Government of Jersey – Health and Community Services

HCS Board Committee

Main Hall St Pauls Centre

19 October 2020 14:00 - 19 October 2020 17:00

AGENDA

#	Description	Owner	Time
1	Welcome and Apologies Verbal	Chair	
2	Declarations of Interest Verbal	Chair	
3	Service-User Story Verbal		
4	Professional's Story UNICEF Baby Friendly Initiative (BFI) Accreditation	Sarah Keating	
5	Minutes of the Previous Meeting Minutes of 14 September 2020 2020-09-14 - HCS Board - Minutes - v2.docx 7 HCS Board Minutes Annex 1.pptx 19 HCS Board Minutes Annex 2.pptx 27	Chair	
6	Matters Arising and Action Tracker Verbal / Paper ITEM 6. HCS Board Action Tracker V2 Oct 2020.xls... 45	Chair	
7	Chair's report Verbal	Chair	
8	Director General's Report Verbal	Caroline Landon	
9	View from the Bridge Family Nursing and Home Care Alzheimer's Association Jersey Hospice Brighter Futures MIND	Partner Organisations	

#	Description	Owner	Time
10	Committee Report - Quality, Performance and Risk Committee Paper QPRC Sept 2020 HCS Board 12 Oct 2020.docx 47	Chief Nurse	
11	Financial Position Paper ITEM 11. HCS Board October 20 Public Part v2 - Fi... 51	Senior Finance Business Partner	
12	Any Other Business Verbal	Chair	
13	Date of Next Meeting Monday 9th November 2020 - Halliwell Lecture Theatre, Harvey Besterman Education Centre, JGH (including TEAMS option).	Chair	

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Health and Community Services (HCS) Board (the Board) – (Public Part A)
Notes of meeting on Monday 14 September at 2.30 p.m. – 4:40 p.m.
St Paul's Centre, Dumaresq Street, St Helier, Jersey

Present:	Richard Renouf (Chair)	Minister for Health and Community Services	RR
	Sam Lempriere	Governance Performance Analyst (for items 1 – 9 only)	SL
	Hugh Raymond	Assistant Minister / F&M Committee Chair (for items 1-10(a) only)	HR
	Steve Pallett	Assistant Minister / QP&R Committee Chair (for items 1-10(a) only)	SP
	Patrick Armstrong	Group Medical Director (from 2.50pm onwards)	PA
	Caroline Landon	Director General	CL
	Gary Kynman	Associate Managing Director	GK
	Rose Naylor	Chief Nurse (from 2.45pm onwards)	RN
	Patricia Tumelty	CEO – Mind	PT
	Isabel Watson	Head of Social Care and Chief Social Worker	IW
	Martyn White	Director of Communications	MWH
	Adrian Noon	Associate Medical Director for Primary Care	AN
	Andrew Mitchell	Associate Medical Director/Chief Clinical Information Officer (for items 1-4 only)	AM
	Bronwen Whittaker	Quality and Governance Lead, Family Nursing and Home Care (FNHC)	BW
	Ruth Brunton	CEO Brighter Futures	RB
	(jointly referred to as the "Board")		
In Attendance:	Emma O'Connor	Board Secretary	EOC
	Mark Richardson	Ministerial Support	MR
	Martin Warnette	Intermediate Care Manager	MWA
Minutes:	Aimee Maskell	AM to PM Secretarial Services	

Please note: *Some items have been taken out of agenda order.*

No	Agenda Item	Action
1.	**Welcome and Apologies –** RR welcomed everyone to the meeting and introductions were made around the table. RR reminded the Board that the meeting was being filmed and therefore asked them to speak clearly for the purpose of the recording.	
	Apologies were noted as follows: Anne Robson (AR) Interim Human Resources Director Jo Poynter (JP) Associate Director Modernisation Robert Sainsbury (RS) Group Managing Director Lauren Jones (LJ) Head of Finance Business Partner Sean Pontin (SP) CEO Jersey Alzheimer's Association Jeremy Macon (JM) Assistant Minister HCS	
2.	**Declarations of Interest** – No interests were declared.	
3.	**Professional's Story** – MWA provided the Board with an update on the Covid 19 Testing Programme and a copy of his presentation is annexed hereto and forms part of these minutes.	**Annex**
	Questions were invited during and after the presentation and RR sought clarity on the longitudinal studies which have been taking place. MWA explained that this relates to the testing of a sample of 10k residents in order to identify who may have had Covid without suffering any symptoms.	
	RN joined the meeting.	
	MWA expressed his gratitude to the staff working on the testing programme. He noted that they were motivated, supportive and professional and reported that he had received	

	significant positive feedback regarding the service, particularly on the reassurance it is providing those travelling to Jersey. This was echoed by RR who noted that he has also received positive feedback about how the testing team have "done the Island proud" by getting travellers through Jersey's borders efficiently and in a positive and friendly way.	
	RR queried whether it was proposed to resume longitudinal testing and MWA advised that whilst this was being considered, a date has not yet been agreed. However, AN reported that this was discussed in a meeting he attended earlier today and it was hoped that it would be possible to resume it within the next four weeks by which time it is anticipated that the number of visitors requiring testing will have decreased. This was welcomed by RR who stressed the importance of being able to track the potential spread of the virus within the Island.	
	There being no further questions for MWA, RR thanked him for the work he has undertaken since March in leading the Covid Testing Programme team.	
4.	**Digital –** AM provided the Board with an update on the Digital Strategy for Health and a copy of his presentation is annexed hereto and forms part of these minutes.	**Annex**
	PA joined the meeting.	
	RR thanked AM for his presentation and invited any questions or comments from the Board. CL welcomed the map of Jersey included in AM's presentation clearly showing that HCS will have the ability to do things remotely which she suggested is very positive for the Jersey Care Model (JCM). IW added that it will also be helpful for the community to be able to information share and AM stressed that patients having control of their data will also be helpful.	
	HR sought clarity around the budget for the Digital Strategy and AM advised that 15% of the hospital's budget is allocated to digital. He reported that whilst Covid has accelerated some spending in this regard, digital changes are continuing to be made and digital projects are still moving forward despite delays caused by Covid.	
	CL noted that RR is working to ensure this piece of work can be progressed as part of the government plan and RR confirmed that it was a key part of the government plan.	
	RR queried whether the third sector organisations were involved in the Digital Strategy and AM confirmed that regular meetings take place between them and he suggested that engagement is good. He added that there is a pathway in place to ensure progress is made and explained that the digital team are trying to avoid organisations/departments purchasing software and then approaching them to install it. A register of software has therefore been created which currently includes 300 different types of software and AM expressed the hope that this can be reduced to 200.	
	This was welcomed by RR who noted that the JCM will require engagement from other organisations and AM reported that there are strong links between primary and secondary care in the Island which will also help as well as the network geographic in Jersey.	
	RB queried how and when AM will know if the Digital Strategy has made a difference to patients (as opposed to providing more of the same services with different technology) and stressed the importance of reporting in this regard. AM suggested that improved technology could give health professionals back the gift of time, noting that every decision they make should make a patient live longer, feel better or improve their outcome. He added that it could also lead to cost savings which could be reallocated to helping others and reassured the Board that measures will be put in place to ensure there are improvements. However, whilst he acknowledged that measuring mortality was very difficult, it would be possible to do this efficiently and, by way of example, he referred to the improvements made in respect of drug mismatching following implementation of electronic prescribing (EPMA).	

