

Government of Jersey – Health and Community Services
HCS Board Meeting
HCS Board Committee

14 September 2020 14:30 - 14 September 2020 17:00

AGENDA

| # | Description | Owner | Time |
|---|---|--|-------|
| | Health and Community Services Board - Meeting in Public - 14th September 2020 | Chair | |
| 1 | <p>Welcome and Apologies</p> <p>Verbal</p> | Chair | 14.30 |
| 2 | <p>Declarations of Interest</p> <p>Verbal</p> | Chair | |
| 3 | <p>Professional's Story</p> <p>Presentation</p> | Martin Warnette (Intermediate Care Manager) | 14.35 |
| 4 | <p>Minutes of the previous meeting</p> <p>Minutes of 8th June 2020</p> <p> Item 5. HCS Board PART A Minutes - 8 June 2020... 5</p> | Chair | 14.45 |
| 5 | <p>Matters Arising and Action Log</p> <p>Verbal / Paper</p> <p> Item 6. HCS Board Action Tracker.xlsx 17</p> | Chair | 14.50 |
| 6 | <p>Chairs Report</p> <p>Verbal</p> | Chair | 14.55 |
| 7 | <p>Director General's Report</p> <p>Verbal</p> | Director General | 15.05 |
| 8 | <p>Digital</p> <p>Verbal</p> | Andrew Mitchell | 15.10 |
| 9 | <p>View from the Bridge</p> <ul style="list-style-type: none"> •FNHC •Jersey Hospice •Brighter Futures •MIND | Partner Organisations | 15.25 |

| # | Description | Owner | Time |
|----|---|--------------------------------|-------|
| 10 | <p>Performance Report</p> <p>Presentation</p> | Governance Performance Analyst | 16.25 |
| 11 | <p>Committee Report Quality Performance and Risk</p> <p>Paper</p> <p> QPR Aug 2020 RN.pdf 19</p> | Chief Nurse | 16.35 |
| 12 | <p>Committee Report - People and Organisational Development</p> <p>Paper</p> <p> Item 12. POD Committee Report - V3.docx 25</p> | HR Director and POD Chair | 16.45 |
| 13 | <p>Any Other Business</p> <p>Verbal</p> | Chair | 16.55 |
| 14 | <p>Date of Next Meeting</p> <p>12th October 2020 / St. Paul's Centre 2.30 p.m - 5.00 p.m.</p> | | |
| 15 | <p>Meeting Closed</p> | | 17.00 |

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Health and Community Services Board – (Public Part A)
Notes of meeting on Monday 8 June at 2.30 p.m. – 17:00 p.m.
4th Floor, Peter Crill House, St. Helier and via Teams

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|-----------------------|---------------------------|---|------|
| Present: | Richard Renouf (Chair) | Minister for Health and Community Services | RR |
| | Steve Pallett | (QP&R Committee Chair) | SP |
| | Patrick Armstrong | Group Medical Director | JM |
| | Caroline Landon | Director General | CL |
| | Jeremy Macon | POD Committee Chair | JM |
| | Michelle West | Associate Managing Director | MW |
| | Jo Poynter | Associate Manager Director - Modernisation | JP |
| | Rose Naylor | Chief Nurse | RN |
| | Darren Skinner | HR Director | DS |
| | Lauren Jones | Head of Finance Business Partnering HCS | LJ |
| | James Le Feuvre | CEO – Mind | JLeF |
| | Patricia Tumelty | CEO Mind (Designate) | PT |
| | Emelita Robbins | CEO – Jersey Hospice | ER |
| | Isabel Watson | Head of Social Care and Chief Social Worker | IW |
| | Martyn White | Director of Communications | MW |
| | Adrian Noon | Associate Medical Director for Primary Care | AN |
| | Judy Foglia | Quality and Governance Lead, Family Nursing and Home Care | JF |
| | Ruth Brunton | CEO Brighter Futures | RB |
| In Attendance: | Karen Pallot | Executive Assistant | KP |
| | Mark Richardson | Ministerial Support | MR |
| | Martyn White | Director Communications HCS | MW |
| | Andrew Carter | Governance and Performance Analyst | AC |

Please note: Minutes have been numbered in accordance with Agenda. Some items have been taken out of order.

| | | Action |
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| | <u>Meeting Formalities – Meeting Started at 2.30 p.m.</u> | |
| 1. | <p>Welcome and Apologies</p> <p>The Chair welcomed Ms Patricia Tumelty, newly appointed Chief Executive Officer for Mind (Jersey) and Mr Martyn White, newly appointed Director of Communications for Health and Community Services to the meeting.</p> <p>Apologies were received from Hugh Raymond (F&M Committee Chair) Robert Sainsbury (Group Managing Director), Sean Pontin (Jersey Alzheimer’s Association) and Bronwen Whittaker (CEO Family Nursing and Home Care – Ms Judy Foglia deputising).</p> | |

