

Department of Health

Management Board for Rebuilding HSC Services

Terms of Reference

1. Introduction

- 1.1 Covid-19 has presented unprecedented challenges for Health and Social Care (HSC) in Northern Ireland, which already prior to Covid-19 was facing huge strategic challenges in the form of an ageing population, increasing demand, long and growing waiting lists, workforce pressures and the emergence of new and more expensive treatments. Elective and diagnostic services have had to be curtailed with adverse impacts on existing waiting lists. At the end of March 2020 there were some 307,000 patients on the outpatient waiting list, more than 93,000 waiting for inpatient and day case admissions and more than 131,000 patients waiting for diagnostic tests. The existing challenges confronting the social care sector, as described in the 'Power to People' report, have also been compounded by the pandemic. COVID-19 has also identified the need to reassess healthcare needs of citizens and how they are provided and supported in the care home sector.
- 1.2 The impact of Covid-19 on HSC will be profound and long lasting. Services will not be able to resume as normal for some time due to the continued need to adhere to social distancing and continued need for PPE at volumes not required prior to the pandemic. In addition, the resilience of the health and social care workforce is likely to have been eroded and will continue to be impacted with pressures from the social care sector, which continues to be in the 'surge period'. These issues will likely adversely impact the pace of stabilisation across primary, secondary, community and social care services.
- 1.3 In addition, given the very significant downturn in health and social care services, many people have not had access to the screening, testing or treatments that they otherwise would have had. In that context, the Department took action to preserve the highest priority essential services to mitigate this impact. Inevitably, however, the downturn in normal business will lead to some diseases going undetected or untreated longer than is desirable with potential impact on long term health outcomes. The uncertainty and concern about the pandemic combined with the impact of the lockdown will also likely have had an adverse on mental health, especially for the most vulnerable in society.
- 1.4 A further issue that will increasingly come into focus during 2020 is the EU Exit date at the end of the year, which will add further complications not least around ability to attract foreign workforce into the Northern Ireland health and social care system.

2.0 Statutory Context

- 2.1 The Department produced the HSC Framework Document, published in September 2011, to meet the statutory requirement placed upon it by the Health and Social Care (Reform) Act (NI) 2009. The Framework Document describes the roles and functions of the various health and social care bodies and the systems that govern their relationships with each other and the Department. In response to the impact of Covid-19, a Memorandum to the Framework Document has been published setting out temporary changes for a period of two years with effect from June 2020 and to be kept under review.
- 2.2 This Memorandum sets out the creation of a new temporary management board, the 'Management Board for Rebuilding HSC Services' which will come into being in June 2020 for a period of two years to be reviewed thereafter.
- 2.3 The Management Board and Covid-19 Surge Command Group will operate within the current legislative context and will have due regard to all of the Department's statutory obligations, including in relation Section 75, equality and good relations duties.

3. Rebuilding HSC Services Framework

- 3.1 The Department has completed an impact assessment, which evaluates the initial impact of Covid-19 on health and social care services as well as other departmental programmes and projects.
- 3.2 This impact assessment will underpin a new Strategic Framework to rebuild health and social care services. It will identify actions to stabilise HSC service delivery and business operations; new service delivery models and business structures required to stabilise the system; timescales for implementation; oversight structures; areas for priority action; and associated resources required.
- 3.3 The Framework will also consider the extent to which innovation and new delivery models developed during the emergency response can be permanently incorporated as we resume and develop health and social care services.
- 3.4 The Framework will provide the Strategic Direction for the work of the Management Board for Rebuilding HSC Services.

4. Mission Statement

- 4.1 The mission of the Management Board is: To incrementally increase HSC service capacity as quickly as possible across all programmes of care, within the prevailing Covid-19 conditions. The aim will be to maximise service activity within the context of managing the ongoing Covid-19 situation; embedding innovation and transformation; incorporating the Encompass programme; prioritising services; developing contingencies; and planning for the future all at the same time. Specific service activity targets will be developed for each programme of care.