	IW suggested that the ability to measure hospital admissions would be a way to highlight improvements and AM advised that there was no measure in place for this currently. However, SL was working on providing this through data analysis.	
	BW confirmed that although FNHC feels involved in the Digital Strategy, they have faced challenges using Teams and would welcome some support in this regard. She added that although AM and his team were working on a huge agenda to improve technology, some patients are very grateful to see health care professionals. She therefore stressed the importance of ensuring the use of technology and face to face visits are balanced to ensure patients do not feel isolated, especially those who are cared for within the community. This was acknowledged by AM. However, he stressed the importance of agreeing who the right person is to go out and see those type of patients, noting that they may not necessarily be a nurse and that a different type of support could be provided.	
	CL acknowledged that she had assumed that Jersey did not have an issue in terms of people feeling isolated. However, she reported that at nearly every meeting, someone talks about their need to talk with someone. She therefore expressed the hope that this will be addressed through the engagement which will take place on the JCM and new hospital. BW advised that FNHC also learnt about this during Covid, particularly when people had worked from home and then felt scared to go out. She added that some patients want to see health professionals in person as they are their only point of contact through the day.	
	PT highlighted the value of peer support and lived experience for adult mental health and noted that MIND has valuable data around hospital admissions which could be provided to AM. However, she stressed the importance of taking the opportunity to build the importance of non-professional and peer/lived expertise (and the outcomes around them) into the JCM and new hospital. AM agreed that data was key and suggested that if patients can collate their information as part of the JCM, it will enable proper support to be provided.	
	PT offered to support AM as required. However, she reiterated the difference that peer/lived experience support can make and stressed the importance of finding ways to implement this. CL added that patients' views must be sought and acknowledged that not all the HCS forums had patient representation on them yet.	
	SP welcomed the exciting and progressive Digital Programme. However, he noted that it was quite extensive and queried whether the Island currently has the right skills to deliver it. AM confirmed that the Island does have the sufficient skill set to deliver the programme, noting that Jersey has very good tech organisations who have already stepped up to support HCS' Digital Strategy. He added that Digital Jersey have delivered a significant part of the Strategy to date and are able to provide resource if it is not available within HCS.	
	Collaboration with Digital Jersey was welcomed by SP. However, he queried how it was proposed to address the technical skills gap within primary care and amongst other health professionals within a short period of time and AM reassured the Board that a workstream was in place around this. He stressed the importance of everyone having digital competency and advised that benchmarks would be established in this regard. He added that this was a standing agenda item at weekly meetings and stressed the importance of investing in training and electing digital champions from various wards/departments within HCS when the new electronic patient record (EPR) is launched to ensure optimum value is gained from it.	
	There being no further questions for AM, RR thanked him for his time, and he left the meeting.	
5.	**Minutes –** The Board reviewed the minutes of the previous meeting held on 8th June 2020, a copy of which were circulated with the agenda and **IT WAS RESOLVED** to approve the same.	

6.	**Matters Arising and Action Log** – RR took the Board through the Action Log, a copy of which had been circulated with the agenda and the following was noted:	
(a)	***HL to identify a resource from outside to allow HK to work with DS to create Island Strategy –*** Superseded.	
(b)	**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** – EOC provided an update and **IT WAS RESOLVED** to carry the action forward.	**EOC**
(c)	***Deputy Director of Primary and Community Pathways to progress work in relation to the recovery and provision of support to the 65+ population in isolation to give them confidence to re-engage with others –*** EOC provided an update and **IT WAS RESOLVED** to carry the action forward.	**EOC**
(d)	***IW to work with PT in relation to the whole family life cycle system*** – **IT WAS NOTED** that this was a work in progress, and **IT WAS RESOLVED** to carry the action forward.	**IW/PT**
(e)	***Director General and Ministerial Support to prepare a response to the points raised by UNICEF and the discussion that followed –*** **IT WAS RESOLVED** that RR and CL would carry this action forward.	**RR/CL**
7.	**Chair's Report** – RR provided the Board with an update which he noted was focussed primarily on Covid. He reported that Jersey had achieved containment of the spread of the virus mainly due to the good teams in place across the Island's whole health care service and he thanked them for all their hard work to date.	
	IT WAS NOTED that the Covid cases which have been picked up are largely from inbound travel. RR reported that, fortunately, the Island was not seeing a great deal of community spread as those who are infected have been able to isolate.	
	RR confirmed that the current policy is to keep the borders open for the well-being and economic recovery of the Island and Islanders. However, given the recent reports from overseas and the winter approaching, an increase in infection results could occur. That said, if the Island can control the infection it does not anticipate having to make any changes in policy. Therefore, all efforts are being put into containing the infection and targeting measures accordingly. However, should the position change specific, appropriate measures will be taken, rather than putting the whole Island back into lockdown.	
	RR acknowledged the various teams who have worked very hard over the last few months and who are tired heading into winter. He stressed the importance of ensuring that the responsibilities around Covid do not only rest with a few, and that it should be an all Island effort to contain the virus. He highlighted that although no one is currently in hospital with the virus, it was too early to say it was not an issue and not follow the measures still in place. He reminded the Board that the Island must avoid reaching the "peak" previously discussed which could lead to the General and Nightingale Hospitals being full.	
	RR acknowledged that the all Healthcare providers are making great efforts in returning to BAU and thanked them for this, particularly as they were already facing pressures with staffing and waiting lists which Covid has made even more complex.	
	RR advised that he will shortly be lodging the JCM for States' debate and endorsement and expressed the hope that it will be supported when put to a vote.	
	RR acknowledged the disquiet from some people about how the JCM may affect their relationship with their GP and he advised that he would seek to reassure them that the JCM was not looking to nationalise the GP service in the Island. However, whilst he accepted that it was important for people to retain the personal connection they have with their GPs and that the GPs have a crucial part to play in managing peoples' conditions and working with secondary care professionals, HCS would like to work with them differently as part of the JCM.	

8.	**Director General's Report –** CL reported that focus was being placed on BAU and recovery, albeit that BAU was now slightly different due to Covid. She noted that HCS waiting lists have recently been published so that patients are aware of when they will be seen and she advised that data being collated by SL highlights the pressure on HCS due to waiting lists which have grown since the GPs returned to BAU.	
	The Board noted that processes are in place to work through the waiting lists appropriately. CL added that out-patient remote working is being discussed although she accepted that some patients prefer face to face appointments.	
	IT WAS NOTED that mental health and social care are very busy, and CL reported that she recently visited Orchard House and welcomed the positive feedback she received from some of the patients there. CL acknowledged that Orchard House had made significant improvements.	
	CL referred to the job planning which was being led by PA and scheduled to take place over the next three months. CL reported that further work was required in respect of complaints. She acknowledged that HCS was not responding to these in a timely or appropriate manner and suggested monitoring this via the Quality Performance and Risk Committee.	
	IT WAS NOTED that a significant issue recently highlighted by PWC was the importance of HCS implementing work force plan and CL therefore stressed that HCS start re-engaging with all providers across the island.	
	CL thanked all teams within HCS for their ongoing efforts in the delivery of care during the pandemic.	
9.	**Performance Report –** SL provided the Board with a summary of the data included in the Quality Performance and Risk Report dated August 2020. He advised that the data shows a return to BAU and that out-patient and theatre waiting lists have grown. However, he confirmed that these are being monitored using tools HCS already has in place, theatre timetables and the installation of remodelled booking function.	
	IT WAS NOTED that theatres were closed in August for maintenance and annual leave which led to reduced pre-operative testing and SL advised that this is reflected in the figures. SL reported that theatres have now reopened, and private and public activity is being managed via a new list broker function. As noted by CL above, SL added that progress has been seen in Mental Health and Social Care, particularly around Orchard House, full details of which are included in the Report.	
	SL acknowledged that many departments were affected by Covid. However, they were now starting to return to BAU, and he anticipated that the position would be more stable by the end of the year.	
	CL provided further detail on some specific data included in the Report. She noted that Maternity have faced some challenges around volume of c-sections and induction. A clinical review has been commissioned. Furthermore, Paediatrics had some management challenges and are working with clinical leadership to ensure these are addressed.	
	RB sought an update on how adult mental health services, in particular Jersey Talking Therapies (JTT), were operating and IW reported that JTT had a huge waiting list coming out of lockdown. It has therefore been agreed to increase resources. In addition, it is hoped that the private sector would be able to help reduce the waiting list.	
	AN updated the Board following a meeting with JTT last week and confirmed that there was no longer a waiting list for level 1 and 2 referrals as these would be undertaken by private providers. He advised that a discussion also took place about how to reduce the waiting list for level 3 and 4 referrals and consideration was given to working with primary care in this regard to establish a process whereby referrals are not required and patients can self-refer with a view to being able to access care earlier. In summary, he noted that	