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| <p>2.</p> | <p>Declarations of Interest</p> <p>No conflicts of interest were declared</p> | |
| <p>3.</p> | <p>Professional’s Story</p> <p><u>Nightingale Hospital</u></p> <p>Dr Simon Chapman (Associate Medical Director for Secondary Unscheduled Care) and Ms Irene Campbell (Manager – Resuscitation Services) gave a presentation on the Nightingale Hospital. The key areas to note were: -</p> <p>In preparation for peak activity of COVID-19, an extra 600 beds needed to be found and HCS looked at three options regarding increased bed requirement: -</p> <ul style="list-style-type: none"> • Restructure what we had locally. • Third sector/community residential nursing homes • Utilise one of the hotels on the Island • Utilising the Ministry of Defence to build a field hospital. <p>A paper was put together exploring the above options and what the impact would be in terms of staffing, achievability and deliverability within the Island context.</p> <p>The field hospital was the option chosen and a small group was charged to do a scoping exercise to look at what that would deliver, how it will be utilised and whether it was feasible in terms of meeting the Island’s objectives.</p> <p>On 3 April 2020, the Field Hospital Project Team was formed, and were tasked to build a 180 bedded field hospital that would be fully operational and constructed rapidly. The Nightingale Hospital would be a wing of the Jersey General Hospital and fully aligned to government politics and governance.</p> <p>Over a 7 – 10-day period, 180 staff were inducted for the Nightingale Hospital to run two shifts on a 30 bedded ward. Consideration was given to the different skills that would be required, including medical prescribing, fire awareness. Training took place as a multi-disciplinary team. All staff received wellbeing checks and over 200 volunteers were trained as Health Care Assistants (HCAs).</p> <p>On 5 May 2020, the keys of the Nightingale Hospital were handed over to Health and Community Services and the official opening took place on 11 May 2020.</p> | |

The start date was to be 12 May 2020. It was suggested to the Senior Management Team to run a variety of simulations to stress test the Nightingale before admitting live patients. The SMT gave its approval for staff and volunteers be released to participate in the scenarios on 13 and 14 May. This was to be a big undertaking over a 30-hour period.

100 staff were involved to create a fully functional unit.

Volunteer patients/relatives, additional support services, such as portering, ambulance, bed management, nursing and domestic staff all created a fully functioning unit for a period of 24 hours. 12 scenarios capturing all standard operating procedures were scripted into story boards. The scenarios were acted out by volunteer patients/relatives and admissions to the Nightingale Hospital were staggered throughout the day; closing with a full site fire evacuation the following day. During this period all staff were fully immersed into the scenarios. A variety of tests were carried out as close to reality as possible, diagnostic equipment tested and samples were sent to JGH. G4S security were also tested including the fire evacuation.

Learning from the scenario: -

- All agreed that it was a valuable exercise.
- Emphasis on the dedication, value and professionalism of all staff involved.
- Domestics, catering and medics were exemplary and a vital chain in the delivery of patient care.
- 450 individual pieces of feedback were received.

Themes from feedback received were: -

- Temperature control.
- Layout of rooms and areas.
- Radios/telephones.
- Noisy environment.
- Positioning of staff.

Next steps;

On 24 June staff will be revisiting the site to do further testing. The facility will be deep cleaned, and any facilities issues will be managed by Facilities Management.

HCS will be stress testing systems and incorporate any learning from this into the operational framework (Standard operation procedures (SOP), MDT training/education and Jersey Care Model (JCM)).

Learning from COVID will bring lessons forward to the New Hospital

The Chair thanked Dr Chapman and Ms Campbell.