5. Remit of Management Board for Rebuilding HSC Services

- 5.1 The Management Board will be chaired by the Department of Health's Permanent Secretary and will report to the Minister of Health. The Management Board's role in relation to other vehicles, such as the Transformation Implementation Group (TIG), will be reviewed in due course. The Management Board will be run as a programme for an initial period of two years commencing in June 2020. The Minister will set the priorities for rebuilding health and social care services. The Management Board will: -
- Provide oversight and direction to the Health and Social Care Board (HSCB), the Public Health Agency (PHA), the Health and Social Care Trusts and the Business Services Organisation (BSO) on the implementation of the Minister's priorities as reflected in the Department's 'Strategic Framework for Rebuilding HSC Services'. This will include a clear articulation of performance measures and targets.
 - Ensure a system wide focus on managing the ongoing Covid-19 situation, developing contingencies, implementing change and planning for the future.
 - Have oversight of both Covid-19 and non-Covid-19 activity, including the various cells which currently sit within the Gold/Silver/Bronze emergency planning structure.
 - Ensure that in implementing the Framework, transformation continues in an integrated way including embedding innovations that have emerged during the pandemic.
 - Provide strategic direction for the implementation of the Department's digital health transformation agenda.
 - Co-ordinate bids for additional resources to fund the rebuilding of services.
 - Provide challenge and rigour in the decision making process;
 - Receive updates on progress against plans to implement the Framework and direct corrective action where required to address slippage.
 - Address escalated issues and risks.

- Act as champions at both a regional level, within their organisations and communities, and to the general public as a whole ensuring coherent and consistent messaging.
- Ensure principles of co-production are embedded.

6. Governance and Operational structure

6.1 The structure of the Management Board is organised on the basis of a two-pillar model. Pillar 1 maintains the DoH emergency planning Gold/Silver/Bronze (GSB) structure mandated to manage the response to the current position (at any point within the emergency period when GSB have been activated) and a planning horizon of 72 hours. Pillar 2 includes the planning for potential future surges of Covid-19 and the HSC services rebuilding programme which governs a number of thematic projects to deliver the strategic rebuilding outcome sustainably over the medium to long term. The two pillars are supported by a shared hub in the Department which provides the overall management and information coordination through combining the elements of a situation room (detailed service provision information up to 72 hours out when GSB has been activated) and a programme management office responsible for the coordination of the delivery of projects and their implementation within the overall HSC services rebuilding programme.

6.2 The two-pillar structure will ensure visibility, coordination and governance across the whole system, eliminating duplication and ensuring agility to prepare for and respond to the next phases of the COVID-19 pandemic; while at the same time planning for the future.

6.3 In order to implement two key elements of RMB's remit, within the context of managing the emerging second surge, from October 2020, which is placing significant increased demand on the HSC's service delivery capacity, the Department will modify Pillar 2 to provide enhanced Departmental oversight of the delivery of HSC services across the region for a period of six months to be reviewed end-March 2021. The two key elements are:

- Ensure a system wide focus on managing the ongoing Covid-19 situation, developing contingencies, implementing change and planning for the future.
- Have oversight of both Covid-19 and non-Covid-19 activity, including the various cells which currently sit within the Gold/Silver/Bronze emergency planning structure.

6.4 The enhanced Departmental oversight will operate on the basis of securing as much business continuity as possible over the six months period. The business continuity model, named as the 'Covid-19 Business Continuity Response Protocol', will include elements of the GSB Emergency infrastructure as required. The structure and functions of the 'Covid-19 Business Continuity Response Protocol' is provided in the attached Annex A.

6.5 The Covid-19 Taskforce (see Annex A attached) will liaise with the Adult Social care surge planning group, led by CNO and CSW, to ensure that the health services and adult social care response to the surge are fully aligned. CNO and CSW are also members of the Covid-19 Gold Command Group (see Annex attached) which will strengthen the alignment between healthcare and social care in responding to the surge.