	JTT's waiting lists for low level work had dramatically dropped whereas work was ongoing with primary care on how to deal with their waiting lists for high level work.	
	IW noted that during lockdown direct referrals had been received by Mental Health via safeguarding without patients having to go through their GP and she suggested that this was a positive outcome from Covid.	
	Referring to the outsourcing of the level 1 and 2 work to private providers, GK advised that a tender process was currently being put together for this which would be issued as soon as possible. **IT WAS THEREFORE RESOLVED** that IW would provide a further update at the next meeting.	**IW**
	IT WAS NOTED that the Ambulance Service had experienced some issues meeting their 15-minute target and AN suggested that this was mainly due to the pressure they face during Summer when there is an increase in the number calls they receive. This was echoed by CL who reported that good work was taking place within this service.	
	CL reported that ED are starting to return to normal and are busy, noting that patients are feeling comfortable about coming into the Hospital again. However, she noted that there are some challenges with emergency discharges whereby they are struggling to discharge patients prior to 12pm.	
	CL acknowledged that some areas remain "red" in the dashboard which forms part of the Report. However, she noted that significant improvements have been made since the dashboard was prepared in the second quarter when all areas were red.	
	There being no questions for SL on the Performance Report, he was thanked for his time and left the meeting at 3.50pm.	
10.	**<u>View from the Bridge (Partner Organisations)</u>**	
(a)	***FNHC*** – BW reported that FNHC were returning to BAU, albeit with reduced capacity for adult services, due to social distancing requirements. She advised that rapid response services were facing some challenges with seconded staff and it has been necessary to shut some services on re-enablement. However, she noted that she was working with RS and JP to resolve this prior to winter pressures.	
	BW advised the children and family service had nearly returned to BAU with services running at reduced capacity. She added that virtual clinics were welcomed by clients. Therefore, following discussion, changes were made in response to this. Furthermore, the immunisation programmes and dressing clinic had re-started.	
	The Board noted that whilst some FNHC staff were initially anxious about returning to work post-lockdown, all staff are now back (with the exception of a small number) and resource is expected to be at full capacity from November for the first time in 12 years.	
	IT WAS NOTED that FNHC has been focussing on and engaging with the Children's Commissioner's on their "Voice of Children" campaign.	
	As noted above, FNHC had some difficulties accessing "Teams" during lockdown and BW stressed the importance of resolving this in the event of a second wave of Covid. She added that it would also be helpful to have a "map" of HCS' current workstreams, together with detail of how they feed into each other and **IT WAS RESOLVED** that CL would ask Hilary Lucas to provide the same.	**HL**
	BW reported that home care remains a challenge across the whole health sector as it is hard to attract staff. However, whilst this continues to be difficult, FNHC are recruiting. She added that funding is also a concern, given that FNHC is unable to hold its usual fund-raising events and she suggested that the impact of this will be seen in 2021 by all charities.	
	HR advised that he and SP were required to leave the meeting at 4pm to attend a consultation meeting on the new hospital (on which he agreed to provide the Board with	

	an update thereafter). However, prior to his departure, he provided a brief update on budgets. He thanked the Finance Team for their hard work during Covid and reported that a full breakdown would be provided at the end of September.	**LJ**
	SP and HR left the meeting.	
(b)	***Jersey Hospice Care (JHC)*** – Apologies received.	
(c)	***Jersey Alzheimer's Association (JAA)*** – Apologies received.	
(d)	***Brighter Futures (BF)*** – RB welcomed how well BF's staff adapted during lockdown and throughout the Covid crisis and noted that with adaptation some services continued to be operational throughout lockdown. She reported that BF was now back to BAU, albeit with some minor amendment, such as reduced group sizes. However, more groups have been offered to offset this and, going forward, to meet the mental health and well-being needs of families, more support will be offered in this area.	
	RB reported that BF is focussing on children and adults in trauma and ensuring there is resilience in place in the event of a second wave of Covid / an increase in the number of referrals across the Island.	
	IT WAS NOTED that BF's Operations Manager has been involved in the pre-natal pathway over the last 12 months and RB advised that whilst this is making slow, but steady progress, she stressed the importance of focus also needing to be placed on clients' socioeconomic issues as well as their mental health concerns.	
	The Board noted that BF offered groups during the summer holidays in addition to normal to cater for the needs of families and BW reported that due to an increase in referrals, going forward, some groups were already full. Therefore, they could be over capacity if this pattern continues.	
	RB advised that BF's new website had now been launched and includes details of some extra programmes. She reiterated that BF is working with the Children's Commission on their "Voice of Children" campaign which focusses on very young (under four years old) children given that they only tend to hear the voice of the parents for this this group of children.	
	RB echoed BW's concerns regarding charities' inability to fund-raise. She agreed that this will be a significant issue for those charities who rely on funding from events or trust funds and receive little by way of government funding and suggested that there was a risk that some will be unable to continue to operate.	
	RR sought further detail in relation to the pre-natal pathway work and the focus on socioeconomic factors and RB explained that if issues such as poor housing or low income are not addressed, it will not be possible to address someone's full mental health. She suggested that concerns such as not being able to remain in current accommodation or whether accommodation is fit for purpose could trigger or add to mental health issues and RR noted that this was particularly relevant to recent States' discussions and expressed disappointment that it had not been possible for the Assembly to agree on a way forward in this regard and stressed the importance needing to do this as a government.	
	RB suggested that no progress can be made to improve a patient's mental health, without first addressing their concerns around self-isolation. BF staff are therefore focussing on this. They are also working with parents who gave birth during lockdown and anyone who has been detached from their families, children or parents during the pandemic to try and improve relationships which may have deteriorated and reconnect them again. She added that BF is prioritising any children born in the last six months to ensure that they receive two face to face visits now these are allowed.	
	CL acknowledged that Covid has been a life changing event for children and sought details of the work BF was undertaking in this regard. RB reported that whilst BF was	

