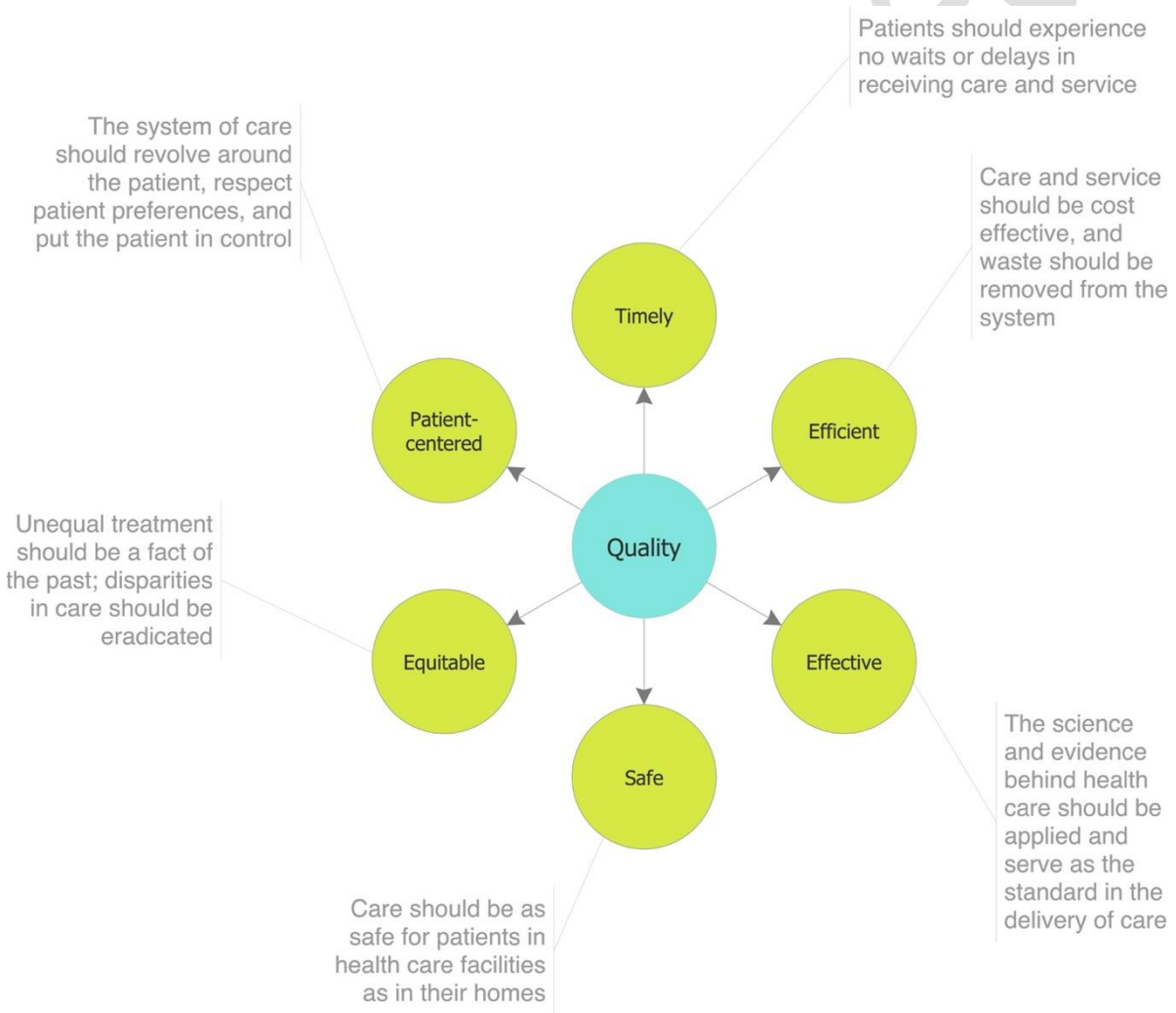

Figure 1: Institute of Medicine 6 aims for improving healthcare quality

Although Health care and Social Care are different in many respects, they share a common definition of what good quality care looks like. Both Health and Social Care support people from diverse communities, who have a range of care and support needs, to live their life as they want.