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| 4. | <p>Minutes</p> <p>The Minutes of the meeting held on 11 May 2020 were taken as read and approved.</p> | |
| 5. | <p>Matters Arising and Action Log</p> <p>The Board noted that there were no Matters Arising</p> | |
| 6. | <p>Chair's Report</p> <p>The Chair gave a verbal update on the work he has been involved with since the last meeting: -</p> <ul style="list-style-type: none"> • The Chair has been more involved in States business than usual as HCS is answering many COVID related questions. • In Committee debate to discuss returning to normal in Jersey. • Major discussions are taking place on how to safely reopen ports. • Pilot (screening) with Blue Island flights. Passengers are given the choice of testing up to three times whilst in Jersey or quarantine on arrival. If the pilot is successful Jersey will look to expand this service when air travel services resume. • Hospital beginning to re-open services. HCS are running a TV media campaign to inform the public how the hospital will receive patients and to reassure them that they will be kept safe. | |
| 7. | <p>Director General's Report</p> <p>The Director General provided a verbal update on the main priorities:</p> <p>Last week saw the return of elective activity and 100 patients have been seen.</p> <p>COVID has had an impact on our waiting times, however we have continued to see urgent patients and are working through the elective lists.</p> <p>Working on 'new normal' service delivery, how we will be delivering services going forward. We hope we will be working more closely with our GP colleagues in a very different way as we have seen significant gains from working collaboratively together as one organisation. We are working closely with our Medical Director, Associate Medical</p> | |

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| | <p>Director for Primary Care and colleagues within primary care to move this forward.</p> | |
| <p>8.</p> | <p><u>View from the Bridge (Partner Organisations)</u></p> <p><u>Jersey Alzheimer's Association</u></p> <p>In the absence of the CEO, the Chair read the main points from feedback received from JAA.</p> <ul style="list-style-type: none"> • Challenges for JAA have very much been about finding the right way to engage with a client group which is not necessarily technologically confident or have an impairment that make technology difficult to use. For people with dementia, not only understanding technology but how they perceive and experience it can be very different. That said with perseverance we have two successful groups running via zoom supporting carers and giving volunteers, people with dementia and family members the opportunity for a virtual catch up. I describe it as 'beautiful chaos' but it's worth every second. Carers are finding our support invaluable both in general terms and to navigate available services. • Carers are struggling and persons with dementia are not being adequately signposted. <p>HCS acknowledged that they had not considered isolation effect on carers and patients and are now building on their relationship with Jersey Alzheimer's Association.</p> <p>The Associate Managing Director for Modernisation informed members that contact had been made with the CEO about progress on the Dementia Strategy.</p> <p>The Head of Social Care and Chief Social Worker informed the Committee that the Principal Social Worker (Adults) had contacted Jersey Alzheimer's following media publication and concerns around the Memory Clinic.</p> <p><u>Mind Jersey</u></p> <p>Mr James Le Feuvre introduced Ms Patricia Tumelty, who will be taking over the role of Chief Executive Officer at the end of June.</p> <p>The key areas to note: -</p> <p>The media have been in contact about what Mind are doing for Carers Week.</p> <ul style="list-style-type: none"> • Mind have continued using technology and meeting some clients whilst keeping within guidelines and social distancing. | |

- Discussions with Mr Paul McGinnety, Deputy Director of Primary and Community Pathways about an option involving a potential donor who wanted to help to develop a project (not business as usual). A group involving Mind, Salvation Army, Silkworth, Recovery College and LV exploring four possibilities in relation to the recovery and provision of support to the 65+ persons in isolation to give them the confidence to reengage into the public.

Challenges for people retaining their employment when the Government support is withdrawn or phased out and there is an expectation that there will be more unemployment. Mind are looking at ways to support people during this phase.

Child support for essential workers, psychological support if not already obtaining support from HCS. Perhaps there is a requirement for more counselling skills for interventions.

Deputy Director of Primary and Community Pathways will be contacting the potential donor to advance the group.

- Moving on from discussions around risks and outcomes from COVID, Patricia Tumelty (PT) invited members to comment on how we can map out with colleagues the different ages and stages across the family life cycle, and to look at what challenges and resources we have available across the sector to ensure people do not fall through gaps.

The Head of Social Care and Chief Social Worker offered to link in with Ms Tumelty as she has been working closely with The Chief Social Worker for Children’s Services as they have recognised that there is a huge link with mental health and the whole family life stage system.

- Carers week - focussing on young carers supported by “My Time” which is project established by the Jersey Youth Service. One of the events planned is a virtual party on the evening of 11 June 2020, involving quizzes, games, etc. and there will be several social media posts going out to promote this.

Brighter Futures

Staff are working remotely holding virtual meetings with families and welfare door stop checks to the most vulnerable. BF have a comprehensive Risk Assessment Plan in place working on a phased return for the new normal, this will be reviewed and changed regularly whilst adapting to services.

Plans are in place for staff returning, ideally beginning with smaller groups if possible and more direct face to face work. Phased return of some year groups to school, however it is difficult for parents who

have children off school to have confidential (significant) conversations. BF are looking to extend working hours, for example meetings in person/virtual when children are in bed.