	doing what it can with those who are being referred, she acknowledged that some were really struggling. She noted that health visitors were unable to carry out face to face visits during lockdown but that they were aware that some situations were getting worse, noting that whilst they may have coped under normal circumstances, Covid had been the "final" straw for them. However, she advised that the Children and Family Hub has helped with this and now visiting is back to normal she suggested that this will also help, as will the GPs now they are back seeing their patients.	
	The Board noted that BF staff have noticed changes in some children on their return to creche and, by way of example, BW explained that they have lost their developmental skills. She added that whilst some children have benefited from lockdown, others have not.	
	RN asked RB and BW whether the different working environment during lockdown and increased concerns about the families and children they care for had any impact on the emotional wellbeing and stress of their staff and BW reported that some FNHC staff have accessed TRiM and noted that they have all been offered counselling. She added that staff do worry that they may miss something when they are unable to see their clients face to face which may lead to them becoming more risk adverse. As a result, FNHC increased its safeguarding and clinical supervision during lockdown.	
	RB advised that the BF management team also provided extra support for their staff, noting that they were working different hours to normal. However, she welcomed their resilience, particularly as they have also been required to deal with their own concerns around Covid and she stressed the importance of continuing to make them aware of how important they were to the organisation.	
(e)	***MIND*** – PT reported that she has been liaising with Paul McGinnety with a view to obtaining stories of people's experience of mental health during lockdown/the Covid pandemic and it has been arranged for MIND to present at the next "Closer to Home" event in this regard. She advised that 500 responses have already been received following MIND's request for stories. She suggested that this was very positive in such a short space of time and noted that the key themes were financial concerns and issues around home schooling. She also provided the Board with some of the quotes which have been received and advised that it is proposed to work with MWH to create a booklet in which the stories will be shared and she expressed the hope that this will help to reduce the stigma around mental health.	
	The Board noted that some people experienced their first experience of depression or anxiety during lockdown and PT stressed the importance of using their stories as an opportunity to get messaging out. She advised that key messaging would focus on providing reassurance that financial and supportive "safety nets" are available and signposting to all agencies.	
	PT advised that she was working with IW on producing a map setting out what support is available for specific age groups. She added that the importance of nature was referenced frequently during lockdown. MIND is therefore looking at what it can do to help people with their recovery in this regard.	
	As noted above, PT welcomed the positive response to MIND's request for stories of people's mental health experiences during lockdown in such a short space of time and expressed the hope that this indicates the opportunity to obtain more stories, noting that more examples are needed from the black and minor ethnicity groups.	
	IT WAS NOTED that MIND's Children and Young People Service Coordinator continued to work with fifty to sixty children during lockdown using Zoom. However, whilst this service is now returning to BAU, there is a waiting list. Therefore, the service is trying to see as many people as it can via the schools and through groups or courses by way of early prevention.	

	PT reported that adult services are pushing to develop peer support. She noted that whilst this was currently something that was currently under resourced, it was an opportunity for those with lived experience to offer support.	
	IT WAS NOTED that the carers group had restarted which PT suggested was very positive. She therefore advised that this was something MIND would support going forward. She added that mental health first aid courses were ongoing, and MIND were working with Chamber of Commerce and Jersey Finance Limited around these to ensure people recognise when someone is not okay.	
	PT reported that, working closely with the House of Hope in the UK, MIND is involved in the development of a digital directory. She explained that the purpose of this is to help people find available support closest to them.	
	IT WAS NOTED that there has been an increase in calls to the helpline with more calls talking about suicide intent. PT therefore expressed an interest in how the suicide strategy was progressing, noting that this was an ongoing challenge for staff working on the helpline. RS to provide an update at the next meeting.	**RS**
	PT noted that MIND is also unable to fund raise at the current time. She therefore stressed the importance of arranging sign off of MIND's SLAs as soon as possible to enable budgets to be agreed.	
	The Board noted that MIND was working with JTT on their redevelopment (as discussed above) and PT suggested that MIND was well placed to provide support with their level 3 and 4 referrals and were looking forward to working with them on the same.	
	RR welcomed the significant development of MIND in recent years. Referring to PT's earlier comment, he queried who at HCS would be able to provide an update on the suicide strategy and **IT WAS RESOLVED** that IW would ask Dr Miguel Garcia-Alcaraz to provide an update for the next meeting. CL added that as lead director, RS would provide an update at the next HCS Board.	**RS**
	MWH advised that a communication strategy was being put together with Mental Health to ensure that services are signposted appropriately. He acknowledged that although gov.je includes details of all available services, the strategy will provide a website where they can be found all in one place. He noted that 10th October 2020 was world mental health day and it was therefore proposed to launch the website on this day with other communications around mental health to follow thereafter.	
	CL referred to the pilot taking place with primary care whereby mental health support is being provided within practices and AN advised that the three practices participating in the social prescribing pilot (working with Lee Bennett (LB)) were all doing very good work. This was echoed by CL who noted that she had recently received positive feedback on the pilot from a GP. RR suggested that if the pilot was working well, consideration should be given to rolling it out to all practices and, with this in mind, IW proposed that consideration be given to inviting LB to present to the Board on the pilot at the next meeting.	
11.	**Committee Report – Quality Performance and Risk –** The Board reviewed the Quality Performance and Risk Committee Report a copy of which was circulated with the agenda. The Report was taken as read and RN confirmed that there were no items which required escalation. However, reference was made to the risk register section of the Report and EOC provided the following updates:	
(a)	***Lapsed MAYBO Certification*** – **IT WAS NOTED** that this would be reviewed by Treasury within the coming weeks.	
(b)	***Midwifery Staffing*** – The Board noted that a review was currently taking place which will include midwifery staffing.	

(c)	***On Island Capacity for Processing COVID Swabs –*** The Board noted that this had now been reviewed by Ivan Muscat and the risk had been reduced to 10.	
(d)	***Retinal Screening Programme Potential Impact on Patients*** – **IT WAS NOTED** that a formal update on how work on this programme is progressing had been requested by the Quality, Performance and Risk Committee.	
	RN suggested that whilst the Report reflects some of the disruption to BAU during the emergency phase of Covid, it also highlights some positive areas of improvement, in particular serious incident reporting.	
	RN welcomed the improvement in JNAAS reporting and advised that whilst assessments had now resumed, they were slightly different post-Covid, noting that that the care group will now receive thematic reviews to take forward which has been well received.	
	IT WAS NOTED that work is ongoing in respect of complaints and progress has been made in relation to the number of staff accessing training with approximately 1k receiving training on the same since it was launched. However, CL advised that it was still proving difficult to meet the turnaround times and it has therefore been agreed to have a monthly focus on complaints performance until an improvement is seen, noting that all leads are aware of this.	
	RR welcomed the fact that complaints were being addressed, noting that an improvement was required in this regard. He suggested that particular focus be given to communication, noting that the calls he receives are from people who have been unable to get answers at an early stage and therefore feel driven to make a formal complaint. He added that once complaints are made, HCS do not appear to be addressing them quickly enough or meeting the dates by which a response has been agreed. He advised that whilst he has no concerns about complaints being received, he stressed the importance of ensuring they are dealt with appropriately and that complaints feel reassured of the process which is being undertaken.	
	CL reported that significant safeguarding activity took place during lockdown across all partnerships and agencies and she stressed the importance of HCS continuing to work with them going forward.	
	RR sought an update on the back log of serious incidents and RN advised that she was comfortable that HCS had addressed the previous back log, noting that there were currently no serious incidents in a backlog position.	
12.	**Committee Report – People and Organisational –** The Board Reviewed the People and Organisational Committee Report, a copy of which had been circulated with the agenda and CL summarised the same. She advised that the main issue for escalation related to the workforce plan and acknowledged that the Assistant Minister was frustrated by the lack of progress in this regard. However, she confirmed that a substantive HR Director had now been appointed and was due to start on Monday 28th September 2020 and their primary priority would be to start work on the workforce plan and provide the Board with an update on the same in December.	
13.	**Any Other Business**	
(a)	***Second Wave Covid*** – GK confirmed that operational planning was underway in the event of a second wave of Covid.	
(b)	***Brexit*** – GK advised that Brexit was also being discussed and as the UK were unlikely to have a deal in place with the EU prior to 31st December 2020, HCS are working on an exit plan based on previous, 2019, discussions, a brief of which he hoped would be available by November.	
14.	**Date of Next Meeting – IT WAS NOTED** that the next meeting was scheduled for 12th October 2020 at 2.30pm.	