7. RMB Membership

7.1 The core executive membership of the Management Board will be as follows:

- Permanent Secretary, Chair (Richard Pengelly)
- Karen Bailey (Chief Executive, Business Services Organisation)
- Michael Bloomfield (Chief Executive, Northern Ireland Ambulance Service Trust)
- Shane Devlin (Chief Executive, Southern Health & Social Care Trust)
- Sean Holland (Chief Social Services Officer, DoH)
- Sharon Gallagher (Interim Chief Executive HSCB/Deputy Secretary, DoH)
- David Gordon (Director of Communications, DoH)
- Cathy Harrison (Chief Pharmaceutical Officer, DoH)
- Dr Cathy Jack (Chief Executive, Belfast Health & Social Care Trust)
- Jackie Johnston (Deputy Secretary, DoH)
- Dr Anne Kilgallen (Chief Executive, Western Health & Social Care Trust)
- Olive MacLeod (Interim Chief Executive, Public Health Agency)
- Professor Charlotte McArdle (Chief Nursing Officer, DoH)
- Dr Michael McBride (Chief Medical Officer)
- Seamus McGoran (Interim Chief Executive, South Eastern Health & Social Care Trust)
- Deborah McNeilly (Deputy Secretary, DoH)
- Dr Margaret O'Brien (Head of General Medical Services, Health and Social Care Board)
- Valerie Watt (Chief Executive, Health and Social Care Board)
- Jennifer Welsh (Chief Executive, Northern Health & Social Care Trust)
- Dan West (Chief Digital Information Officer, DoH)

7.2 The Minister's Special Adviser will attend meetings of the Management Board.

7.3 The Minister and the Management Board will obtain advice from experts working in health and social care fields to inform its work in the rebuilding of HSC services, as required.

8. Governance and Accountability

8.1 The Management Board will operate within the terms of the HSC Framework Document (paragraphs 2.4, 2.38 and 3.7 refer).

- 8.2 The Management Board will not exercise any other authority in relation to the statutory duties, roles and responsibilities, as specified in the HSC Framework, Document which the Department has delegated to the HSCB, PHA and a number of other HSC bodies.
- 8.3 The Permanent Secretary will act as Senior Responsible Owner (SRO) for the Management Board and will chair the Board. He will be accountable to the Minister for the implementation of the 'Strategic Framework for Rebuilding HSC Services'.
- 8.4 The Management Board will endorse proposals and will inform the decision making process. Final approvals and decision making rests with the Minister.
- 8.5 All members of the Management Board are expected to take decisions collaboratively and objectively, declaring any potential conflicts of interest.

DEPARTMENT OF HEALTH (NI)

COVID-19 BUSINESS CONTINUITY RESPONSE PROTOCOL

Covid-19 Gold Command Group (C19GCG)

Remit

The remit of the C19GCG is to:

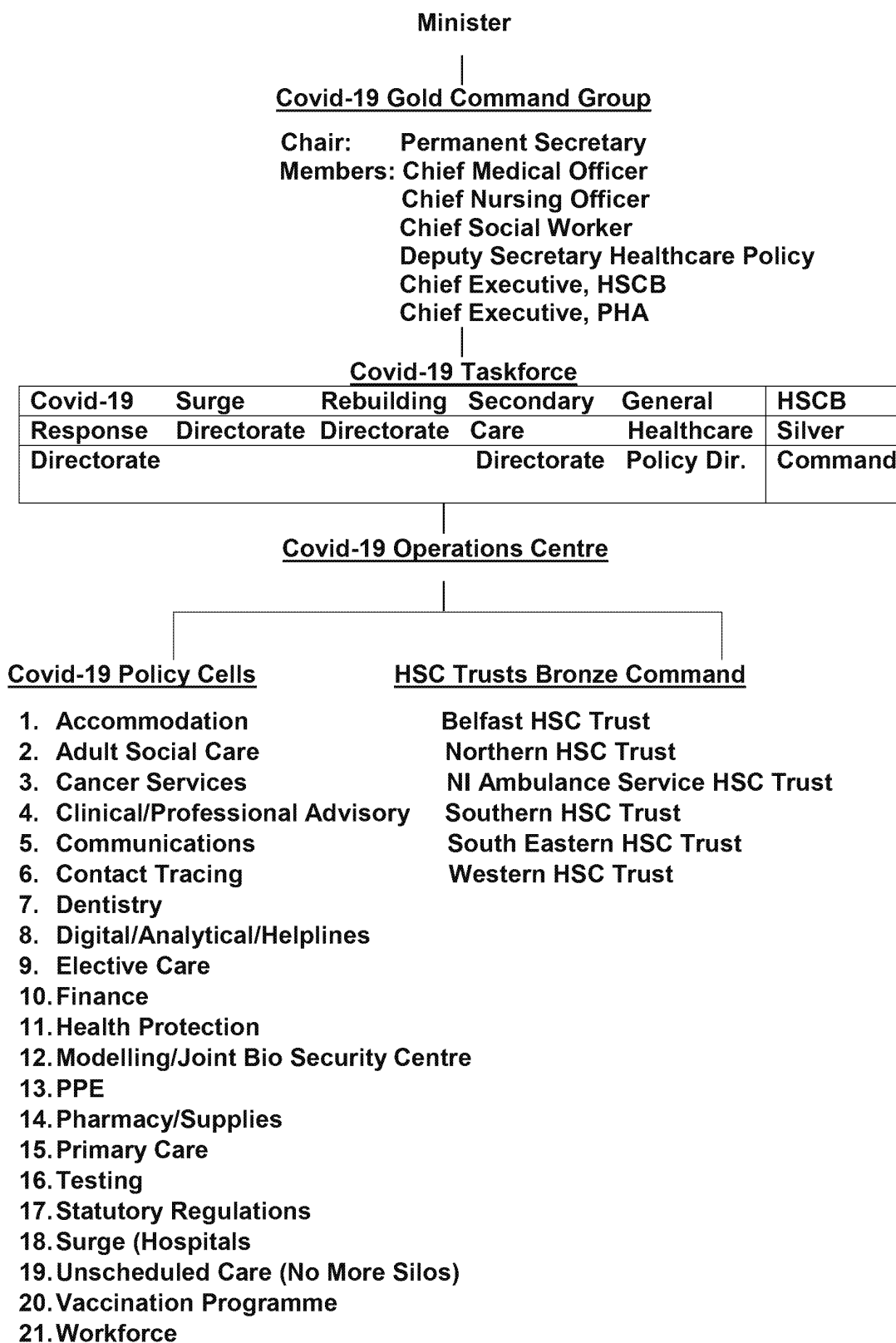
- Ensure a system wide focus on managing the ongoing Covid-19 situation, developing contingencies, implementing change and planning for the future.
- Have oversight of both Covid-19 and non-Covid-19 activity, including the various cells which currently sit within the Gold/Silver/Bronze emergency planning structure.

Functions of the

The primary functions of the C19GCG are to:

- Facilitate a strategic overview of the health and social care response to the surge.
- Provide and advise on health and social care policy as directed by the Minister.
- Provide strategic direction, on all operational matters related to the management of the surge including resource needs, to the HSC.
- Facilitate clear, coordinated, timely decisions and actions.
- Disseminate and implement the Minister's, CMO's or other top management's decisions quickly.
- Provide Ministerial briefings and statements, instil and maintain trust and confidence by ensuring that the public and the media are engaged and well informed and are enabled to take steps to sustain their own safety and wellbeing throughout the surge period.
- Provide a forward look to issues that may arise concerning medium and long-term rebuilding for consideration by the Rebuilding Management Board.
- Liaise with the Department of Health and Social Care (England), Health Departments in Scotland and Wales, Department of Health (ROI) and other NI Executive Departments/Agencies as necessary.

Structure



Priorities of the Covid-19 Taskforce

The Taskforce Directors will organise and manage their respective functions and responsibilities on the basis of a matrix structure with the five Directors operating as a collective leadership sharing and allocating resources to manage their shared policy workload on the following prioritised basis: (1) Covid-19 Response*; (1) Surge Management*; (2) Elective Care; (3) All other Extant Policy Areas; and, (4) Services Rebuilding. These priorities will be kept under review.

* Equal Priority