Staff responded to the immediate crisis during the emergency response phase, but BF are very conscious that continuing this level of support indefinitely is not sustainable for the future. They are also supporting Staff wellbeing in order that they do not suffer resilience and compassion fatigue. It is important that staff remain well to continue their work and support for their families.

Staggered return of staff. Maximum of 1/3 staff in at any one time to enable social distancing. Plan to space people out only when need arises, otherwise most staff will continue working from home.

Jersey Hospice Care (JHC)

JHC community provision - Since the last meeting JHC have been working on a broader piece of work with the Associate Managing Director for Modernisation and this has been positive.

JHC have a vacant consultant post and in the meantime are looking at getting some GP sessions in to cover.

Bereavement/emotional support services put in place during the first phase of COVID with Macmillan are continuing and JHC are looking to continue working closely together in the long term – another good example of ongoing collaboration to support Islanders.

Last week was Volunteers week and the opening of the shop in St. Ouen. Volunteers are keen to return to Hospice which has been wonderful. JHC did a lot of celebrating of volunteers with other organisations and have embraced those on the retail side of the organisation.

Online telephone calls have been successful, more relaxed and convenient to patients.

Business as usual slowing resuming in those areas where JHC had stopped services although continued to see patients throughout, in-patient unit has been operational. Out-patient services delivery will change. Digital consultations have worked well and will now review previous face-to-face sessions to offer a wider choice of access.

JHC have several staff who have underlying health conditions and are struggling with the notion of coming back and reintegrating back into the workforce; JHC are providing support. JHC are supporting staff who have worked within the inpatient units who are exhausted and not able to leave the Island to recover.

Family Nursing and Home Care (FNHC)

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| | <ul style="list-style-type: none"> • FNHC have continued business as usual as much as possible by increasing risk assessments. Capacity has been reduced in clinics and vulnerable patients have been prioritised. • Rapid Response – business as usual. The re-enablement staff from HCS have worked well and moving forward will be working closely with Associate Managing Director for Modernisation on the new Community Hub. • Communications with clients via virtual meetings have worked well. Within Child & Family, FNHC have changed the way in which they work with them. • Restarting the Immunisation programme and children’s assessments. • FNHC are looking at the Restorative Framework for Community Services for Child and Family that NHS England has put together. • Staff – initially reluctant to work from home but have got used to this way of working. Looking at a seven day a week rota which will reduce numbers. • Challenges around the dressing’s clinic. FNHC have stopped a lot of the patients coming in but now wish to resume this service and are very conscious about how to manage this with social distancing. • Working from home there have been issues with IT server and moving forward this needs to be made more secure. • Plans in place in case of second COVID wave. • Staff have adapted well, offering staff some external support regarding resilience. Initially, there was staff anxiety around COVID and PPE. | |
| <p>9.</p> | <p>Jersey Care Model</p> <p>HCS have received the Review back from PWC and have shared with the Political Oversight Group, Council of Ministers and Scrutiny. The report will shortly be shared across all organisations and then preparations for the public facing document in September to coincide with the debate in the Assembly.</p> | |
| <p>10.</p> | <p>Performance Report</p> <p>The Governance and Performance Analyst led members through the Quality and Performance Report as at 31 May 2020.</p> | |

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| | <p>The key areas to note: -</p> <ul style="list-style-type: none"> • Now seeing increased activity around services. The Emergency Department (ED) and Urgent Treatment Centre (UTC) back up to normal activity levels but with 66% going through UTC. • Waiting lists for out-patients continue to decrease as we have moved to telephone consultations. • In patient waiting list, HCS have seen a 24% increase. • HCS are gradually increasing elective activity whilst keeping within infection control guidelines and maintaining patient safety. • Essential theatre maintenance over August. Theatres will be closed for two weeks. | |
| <p>11.</p> | <p>Committee Report – Quality Performance and Risk</p> <p>The Chief Nurse led members through the Quality, Performance and Risk Committee report. The key areas to note: -</p> <ul style="list-style-type: none"> • In readiness for COVID-19, a temporary Gold, Silver and Bronze command and control structure provided governance assurance around decision-making. • The Quality, Performance and Risk Committee was reconvened on 1 May 2020 and the Risk Register was reviewed; two COVID related risks were added. • Presentation around Tier 4 services at CAMHS – a detailed update was given on the temporary arrangement for children and young people requiring Tier 4 inpatient service during Covid-19. This was done by repurposing part of a section at Greenfields and named Meadow View. HCS and CYPES worked together to stand this service up as part of COVID emergency response. • System wide capacity plan for COVID 19 – a paper which outlined Island wide bed occupancy available for a “worst case” scenario. The plan describes the triggers which would lead to the unlocking of system, relating to inpatient demand, ICU capacity, oxygen supply and staffing. • Ethical Framework – shared with the Committee for information. The framework based on published national guidance and guidance from UK critical care networks developed during | |