	There being no further business to discuss the meeting was closed at 4.40pm.	

Government of JERSEY

COVID 19 TESTING PROGRAMME

Martin Warnette

September 2020

Gouvèrnément d'JÈRRI

Reasons for testing

- Symptomatic residents → isolate and provide appropriate treatment
- Protection of others
- Reduce transmission risks
- Provide assurance that planned hospital admissions are Covid 19 free
- Provide assurance that essential workers are Covid 19 free

Timeline of services

Date	Commencement of service
March 2020 (Team started with 6 people now has 14 per day)	Health Helpline • General advice • Booking of symptomatic residents for swabs • Booking of day 5 and 8 swabs • Booking of serology tests • Pre admission to hospital bookings • Booking of health and HCS and care home essential workers • Booking of Contact Traced individuals • Coordination between different teams
(Started with 1 lane)	Five Oaks drive through swab centre

Date	Commencement of service
April 2020	Care Home and essential workers Serology testing
May 2020 (3 lanes)	Community antibody testing programme Move from five Oaks to Airport drive through
June 2020 (started with 10 booths now 16)	Airport arrivals testing Pre admission to hospital Private aircraft arrivals
July 2020 (Started with 8 booths now 10, 2 lanes of traffic for 5 cars each)	Harbour testing
August 2020	Private mariners walk in

What are the trends?

	June	July	August
Demand led including day 5 and 8 swabs	211	365 	613 
Pre Hospital Admissions	44	238 	142 
Airport arrivals	510	1412 	6636 
Harbour arrivals		413 	2807 

Lessons learnt

- On Island March - April Covid cases highest, reduction in June and July but small increase in August
- Helpline has received many general health enquiries including 3 potential MI's and 1 Stroke
- Policy is working on reducing the cross infection rate
- Borders now open with rigid swabbing/isolation procedures in place in addition to Risk Stratification of countries, leading to identification of imported Covid 19 cases
- Most staff in March/April were on zero hours contracts or redeployed. As services have increased demand for staff has too. Moving to fixed term contracts with additional support from zero hours contract staff, as substantive staff move back to business as usual
- Demand in day 5 swabs higher than expected due to variability in countries infection rate
- Over reliance on IT solutions in short space of time
- Motivated, helpful team players in services providing professional advice and testing with many compliments

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HealthX Delivery
Digital Strategy for Health

Dr Andrew Mitchell
Chief Clinical Information Officer

14th September 2020

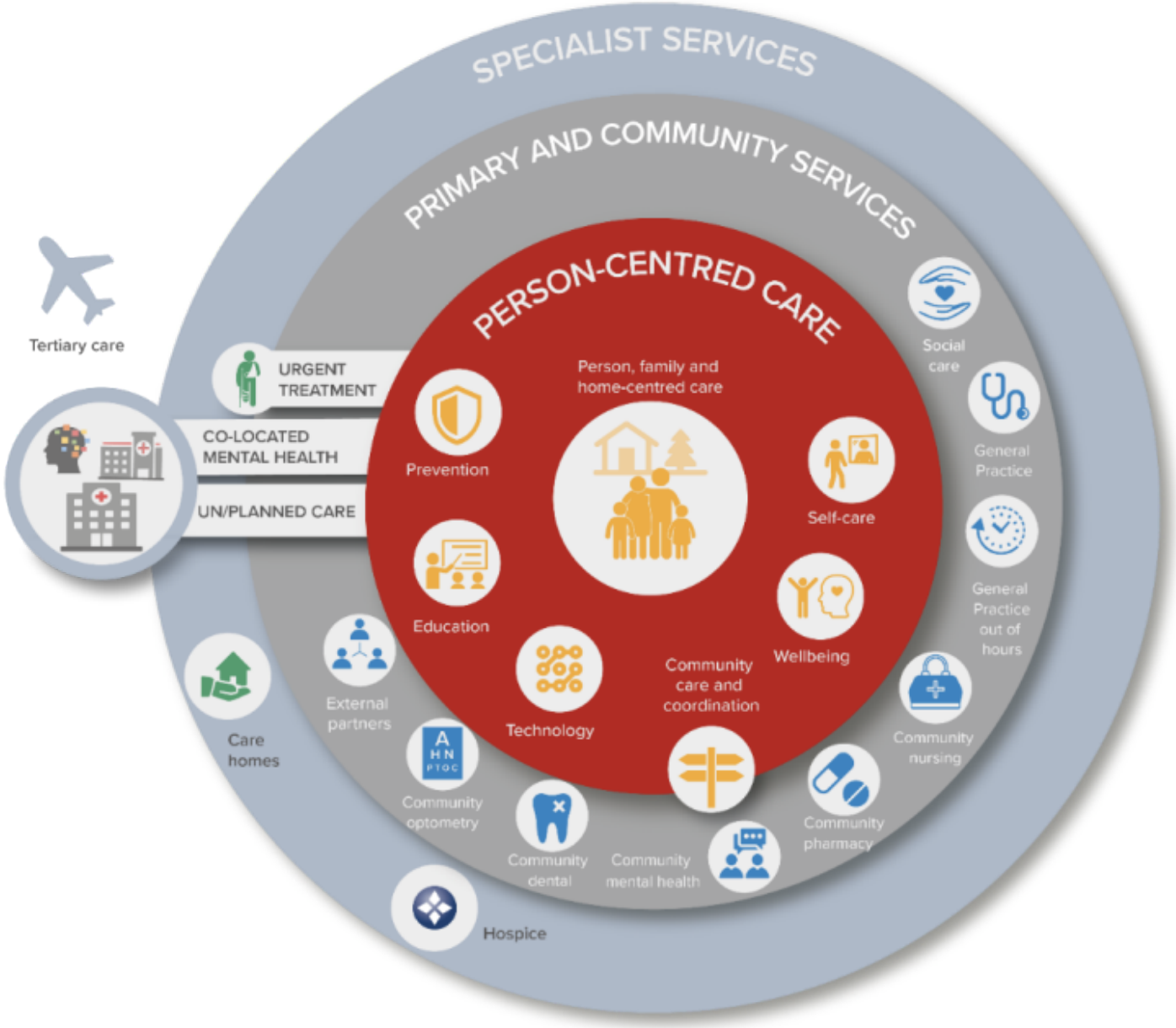
Gouvèrnément d'JÈRRI

Digital Health

Jersey is a 'digitally-world-class' health and care system that uses technology everywhere to deliver accessible, joined-up, person-centred care that is safe, effective and efficient, where data is used intelligently to improve every aspect of care and where innovation flourishes

- March 2020 HealthX
- July 2020 Delivery document

Our Hospital


SPECIALIST SERVICES
PRIMARY AND COMMUNITY SERVICES
PERSON-CENTRED CARE
Person, family and home-centred care
Prevention
Education
Technology
Self-care
Wellbeing
Community care and coordination
Tertiary care
URGENT TREATMENT
CO-LOCATED MENTAL HEALTH
UN/PLANNED CARE
Social care
General Practice
General Practice out of hours
Community nursing
Community pharmacy
Community mental health
Community dental
Community optometry
External partners
Care homes
Hospice