In the absence of a local equivalent social care aspires to align with the UK Care Act (2014), which puts a Strength-based approach at the centre of someone's assessment, care and support, highlighting 'What is strong' rather than simply 'What is wrong'. Strengths-based (or asset-based) approaches focus on individuals' strengths (including personal strengths and social and community networks) and not on their deficits. Strengths-based practice is holistic and multidisciplinary and works with the individual to promote their wellbeing and human rights (appendix 1, 4). It is outcomes led to:

- enable people to live their lives in the way they want to achieve their personal outcomes;
- feel safe secure and empowered because their human rights are safeguarded while they are supported to manage informed risks;
- commissioners and funders of adult social care support the commissioning of high quality care and high quality integrated care;
- commissioners recognise the central importance of thinking about how they can secure social value and
- voice, choice and control for people who use services is placed at the centre of what we do.

Quality governance is the combination of structures and processes at and below board level to maintain and improve organisation-wide quality performance including:

- ensuring required standards are achieved
- investigating and taking action on sub-standard performance
- planning and driving continuous improvement
- identifying, sharing and ensuring delivery of best-practice
- identifying and managing risks to quality of care[1]

2.1 Priorities and Aims for 2021 -2023

Key priorities for 2021-23 are reflected in the overarching aims below and summarised under 4 key domain headings. The 4 key domains are further developed in Appendix 2 - achieving our objectives.

[1] Monitor. Quality governance framework. 2010

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Aims

To deliver safe and effective care based on available evidence and best practice

Achieve demonstrable improvements in the outcomes of people who use services

Increase the involvement of staff, patients/clients, carers and the public in our governance process and in developing our safety systems and quality improvement activities

Health and Social care working together for people and communities

Care will be based upon equity and equality ensuring that care does not vary because of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, or martial or civil partnership status

Provide assurance to people who use services and the public, HCS board and our partner agencies on our systems for safety and quality of care

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2.2 Key Domains of Quality & Safety

Safe - Improve the safety of people using services by reducing avoidable harm

By targeting key improvement streams linked to local data sources:

- Ensuring consistency of care, 24 hours a day, seven days a week
- Early detection and treatment of the patient at risk of deteriorating
- Right care, in the right place, at the right time
- Infection prevention and control compliance integral to all care
- Focus on key areas of avoidable harm, falls, pressure ulcers, acute kidney injury, sepsis, high risk medications, delayed discharges
- Make sure that adults at risk in Jersey are safeguarded against all forms of abuse and harm

Effective – Improve clinical/health/social care outcomes

By measuring, monitoring and improving:

- Ensuring the care we provide is based on best practice guidance
- Implement a care audit programme to evaluate the success and outcomes of treatments/care
- Learning from deaths and reducing avoidable mortality

Responsive – Organised to meet patient /person specific user needs

By transformation, collaboration and redesign:

- Reduce inequalities; parity of esteem between physical and mental health
- Reduce waiting times from referral to input / treatment
- Safe and timely discharge from services
- Effective risk management processes

Patient/Client Centred – Positive experience for Patients/clients, families and staff

By developing partnerships, strengthening voices and leading change

- Co-production, engaging with the public
- Enhance teamwork through safe behaviours and civility
- Embed HCS wide quality & safety governance meetings
- Staff and patient/ person using services family and friend's surveys
- Inclusivity, engaged and empowered staff and people who use services
- Develop leadership programmes to increase capability and capacity

Safety and quality priorities will be assessed and reviewed annually.

3. Measuring Quality and Safety

"We can only be sure to improve what we can actually measure."[2]

The overarching ambition is to make measurable improvements in the quality and safety of care and services that HCS provides.

Quality measures also act on the intrinsic professional motivation of clinicians /practitioners and organisations to improve in areas where they see potential for improvement. The publication of credible and robust quality measures that compare performance between individuals, teams and organisations drives change through a desire to protect or improve reputations relative to others[3][4][5].

As well as evaluating safety, effectiveness and experience, we must also consider sustainability, capacity and value for money within our quality measures.

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[2] Department of Health. High quality care for all: NHS next stage review final report. 2008

[3] Berwick DM, James B, Coye MJ. Connections between quality measurement and improvement. Med Care. 2003;41:I30-8.