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| | <p>previous pandemic planning. The paper had been through consultation, ratified and presented to the Emergency Council.</p> <ul style="list-style-type: none"> • Nightingale Hospital project arrangements – update given on the Nightingale Hospital Project which covered timeline from inception to operational build. • Infection Control update report with key metrics provided for Jan-March 2020. • PPE Update – it was recognised at the outset of Jersey’s emergency response to COVID 19 that issues accessing supplies caused a pressure point at the start of COVID. A PPE cell was established and a standardised request process for 200 organisations around the Island was established. • Adult Social Care Q1 Report – a comprehensive report from Adult Social Care which covered aspects of incidents, complaints, regulation of care, care adult programme, policy and pathway activities. Work now being built on to provide a Family Hub. | |
| <p>12.</p> | <p>Letter from UNICEF</p> <p>The Chair shared a letter dated 28 May 2020 from UNICEF.</p> <p>The Chair invited members to comment. The main points considered were: -</p> <ul style="list-style-type: none"> • There are several parents able to pay for primary care so how do we balance that with those who are not able to. • Disproportionate amount of families requiring support not just financial but psychological and physical. • JCM – PWC doing costing model to provide free healthcare and the financial impact to the Island. This work will be completed by end of June 2020 and then begin consultations with GPs. • Cost benefit analysis. • Nominal charges. • Costs around missed appointments. • Not penalising children whose parents have medical debt. • If HCS contract GPs over a period with fixed tariffs charges will be levied. <p>The Director General and Ministerial Support will prepare a response.</p> | |

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| 13. | <p>Any Other Business</p> <p>The Chair thanked Mr Le Feuvre for all his hard work and commitment over the years and wished him the best of health and happiness on his retirement.</p> | |
| 14. | <p>Date of Next Meeting</p> <p>The next meeting takes place on 13 July 2020 at St. Paul's Centre.</p> | |

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| 1 | HEALTH AND COMMUNITY SERVICES BOARD PART A IN PUBLIC - ACTION TRACKER | | | | | | | | | |
| 2 | | | | | | | | | | |
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| 4 | | | | | | | | | | |
| 5 | Meeting Date | Agenda Item | Action | Officer | Exec | By When | Progress report | Action Agreed | Action Closed Date | Status |
| 6 | 10-Feb-20 | 10 | Interim Director for Modernisation to link in with the CYPES to discuss cross-government commissioning functions. | HL | | Mar-20 | | | Minutes 11 May 2020 CL confirmed action complete. | CLOSED |
| 7 | 10-Feb-20 | 16 | HL to identify a resource from outside to allow HL to work with DS to create Island Strategy. | HL | | Mar-20 | Minutes 11 May 2020 Superseded by COVID 19 emergency response. Currently in better position with information - workforec cell / skill set assessment. | | | OPEN |
| 8 | 10-Feb-20 | 16 | HL to work with HR to get a better result with joint participation from our partners, Care Federation, CYPES, key workers etc. to create Island-Wide Workforce Strategy. | DS/HL | | ? | Minutes 11 May 2020 Discussion on community & voluntary sector about wider workforce strategy following COVID | | | OPEN |
| 9 | 08-Jun-20 | 8 | Deputy Director of Primary & Community Pathways to progress work in relation to the recovery & provision of support to the 65+ population in isolation to give them confidence to renage with others | PMcG | | | | | | OPEN |
| 10 | 08-Jun-20 | 8 | IW to work with PT (MIND) in relation to the whole family life cycle system. | IW / PT | | | | | | OPEN |
| 11 | 08-Jun-20 | 8 | Director General & Mintsreial Support to prepare a response to the points raised by Uncief and the discussion that followed. | CL/MR | | | | | | OPEN |