Digital Strategy

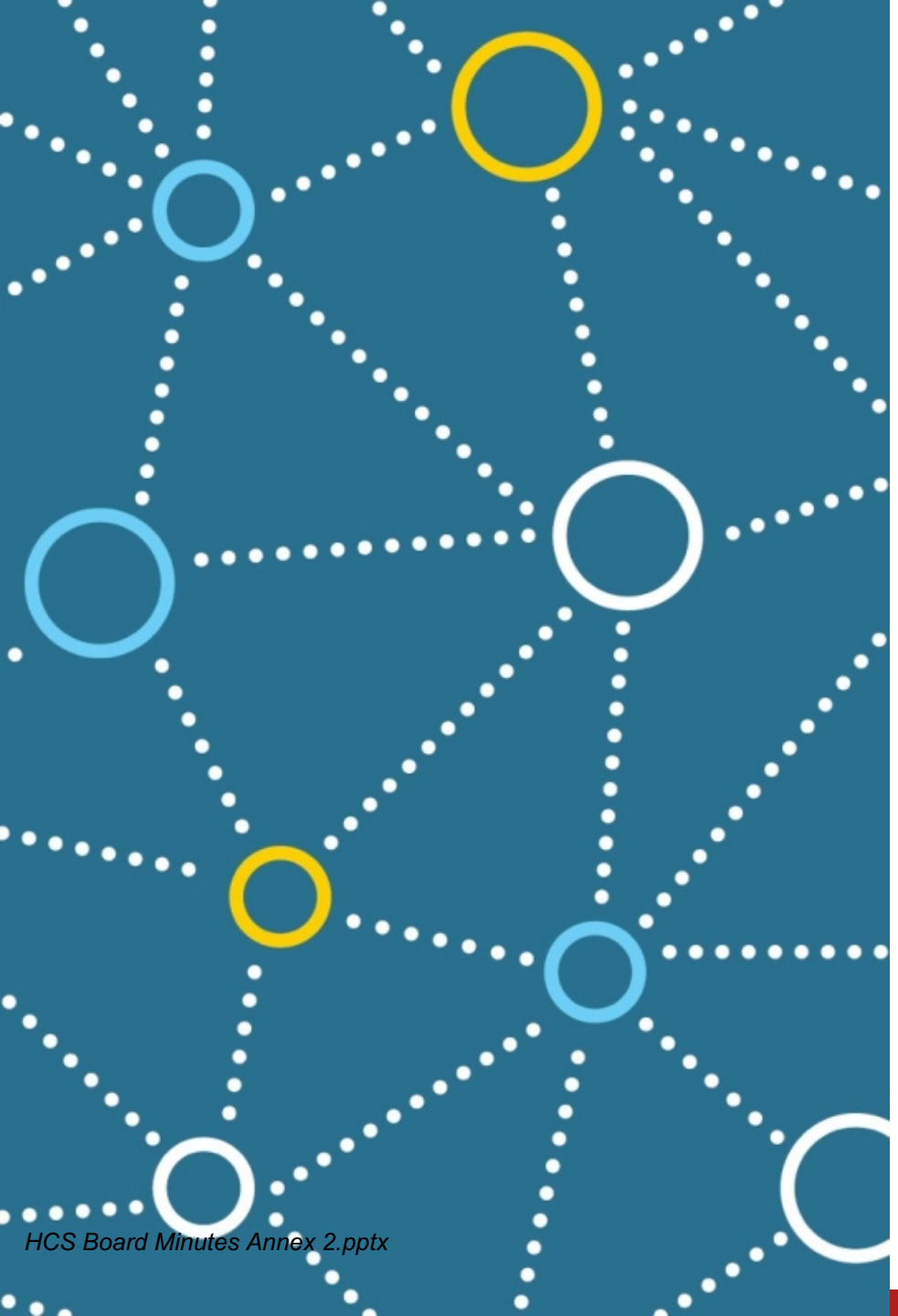
"The Digital Strategy is the Trust strategy. It is the no longer just the enabler. It is the golden thread that you can't transform without" @InsideHealthCIO #digitalhealth #DHRewired20 @DHRewired

The DIGITAL strategy
is the Trust strategy.
It is no longer just the enabler,
It is **the golden thread** that you
can't transform without.

- Digital by Default
- David Walliker OUH

Digital Health

- The heart, nerves and brain of health
- Improve patient flow, pathways and processes through patient-centred delivery
- Lower cost delivery of service through improving productivity
- Reduce risk and improve patient safety
- Central health operating system
- Island-wide connectivity with unified communications
- Equipment asset tagging - RFID
- Contact center and out of hours
- Clinical decision support
- Paper-light or –less
- Future proof – immersive technologies, AI, machine learning



Enablers

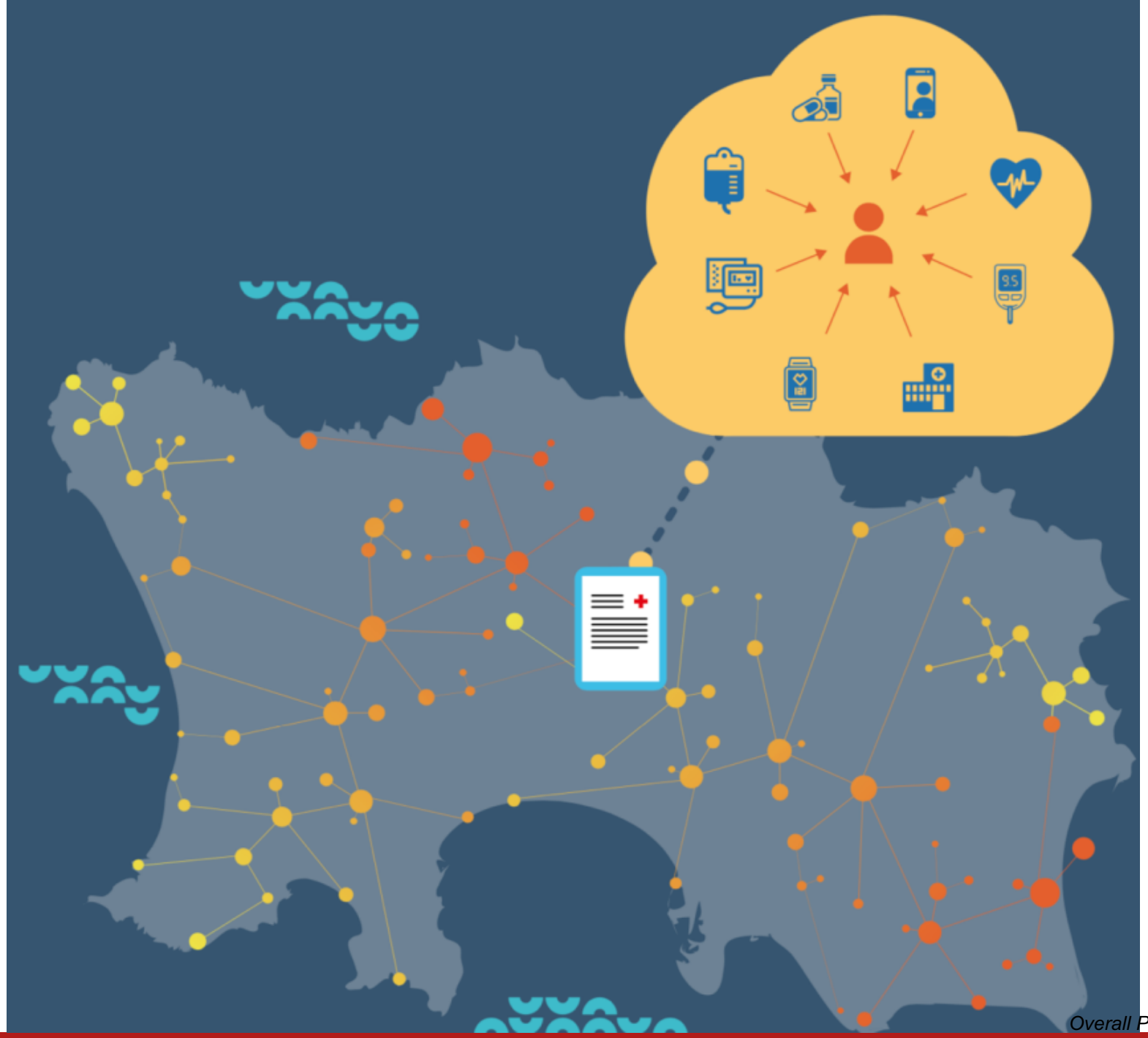
- Health care anywhere
  - Network
  - Devices
  - Software
  - Storage
- Interoperability
- Patient (or citizen) controlled data
- People, training, support
- The gift of time
- Research and development
- Benchmarking / digital maturity