[4] Hibbard JH. What can we say about the impact of public reporting? Inconsistent execution yields variable results. Ann Intern Med. 2008;148:160-161.

[5] Hibbard JH, Stockard J, Tusler M. Hospital performance reports: impact on quality, market share, and reputation. Health Aff (Millwood). 2005;24:1150-1160.

We will implement a clear set of performance metrics to monitor quality and safety to allow the organisation to understand if change produces improvements and will help guide decision making around resource allocation. There will be systematic flows of information used from frontline staff to the leaders and back, to enhance safety and quality.

In order to facilitate the flow of quality and safety data, in a standardised format to ensure uniformity across care groups, the quality & safety dataset will be developed and refined. This will be used in reporting data sets, quality indicators and benchmarking from the service-user to the Board.

Data sets will:

- Incorporate data indicators that align to key performance indicators for each area
- Bring together information from people who use services, knowledge from our local inspections and data from other stakeholders
- Indicate where the risk to the quality of care provided is greatest to inform improvement
- Monitor change over time for each of the measures
- Point to services where the quality and safety is improving, and lessons can be learned

We will also ask 5 key questions (Fig 2) of every aspect of our services, in keeping with the Care Quality Commission (CQC) regulation framework of all care services. This will help us to make sure we focus on the things that matter to people.

Figure 2: Care Quality Commission (England) 5 key Questions

Are they safe?	Are people protected from abuse and avoidable harm?
Are they effective?	Does service-users care, treatment and support achieve good outcomes and helps maintain and improve quality of life, being based on the best available evidence-based practice?
Are they caring?	Do staff involve and treat people with compassion, kindness, dignity and respect?
Are they responsive to people's needs?	Are services organised so that they meet people's needs?
Are they well-led?	Does the leadership, management and governance of the organisation ensure it provides high-quality care that's based around service-users individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture?

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A person-led approach is designed to help people and organisations to work together to support people to direct their own care. This is empowering for people who may be in unfamiliar or distressing environments and is designed to ensure care professionals reflect on their practice from the perspective of the person.

The five overarching principles[6] that apply in daily practice are:

- Compassion
- Responsive care and support
- Well-being
- Be included
- Dignity and respect

4. Leadership and Quality & Safety Governance Arrangements

4.1 Leadership

All leaders within HCS should place quality of care in general, and in particular the safety of patients/people who use services, at the top of their priorities for investment, inquiry, improvement, regular reporting, encouragement and support. Quality and safety will be addressed first on the Board agenda.

Realising this aspect of the strategy will require:

- Leaders act as role models and describe the shared vision
- Focus on quality and safety issues at all meetings and prioritisation on every agenda
- Start every meeting with a story
- Leaders must set clear, actionable aims that contribute to the organisations overarching quality & safety aims and objectives
- Make leadership visible with structured safety walk rounds
- Leaders must listen to, and respond to concerns
- Leadership development at all levels of the organisation
- Succession planning for leaders at all levels

4.2 Quality & Safety Governance Arrangements

A structured approach to the processes around quality and safety governance which permeates through the organisation at all levels is crucial. The implementation of quality & safety governance meetings will provide oversight and challenge in reviewing quality and safety key performance indicators.

[6] Health and Social Care Standards: My support, my life. Care Inspectorate, 2017https://www.gov.scot/publications/health-social-care-standards-support-life/pages/2/

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The Care Group Quality and Safety Governance Meeting Arrangements and Terms of Reference (Appendix 3) will be embedded at care group level and be reflected in department and speciality meeting structures. This will provide evidence, through minutes and action logs, the communication and flow of information from the frontline to the board and vice versa.

The key driver of excellence will be the flow of quality & safety data for improvement through the organisation's structures. The Board will have a comprehensive strategic overview of the data, whilst retaining the ability to 'drill down' with high acuity to individual level data. Individuals will have the ability to trace their contribution to Quality & Safety to the data presented at Board (Figure 3).

Evidence of challenge regarding quality and safety will be apparent in the minutes of Quality & Safety meetings throughout the organisation; there will be a constant focus on improving person centred care and experiences. Escalation of risk and identifying of control measures will be visible from the frontline services to the Board.