HEALTH AND COMMUNITY SERVICES BOARD - ACTION TRACKER

Audit of Completed Actions

| Meeting Date | Agenda Item | Action | Officer | Exec | By When | Progress report | Action Agreed | Action Closed Date | |
|--------------|-------------|---|--------------------|------|-------------|---|---|--------------------|--------|
| 08/07/2019 | 3 | Signpost' patients to access support following breaking of bad news | PALS | RS | Sep 30 2019 | PALS Officer has now been appointed and patients experience and patient | This action better owned by Chief Nurse and PALS | Sep 30 2019 | CLOSED |
| 08/07/2019 | 6 | All actions tracked to completion and closure | Board Sec | BP | Continuous | Action trackers established for Board and | Ongoing governance BAU therefore close | Sep 30 2019 | CLOSED |
| 08/07/2019 | 11 | Update Sep Board on BAF progress | Group Med Director | BP | Sep 30 2019 | Report to Board Sep 2019 | Board Paper Sep 2019 | Sep 30 2019 | CLOSED |
| 08/07/2019 | 13 | FNHC CEO to share experiences of care regulatory process when available | CEO FNHC | BW | Sep 30 2019 | Up date when available | Close action as could form agenda item on regulation of care when appropriate | Sep 30 2019 | CLOSED |
| 13/01/2020 | 16 | Nurses Pay - Director of HR to meet with CEO of Jersey Hospice. | Darren Skinner | | | | | | CLOSED |
| 13/01/2020 | 17 | Collective data from Community Providers - AC to meet with CEO Jersey Hospice | Andrew Carter | | | | | | CLOSED |
| 08/07/2019 | 10 | Bring back Board ToR for review Dec 2019 | Director General | | 01-Dec | Action not due until Dec | | On Agenda | CLOSED |

QUALITY, PERFORMANCE AND RISK COMMITTEE REPORT

Author(s) and Sponsor

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| Author(s): | Rose Naylor Chief Nurse |
| Sponsor: | Caroline Landon Director General |
| Date: | 14 th Sept 2020 |

Executive Summary

Purpose:

The purpose of this paper is to provide the HCS Board with an update on the matters considered by the Quality, Performance and Risk Committee in the meeting which has taken place since the HCS Board last met. The date of this meeting was 26th August 2020.

Narrative:

This Committee covers the combined agendas of two previous Committees, the Quality and Performance Committee and the Risk and Audit Committee.

Acting Board Secretary – Emma O'Connor has started in post as Acting Board Secretary and this was her first meeting in this capacity. Emma will bring forward an updated action tracker at the next QPR meeting in September.

HCS Risk Register - The Committee received an update on the HCS risk register.

The HCS risk register holds 357 live risks of which 43 are COVID risks, 6 relate to the impact of the Test and Trace Programme on HCS, Jersey Nightingale Wing 18 risks.

News risks added to the register scoring above 15 were brought to the attention of the Committee and discussed, these were:

Lapsed MAYBO certification – which related to the suspension of MAYBO training nationally as a direct result of the Pandemic. Restrictions on this training have now been lifted and a plan is in place to address the immediate issue with further plans to support sustained delivery of the programme.

Midwifery staffing – Committee acknowledged this risk however challenged the score given the additional agency resourcing in maternity at present. This needed further review and is expected to reduce. The team are also undergoing Birth Rate Plus which is a national maternity staffing acuity review tool which has independent validity.

On island capacity for processing COVID swabs – this sits under the test and trace programme but does have an impact on HCS in relation to test to protect workstream and is likely to reduce with the additional laboratory being developed on island.

Retinal Screening Programme potential impact on patients – the Chair asked for a formal update on the programme at the next Committee meeting.

The Committee recognised as a result of COVID and the changes to the operational structure as part of the emergency response that this temporarily disrupted normal performance management processes. Care Group Performance reviews have since restarted during August and the risk register for each care group features on the agenda.

DATIX incident reporting Q2 report

The Committee received the Q2 report which provided the organisations incident reporting activity and themes for the quarter. Key headlines where:

- Reporting was down by 11% when compared with the same quarter in 2019. This can be attributed to cessation of BAU during the emergency response phase of COVID 19.
- There were 808 events recorded during the Quarter.
- In terms of harm as a result of the incident 95% were classified as no harm or minor harm.
- The key issue of discussion was the investigation of incidents – all incidents on the system are either being reviewed, awaiting approval or being approved with the largest volume sitting in the being reviewed category. There is a delay on incident investigations being completed within the timeframe of 4 weeks as in the HCS Patient Safety Learning Event Policy (2019).

Committee agreed that whilst its positive that all incidents are being acted on there needs to be a focus on completion within the 4 week timeframe, to ensure we learn from incidents in a timely manner, capture the learning and the Performance Reviews will monitor this through the focus on all aspects of Quality, Safety and Risk.

Thematic reviews – these were proposed as a vehicle for those incidents which have common features within a number of patient safety events and are often cross organisation. The Committee supported this proposal.

Safety Alert update during Q2 48 safety alerts were issued through the Central Alerting System, these alerts come through a range of national organisation such as NHS England, NHS Improvement, Medical Device Alerts, Drug Alerts, Chief Medical Officer, Dept of Health and Social Care and Supply Disruption Alerts. The number of alerts issued in this quarter increased by 282% however many of these were COVID related.