New technologies

- SAAS – software as a managed service
- Immersive tech (AR / VR)
- Voice / face / speech recognition
- Patient login / kiosks
- Pre-assessment / visits / consent
- Remote consultations / tests / reporting
- Artificial intelligence
- Machine learning
- Data analytics
- Clinical support services / decision aids
- Internet of things (IOT)

#HealthNet

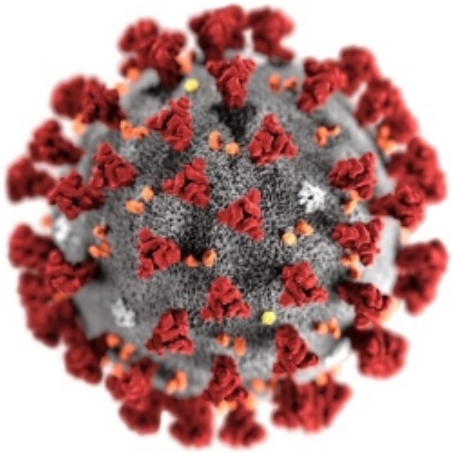
#HealthcareAnywhere

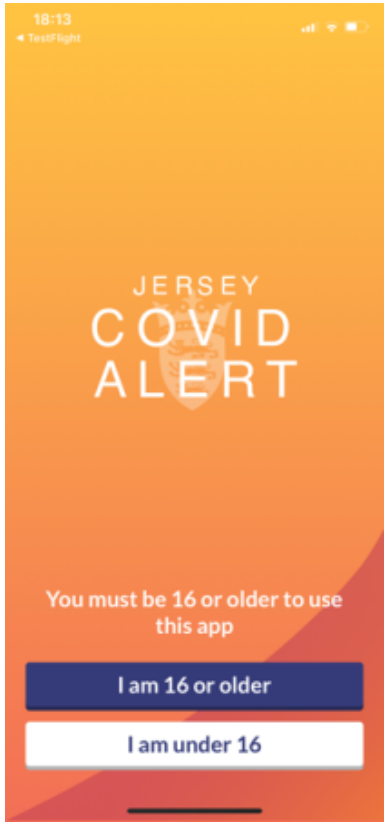



COMMUNITY STAFF
Push data to JCR. Read with patient consent
SOCIAL WORKER
Access with patient consent
PRIVATE PROVIDER
Push data to JCR. Read with patient consent
HOSPITAL
Push data to JCR. Read with patient consent
Jersey Care Record
GP
Push data to JCR. Read with patient consent
DIGITAL DEVELOPER
Limited access with patient consent
EMERGENCY
Limited access to patient data vault
FAMILY / FRIENDS
Limited access with patient consent

COVID-19

- Communications – StarLeaf / Teams
- Command centres – Bronze / Silver / Gold
- Urgent treatment centre (UTC)
- Telemedicine – remote clinics and home working
- Laptops
- Primary care contract
- Clinical notes
- Personal protective equipment (PPE)
- COVID testing systems – PHE / Micropathology
- Radiology SD WAN - HealthNet
- Data migration (Hyper-V to VM Ware)
- Proximity app
- Daily prioritisation with MnD





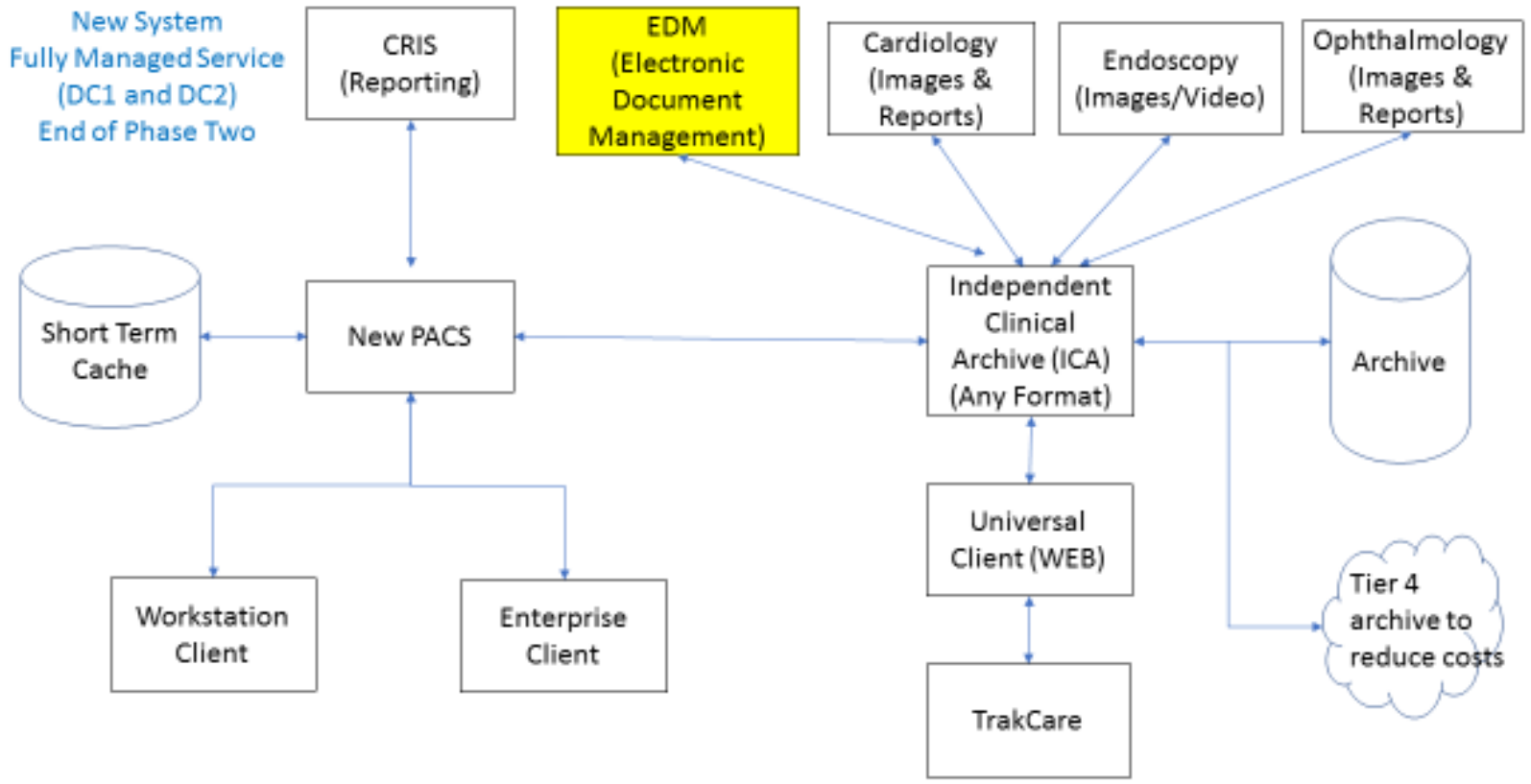
Nightingale wing

Main projects

- EPMA – electronic prescribing and medicines administration
- Ordercomms – GP radiology → pathology
- PACS – picture archive and communication system
- ICA – independent clinical archive
- EPR – electronic patient record
- CWE – clinical work environment
- EDM – electronic document management