Figure 3. The flow of quality and safety data in HCS

4.3 Facilitating quality & safety and cross organisational learning

Whilst the delivery of quality and safety governance occurs within each of the Groups, the central Quality & Safety Team has a crucial role in:

- Providing direction and impetus for action, interpreting and acting on national/international guidance
- Facilitating change within Groups, providing them with the tools, skills and methodologies necessary for quality and safety governance
- Ensuring consistency of approach
- Providing advice to the Groups on patient safety issues; providing intelligent information on incidents, near misses and investigation outcomes; leading investigations relating to serious safety event reviews; and supporting the implementation of patient quality and safety strategy, policies and work-streams.
- Work closely with the Health and Safety team, the Feedback team, the Information Governance team and the Legal Services Manager.

The Clinical Governance Facilitator for the care groups, whilst leading and promoting the quality and safety governance agenda across the Care Group, will work within an integrated system of facilitators to support, embed, and assist in monitoring and reviewing the delivery of safe and effective care in every service. This will be linked to the emerging care commission regulatory framework

There will be collaboration and partnership working with leaders and clinical governance facilitators across care groups to ensure a consistent and rigorous approach to continuous learning and improvement, developing a whole system approach to quality & safety and the standardisation of care group governance processes. This will enhance cross organisational learning to improve existing skills and knowledge and provide better ways of working together; creating an interconnected, shared vision for a safe, high quality, person centred care. This is a fundamental enabler for the success of the Jersey care model

5. Supporting the strategy

This strategy will be supported by the following work:

Clinical audit, Effectiveness and Quality Improvement Strategy

Clinical audit yearly programme

Quality and Safety dashboard

Patient and Public Involvement Strategy

Risk Management Strategy

Information Governance Strategy

The Care Commission regulatory framework care commission

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6. Conclusion

The Quality and Safety Strategy provides and overview of an improvement plan to strengthen and embed sustainable good clinical governance systems. This will help to ensure HCS Directors and the Board are able to provide stakeholders of its strategic and operational management of quality and safety across the organisation.

It will support the development of an organisation wide Quality Account, enabling staff to reflect on their hard work and celebrate their achievements and successes.

The Quality Account will be published to provide evidence to the public of HCS's commitment to deliver care which is safe, effective and person centred.

The following are predicted milestones for the Quality and Safety Governance Framework

<u>January 2021 – March 2021</u>

Quality & safety Strategy – agreed and published (with implementation plan)

Adequate capacity and sustainability to support care group quality, safety & governance functions and processes.

Agree key performance indicators across care groups

Quality & Safety data sets and Power BI dashboards.

Clinical / Care Audit and Quality Improvement strategy – agreed and published (implementation plan)

Clinical / Care audit programme published for 2021 - 2022

Care Group Quality and safety Governance meetings embedded, information flows and Terms of Reference agreed.

Care Group performance and accountability structure and meeting timetables

Transition & progression – April 2021- September 2021

Evaluate progress on quality and safety aims and objectives

Monitor the effectiveness of quality & safety governance meetings and performance and accountability framework

Develop an experience of care strategy

Patient experience and engagement strategy

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Embed Sustain and Improve – September 2021 – March 2022

Annual review of Quality, Safety & Governance framework

Review strategic and care group objectives

Increased level of performance monitoring, quality, safety and outcome data

Publish HCS Quality Account - December 2022 - Jan 2023

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Appendix 1

A Human Rights Approach to Work – PANEL Principles

P – Enabling meaningful **participation** of all key people and stakeholders

A – Ensuring clear **accountability**, identifying who has legal duties and practical responsibility for a human rights approach

N – Non-discrimination: discrimination avoided, attention paid to groups made vulnerable

E – Empowerment of staff and people who use services with knowledge, skills and commitment to realising human rights