Serious Incidents Q2 report

Good progress to report in this area in terms of completion of reports.

Key points to note

- 2 serious incidents notified in Q2.
- SI huddles happening in every case to identify immediate learning within the timeframe as per policy
- A number of reports completed and presented to Panel.
- All SI's have investigators allocated and currently under investigation.

This report demonstrated significant improvement in this area. Future reports will focus much more on the learning and changes to practice.

JNAAS Q2 update

Assessments were temporarily suspended as a result of COVID and resumed in August. Mental Health wards were all assessed in August which gave a view of the Care Group inpatient areas as a whole. This new approach enables the Care Group to receive specific assurance and feedback on improvement needed and also picks up thematic issues across the Care Group.

Key points to note

- All areas in mental health assessed against the generic standards and the AIMS standards.
- No improvement notices issued.
- Significant improvement in Orchard House received a Green rating for the first time.
- Maple Ward dropped from Green to Amber.
- All other wards Green status at time of report. Beech Ward to be assessed.

Other point to note was the changes to the wards in the General Hospital as a result of COVID have presented some challenge however the assessments undertaken per care group will address this issue.

Information Governance Q2 report

This report covers all of the activity of the Information Governance team during Q1 and Q2 2020

Main points of note:

Significant volume of activity in the following areas:

- FOI requests 132 with 6 going to appeal.
- Disclosures and police requests 370 – this includes SAR, legal discoveries, Redress scheme etc.
- Data breaches down.
- Team provide specialist support to the data compliance projects such as electronic prescribing.
- Privacy impact assessments and data sharing processing agreements.
- Also leading on number of projects Information Governance Policy, Policy Improvement programme, intranet management and health and Care information sharing board

Estates Update Q2

Updates provided

- Backlog maintenance programme 2020 – no key issues to note
- Estates Building Projects – discussed the location for the retinal screening – agreed that the Committee need a detailed update on this at next meeting.

Health and Safety Report Q2

Focus of the report on addressing and reducing some of HCS' key risks around Health and Safety

- Significant movement on the fire prevention and management with evidence of proactive management, learning and a focus on improving skills of workforce. This has been assisted significantly with the use of the Nightingale Wing for training.

Committee discussed the impact of COVID on a number of the health and safety risks which have affected the timeline for addressing the risk – these have in the main being training dependant which was suspended for a period. MAYBO training, staff training in health and safety, management of display screen equipment. Training resuming in these areas and risks are expected to reduce as a result.

Infection Prevention and Control Report Q2

The impact of the Pandemic on the IPAC team has been significant in addition to which the Committee noted the DIPC has been covering the Deputy MOH role since early this year and had a leadership role in Jersey's pandemic response.

Key points to note from this report

- Multiple breaches in the disposal of waste –actions including audits in place to address this.
- Promoting correct wearing of PPE – audited.
- Bundle of measures in place to reduce transmission of COVID.
- Less than 10 MRSA Bacteraemia investigated.

Business case submitted for 2 additional nurses to support IPAC team

Feedback report – focus on complaints Q2

In the 6 months up to June HCS recorded the following,

- 53 comments
- 185 complaints
- 110 compliments
- 98% of complainants have been satisfied with their complaint response after the first response
- 987 HCS staff have accessed the gov training on complaints

- 1 complaint was escalated to stage 3 – this has since been addressed and closed

However, the Committee was not assured that complaints were being responded to in a timely manner and in accordance with policy and only 33% of complaints met the timeframe.

In light of this the Committee agreed to monitor complaints monthly as a standing agenda report. Action agreed to seek an update from the Patient Experience Manager on progress to date against the improvement plan previously presented to the Committee and to report monthly to QPR.

Safeguarding Adults and Children – Q2 report Health Safeguarding team

A comprehensive report from the Designated Doctor for Children and Designated Nurse for Children and Adults was presented. This is the first formal report into the QPR Committee and covered a significant range of areas.

The key issues the Committee was asked to note related to the effect of COVID on safeguarding practice and the risk being managed across the safeguarding community partners.

The report covered

- COVID activity and risks presented as a result of lockdown
- Activity re Sexual Assault referrals
- Children - including hospital activity, Looked after children, alcohol consumption, mental health
- Adults - including vulnerable adults, mental health, domestic abuse
- Serious case reviews and rapid reviews

The report also summarised the significant positive partnership working across all agencies which mobilised very quickly to support those most in need, children, families and vulnerable adults.