L – Expressly apply human rights **laws** particularly the Human Rights Act

Appendix 2

Quality & Safety Objectives

Safe care Safe culture	***Action / Projects***	***Outcome***
To facilitate a culture of safety for patient/clients and staff	Embed Care Group Quality & Safety Governance meetings. (arrangement document appendix 2)	Monthly care group wide meetings Replicate meetings across departments to reflect consistent processes at service specific level
	HCS behaviour framework and civility training	A psychologically safe culture A culture that espouses teamwork and communication in the pursuit of safe, reliable and effective care; any one can ask a question, and anyone can stop the line
	Enhance the quality of the incident reporting and management system and standard of data input and capture	Increased incident reporting, no harm & low harm Improved incident investigation
To continually improve patient client safety and reduce harm	Involvement in the co-production of Island wide pressure ulcer policy Raise awareness through implementation of national standards NHSI, 2019	Implement an Island pressure ulcer and management strategy Improved communication between primary & secondary care Improved reporting and data accuracy Raise awareness of pressure ulcer reduction measures Targeted learning for areas requiring specific support
	Implementation of updated falls care bundle Submit data to Falls, Frailty & Fragility Audit Programme (FFAP)	Improved falls prevention and management Improved national benchmarking ability

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	Medicines Safety Improvement plan Access to EMISS to enable safer medicines reconciliation for out of hours patient	To reduce harm associated with high-risk medication Increase medicine safety event reporting Safer prescribing and person-centred medication management
	Delivery of Health care associated infection reduction plan	Reduction in gram negative bacteraemia
	Deteriorating patient in acute wards deliver scenario based multi-disciplinary training NEWS2, ILS,	Improved recognition of the deteriorating patient, better teamwork and communication
	Acute Kidney Injury - Think Kidney updated fluid balance documentation & improved risk assessment	Improved early recognition and treatment of potential kidney injury
	Continue to implement and raise awareness of care bundles in: Sepsis management VTE MUST	Provide safe reliable care and promote continuous quality improvement Support improved and timely referral to dieticians
	Pain management guidelines	Provide safe reliable care and promote continuous quality improvement

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Effective	***Action / Projects***	***Outcome***
To achieve clinically effective and reliable care and outcomes informed by best practice	Care informed by best practice Local audit programme published	An improvement in full or partial compliance with the adoption of NICE Guidelines; in Adult Social Care Strength based models Compliance with local audit programme (including national audit) Compliance with delivery and attendance at local audit days and morbidity & mortality meetings
	Learning from deaths	Structured judgement reviews of all hospital deaths, and clients with a learning disability
	Deliver multi-disciplinary training for recognition and management of acutely unwell patient to include human factors team training	Improved teamwork and communication
Monitor care and service delivery to ensure high quality care, identify gaps in performance and take action to address	Comprehensive Assessment and accreditation processes to determined quality of care Development of JNAAS/JMAAS to JCAAS	Drive continual improvement Support requirement of Care Commission Regulation
Ensuring adherence to agreed policies, procedures and standard operating procedures	Develop local hierarchy of evidence	Reduce variation in care and practice
Responsive	***Action / Projects***	***Outcome***
To ensure that patients/people who use services can benefit from timely access to care	Reducing waiting times from referral to treatment A commissioning team in Adult Social Care which will be essential to work with provider services	Improved experience and outcome Provide choice over placements, stimulated responsive market and value for money packages.
	The acute floor strategy to improve access to and flow through urgent and emergency care	Well managed and efficient patient flow right care, right time, right place

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	Discharge improvement programme – Criteria led discharge in surgery (elective and emergency)	Safer more efficient and effective discharge. Criteria set on admission Improved expectation of stay
Improved integration of services	Single point of care entry	Collaboration and joined up working clear protocols for case allocation and case co-ordinations Prevent people ending up in crisis situations

Experience	***Action / Projects***	***Outcome***
To make patient/client and family voice central to how we work and use this to measure and improve care experience	Create opportunities for patients/clients, carers and families to give feedback about their concerns and compliments Patient involvement in audit Implement the triangle of care across Mental Health Services Monitor 6 key standards	Learn from data to support areas for improvement and areas of good practice. Carers inclusion with services users and professional Carers assessment
Engage effectively with those who use our services	Develop an experience of care strategy (co-produced) Develop of a Learning Disability Strategy	Person centred services Strengthening the voice seldom heard groups Improved equity and access to services
To increase staff engagement	Embed values and behaviours framework and deliver civility training Staff communication strategy	A positive culture of staff inclusivity, involvement, empowerment and job satisfaction leading to better care outcomes, improved staff recruitment and retention

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Environment infrastructure and facilities	Health & Safety Management system Medical devices & equipment oversight group	Health & safety and Patient Safety closely aligned Updated medical devices and equipment management assurance framework and safer systems of work Standardise medical devices competency documentation

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Appendix 3

Quality and Safety Governance Meeting Arrangements

INTRODUCTION

Good governance underpins all of an organisation's activities and consists of a number of different elements. It is also reflected in the organisational style, culture and behaviours.

Health and Community Services (HCS) aims to ensure that patients receive safe, high quality care, utilising the experiences of patients, service users and carers to improve and develop service.

Across all care group's staff will be enabled to work in an environment which promotes teamwork, good communication, and personal development opportunities to support high standards of service delivery.

To ensure each care group meets the requirements of quality and safety governance arrangements, monthly governance meetings must take place. This document provides a structure for these meetings and terms of reference, this is intended to enable a standardised approach across the organisation.

The Medical Director

The Medical Director is responsible for ensuring quality and safety governance arrangements are operating appropriately across HCS. These arrangements are monitored by the Quality and Safety Group.

Role of the Quality & Safety Team

The Quality & Safety Team is the central function responsible for the ongoing development of HCS Quality & Safety Governance arrangements.

This group will review and develop ongoing arrangements to improve governance standards and keep up to date with changing legislation and other national and local requirements. The department will monitor and report on the standard of care group quality, safety and governance arrangements.

PURPOSE

Having structures and processes to lead and provide direction for the quality and safety governance. This includes identifying and minimising risk, ensuring that the required standards are achieved, investigating and responding to sub-standard performance, driving quality improvement and sharing best practice.

The purpose of good governance is to establish a safe and supportive environment within which high quality healthcare can be delivered; the organisation's objectives achieved and good assurance to the public and staff that:

- Things are running as they should
- Public money is being used correctly and well
- Accountabilities and responsibilities are clear

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- There is a culture of openness

There are high standards of professional, managerial and personal conduct.

TERMS OF REFERENCE

PURPOSE & STATUS

The purpose of quality & safety governance is to support the continuous improvement of safe, effective, high quality care.

Governance requirements may vary from one care group to the next depending on the nature of the work and type of risk involved. This document provides a set of standard statements and processes to guide the care group leadership teams when making care group specific arrangements, to ensure uniformity of key content across all groups.

Governance meetings at Care Group level are designed to support Care Groups monitoring and improving standards and providing the public, patients and the Executive Directors, Senior Leadership Team and HCS Board with evidence of effective and appropriate governance structures in:

- Delivering excellence in patient care
- Obtaining assurance that risks arising from care are adequately controlled or mitigated
- Providing assurance to HCS and the public that risk management arrangements for safety, quality and patient experience are in place and operate effectively.
- Ensuring compliance with statutory and regulatory obligations
- Aligning its work and purpose with that of strategic priorities agreed by the Government of Jersey Commons Strategic Plan, Government Plan and HCS Board

Every care group will have regular monthly quality & safety governance meetings intended to be the focus for accountability around service delivery. The template meeting agenda, appendix A, provides an outline of key content for the quality safety and governance meetings to ensure standardisation across care groups.

Communication arrangements should be in place to engage staff with the quality and safety and governance agenda and enable them to understand how their efforts can improve patient/user safety, patient/user experience and quality of service. Staff are required to be aware of the local quality, safety and governance objectives, risks, issues and achievements to appreciate the relevance of improvements and work they are asked to complete.

Care group leads and the quality and safety team are required to ensure that their staff, and those staff they support, understand their personal responsibilities for quality and safety governance, including processes to follow to obtain further information and assistance.

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Quality, Safety and Governance Facilitator roles and specialist governance roles such a Medicines Governance Pharmacist, provide a link between care group meetings and relevant HCS central and specialist committees / groups e.g., Medicines Governance, Blood Transfusion, Medical Devices and Equipment.

AUTHORITY

The meeting is authorised by the Senior Leadership Team / Executive Directors and 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 Care Group(s).