Key Issues to Note – no matters identified at the August QPR to be escalated to Public Board

| Recommendations | | | | | |
|--|--|-----------------|--|------|---------|
| The Board is asked to NOTE the Report | | | | | |
| Impact upon Strategic Objectives | | | | | |
| The strategic objectives for HCS are to be determined | | | | | |
| Impact Upon Corporate Risks | | | | | |
| None to note in this report | | | | | |
| Regulatory and/or Legal Implications | | | | | |
| There are no specific regulatory or legal implications arising from this report. | | | | | |
| Equality and Patient Impact | | | | | |
| There is no equality or patient impact arising from this report. | | | | | |
| Resource Implications | | | | | |
| Finance | | Human Resources | | IM&T | Estates |
| Action / Decision Required | | | | | |

| | | | | | | | |
|--|--|---------------|---|--------------|--|-----------------|--|
| For Decision | | For Assurance | √ | For Approval | | For Information | |
| Date the paper was presented to previous Committees | | | | | | | |
| | | | | | | | |
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| Outcome of discussion when presented to previous Committees/MEx | | | | | | | |
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Report Title

PEOPLE AND ORGANISATIONAL COMMITTEE REPORT

Author(s) and Sponsor

| | |
|------------|--|
| Author(s): | Anne Robson – Human Resources Director |
| Sponsor: | Deputy Jeremy Macon - Chair |
| Date: | 4 th September 2020 |

Executive Summary

Purpose:

The purpose of the paper is to provide the HCS Board with an overview and update of work undertaken since the last POD Committee meeting which took place on Wednesday 12th August 2020. Two meetings were cancelled due to the organisation’s significant focus on readiness in response to the Covid 19 Pandemic.

Narrative:

Committee action tracker

It was acknowledged by the Committee that a lot of items on the tracker remained open as a result of the impact of Covid on the organisation. A review of the tracker will take place and an update will be provided at the next committee meeting.

Risk register

Significant work was undertaken to capture risk during Covid 19. At the time of preparing the report there are 2 risks rated 16 and above. They relate to the ongoing support for the Test and Trace Programme which is diverting staff from HCS and a lack of specialist cover for single handed specialities currently owned by Scheduled Care. The Register is to be reviewed to ensure the risks continue to be relevant and appropriately rated and mitigated. The committee felt that the absence of a robust workforce plan should be added as a risk and escalated to the Board.

HR Metrics

It was reported to the committee that data sources between HCS and Corporate Services did not currently match up. It was agreed that work to align these differences was required and that a timeline and action plan should be produced.

Key Worker Update

The Associate Chief Nurse gave an update on key worker accommodation. Junior Doctors are scheduled to move from The Limes by the end of September 2020. RS asked the Committee to note that the Chief Nurse and Associate Chief Nurse were spending too much time managing accommodation matters. The Committee agreed that management of Key Worker accommodation should be a Central Government function and that this matter should be escalated to the HCS Board.

Health and Wellbeing

A presentation by Cheryl Power (Associate Chief for Allied Health Professionals) on the health and wellbeing programme during Covid, was well received. Plans for the ongoing support for the workforce have been boosted by an award of £364,000 which will enable several initiatives to be launched under the oversight of a Health and Wellbeing Committee. It is proposed that this committee is a sub- committee of the POD.

Team Jersey

An update was provided by a Team Jersey Champion on Team Jersey activity. Some remote learning options were available during the pandemic and the induction programme now includes modules on the values, beliefs and behaviours that the organisation have signed up to. Plans are underway for targeted interventions in various departments.

Key Issues to Note – Workforce plan and key worker accommodation.

Recommendations

| | | | | | | | |
|---|--|-----------------|---|--------------|--|-----------------|--|
| The Board is asked to NOTE the Report | | | | | | | |
| Impact upon Strategic Objectives | | | | | | | |
| The strategic objectives for HCS are to be determined. | | | | | | | |
| Impact Upon Corporate Risks | | | | | | | |
| No impact determined yet. The POD risk register is undergoing a review. | | | | | | | |
| Regulatory and/or Legal Implications | | | | | | | |
| None identified at this time. | | | | | | | |
| Equality and Patient Impact | | | | | | | |
| There is no impact. | | | | | | | |
| Resource Implications | | | | | | | |
| Finance | | Human Resources | | IM&T | | Estates | |
| Action / Decision Required | | | | | | | |
| For Decision | | For Assurance | √ | For Approval | | For Information | |
| Date the paper was presented to previous Committees | | | | | | | |
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| Outcome of discussion when presented to previous Committees/MEx | | | | | | | |
| N/A | | | | | | | |