RESPONSIBILITIES

- Provide assurance and evidence to the Senior Leadership Team / Executive Directors that each Care Group is meeting agreed quality and performance standards across the full range of HCS services and activities for which it is responsible.
- Where performance is below agreed standards, the care group leads will ensure that improvement plans and activity are agreed, developed and implemented.
- Ensure that there is a process in place to monitor and promote compliance across the care group with agreed clinical standards and guidelines.
- Identify and monitor any gaps in the delivery of effective clinical care ensuring progress is made to improve these areas to agreed levels.
- Ensure that all elements of good clinical governance are adhered to across the care group.
- Receive internal and external reports relevant to the remit of the care group, including significant safety incidents and obtain assurance that findings and recommendations where accepted by the Executive Team are acted upon. Exceptions must be reported to the senior leadership team.
- Obtain assurance that risks to patients are minimised through:
  - Considering areas of significant risk, setting priorities and agreeing actions using the care group risk register
  - Ensuring that areas of risk are regularly monitored and mitigation is in place
- Escalate to the Senior Leadership Team 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.
- In liaison with the Finance and Modernisation Committee, ensure completion of the Quality Impact Assessments for proposals for improvement programmes and other significant service changes and that the assessment of their impact on the care group and wider HCS quality and safety of care determines whether to proceed with implementation.
- Working with the Finance and Modernisation Committee to ensure that the availability of resources does not adversely impact upon the quality and safety of services and/or quality of care.

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Membership

Chair
Care Group Associate Medical Director

Vice Chair
TBA by chair

Members
General Manager
Lead clinicians/practitioners from each specialty within the care group (ensure representation across services)
Lead Nurse / Associate Chief Nurse
Lead Allied Health Professional
Quality and Safety Care Governance Facilitator /Manager
Lead clinician/practitioner for the care group care audit programme
Care Group HR Business Partner

Attendees
The Chair 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:

Directors
Deputy Medical Director / AMD Quality & Safety
Head of Quality & Safety

Accountability and Reporting

The group shall report to the Senior Leadership Team, via the Chairs report, and at care group performance meetings such issues as it considers should be brought to the attention or require a decision from Executive Directors.

The Care Groups will keep appropriate records of their quality and safety governance meetings and activities including formal reports and minutes.

The minutes will be distributed to all department/service leads within the care group for information and discussion at department level.

The Committee will review it effectiveness at least annually.

Conduct of business and Administrative matters

- The group shall conduct its meeting in accordance with the Terms of Reference.
- The quorum of this meeting is five members.
- The group shall determine the frequency of its meetings. It is expected that the group shall meet at least monthly. The Chair may request an extraordinary meeting at any time if they consider one to be necessary.
- The agenda and any papers for the groups meetings shall be issued no less than five working days before each meeting. Minutes shall be taken at each of the meetings and shall be circulated to members within the timescales agreed by the group.

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HEALTH AND COMMUNITY SERVICES – CARE GROUP QUALITY & SAFETY GOVERNANCE MEETING

The next meeting of the Care Group Governance Group will be held on **[Insert Date]** in the **[Insert Location]** commencing at [**insert time**]

(PLEASE NOTE DATE AND VENUE FOR THIS MEETING)

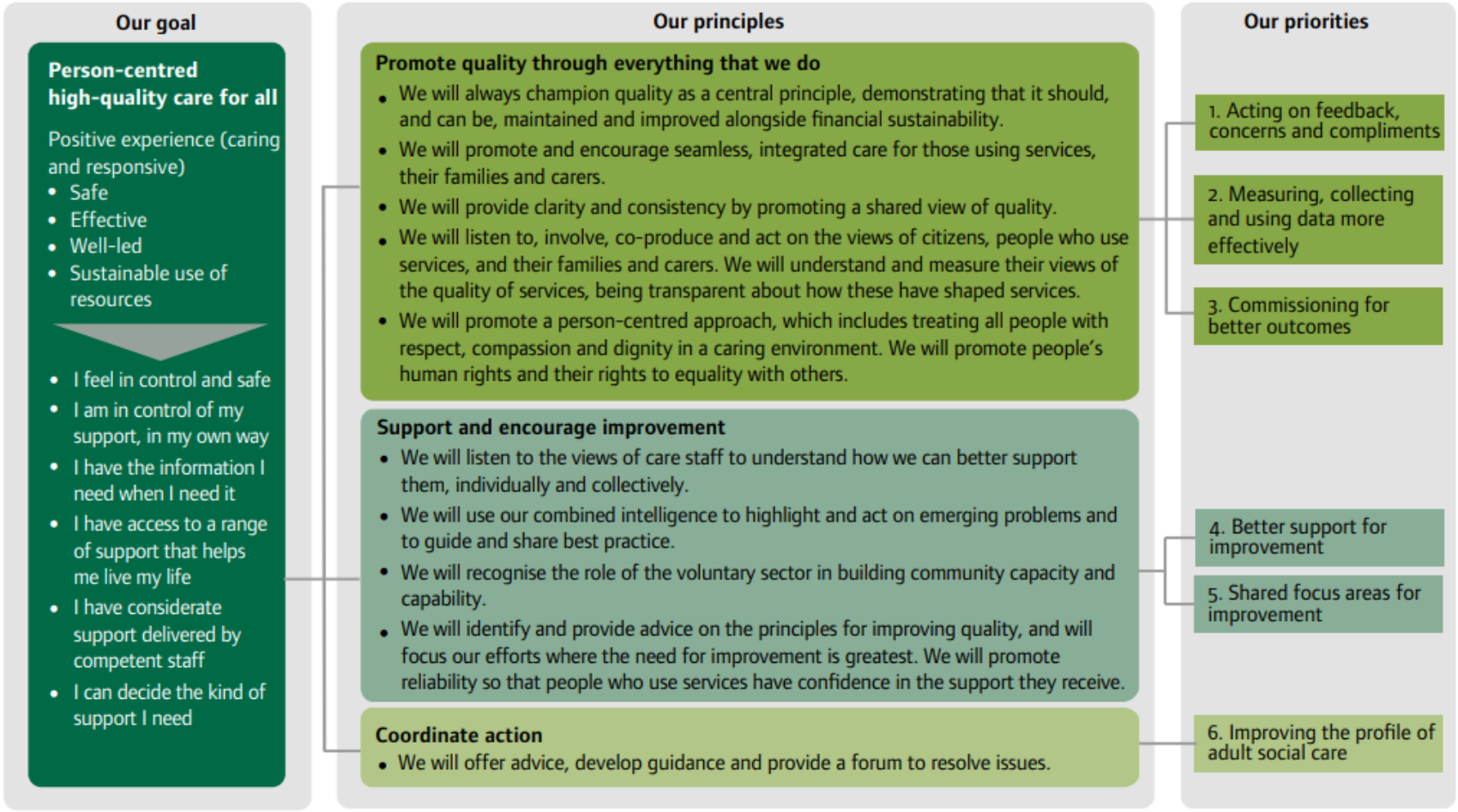
[Insert Here] - Chair [Insert Date]

AGENDA

			Approximate Timings
1.	Welcome and Apologies		00:00
2.	Minutes of the previous meeting	**PAPER** (Chair)	00:05
3.	Matters Arising / Actions Arising	**PAPER** (Chair)	00:10
	PATIENT / Person SAFETY		
4.	Learning from safety events		
5.	Serious Incident Reporting: significant events (Inc. Safeguarding)		
6.	Monthly report on incidents / Incident Review/Outstanding Incidents		
7.	Claims, Litigation, Inquests		
8.	CAS Alerts: Number closed down /Actions		
9.	Risk Register: Any additional risks identified		
	PATIENT EXPERIENCE		
10.	Complaints/Compliments		
11.	Patient and User Engagement		
	EFFECTIVNESS		
12.	Mortality Measures: Discussion on measurement / SJR		
13.	Clinical / Care Audit Programme Activity		
14.	Quality Improvement work streams progress update		
15.	JNAAS / Regulation of Care Standards – Monthly Reports New Policies / Protocols / Guidelines		
16.	Any other Business		
17.			

Final Approved

Appendix 4
Adult Social Care Shared View of Quality Together



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