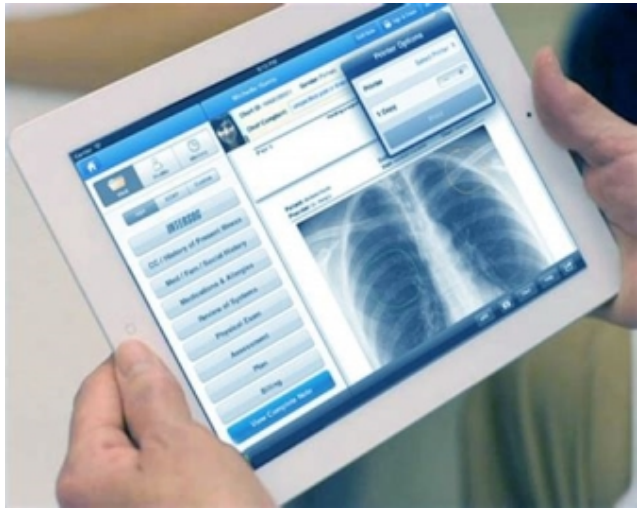
Data storage

- Picture archiving and communications system (PACS) - January 2021
- Independent clinical archive (ICA)
- Electronic document management system (EDM)
- Cloud-based storage
- #HealthcareAnywhere



Electronic patient record (EPR)

- Contract to be signed by March 2021
- Replacement by July 2022
- Mobile up solution for HealthcareAnywhere
- Electronic observation recordings
- Alert escalations
- Mobile messaging
- Clinical decision support
- Coding (SNOMED-CT)
- Remote consultations
- Near language processing (voice recognition)
- Achievement of HIMMS7 or equivalent digital maturity



Other projects

- WIFI upgrade
- Digital consent
- Pre-operative assessment
- Retinal screening
- MRI AI integration
- Blood gas analysers networking
- WASP pathology stock control upgrade
- COMMIT (screening) upgrade – for endoscopy, dermatology, mammography, cervical, DM, inoculations
- Pulse – blood transfusion / donation
- OMNI interface
- Midwives – community remote working with laptop SIMs
- G2 dictation and mobile dictation
- PRISM / Solus upgrade and migration
- Endobase
- DATIX upgrade
- Ward watcher ICU
- Care partner community
- GUM / sexual health Lillie EPR
- EMIS EAU access
- SCBU webcam
- Digital Bleeps
- Diabetes EPR
- Ambulance ePRF

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www.gov.je/digitalhealth

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HEALTH AND COMMUNITY SERVICES BOARD PART A IN PUBLIC - ACTION TRACKER

Meeting Date	Agenda Item	Action	Officer	Exec	By When	Progress report	Action Agreed	Action Closed Date	Status
14-Sep-20	**10e**	RS to provide an up-date as to the progression of the Suicide Strategy	RS	RS	12-Oct-20				**OPEN**
14-Sep-20	**10a.**	Provision of HCS financial position	LJ		12-Oct-20				**OPEN**
14-Sep-20	**10a.**	Director Modernisation to provide CEO FNHC with map of current HCS workstreams.	HL	CL					**OPEN**
14-Sep-20	**9**	Head of Adult Social Care / Chief Social Worker to provide an up-date on progress with Jersey Talking Therapies (JTT).	IW						**OPEN**
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			Up-Date 14 Sept 2020 EOC to provide an up-date at next meeting.			**OPEN**
08-Jun-20	**8**	IW to work with PT (MIND) in relation to the whole family life cycle system.	IW / PT			Up-Date 14 Sept 2020 IW confirmed this is a piece of work which will continue rather than an action to be completed			**PENDING CLOSURE**
08-Jun-20	**8**	Director General & Ministerial Support to prepare a response to the points raised by Uncief and the discussion that followed.	CL/MR			Up-Date 14 Sept 2020 RR & CL to carry this action forward.			**OPEN**
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**

QUALITY, PERFORMANCE AND RISK COMMITTEE REPORT

Author(s) and Sponsor	
Author(s):	Rose Naylor Chief Nurse
Sponsor:	Caroline Landon Director General
Date:	12th Oct 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 (QPRC) in the meeting which has taken place since the HCS Board last met. The date of this meeting was 30th September 2020.

Narrative

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

Performance Report

The Performance Report August 2020 was presented, and the key areas were discussed in detail;

•Out-Patient Waiting List at end August 2020 has continued to increase as a direct result of COVID measures, which have resulted in reduced availability of appointments and has still has not reached same level as pre COVID activity. Modelling has been undertaken for each specialty and work is underway with Executive triumvirate, the Care Group leads, Dr Muscat and the Infection Prevention and Control (IPAC) team exploring how Out-Patients can work differently within the physical environment, taking account of learning from elsewhere, whilst meeting compliance with IPAC guidance. A comprehensive list of actions came out of the meeting that the team are taking forward.

•Maternity – work currently being undertaken on the thresholds for RAG ratings for the maternity dashboard. Noted that C-section rate had reduced slightly and that the birth rate remains consistent at 80 per month.

•Emergency Department (ED) attendance increased post Covid (without Urgent Treatment Centre (UTC). The conversion rate to admissions reflects that the ED activity has picked up the UTC activity. Length of Stay (LOS) noted to be green. Emergency admissions had started to increase but continuing to review how this metric is measured. However, overall ED attendance and admissions continue to reduce year on year.

•Orchard House (OH) admissions have increased, with a fluctuating bed capacity & a reduction in LOS.

•Complaint rate response turnaround has increased within the policy timeframe to 57.1%, however performance in this area needs to continue to improve.

Other areas to note:

•Encouragingly, between July to August a slight reduction in stranded patients has been noted.

•Child and Adolescent Mental Health Service (CAMHS) noted to be on an increasing trajectory which was noted in a series of workshops last week.

Service Improvement – Maternity & Task Finish

Update provided to give assurance of the pace and focus of the work in Maternity. A weekly task and finish meeting is taking place to support the Women and Children Services (WACS) leadership team. Chaired by the

Director General and supported by the Executive team, actions are traced through a tracker. Monthly updates will be provided to Quality, Performance and Risk Committee on progress of the work.

Service Improvement - Mental Health Services

A comprehensive update was provided by the Associate Medical Director for Mental Health outlining progress to date including areas which have been impacted by COVID measures.

Key areas of note:

- Integration of Mental Health and Adult Social Services to form one care group.
- Orchard House achieved green status in recent JNAAS assessment which includes Acute Inpatient Mental Health Services standards (AIMS).
- Impact of COVID on the delivery timeframe of all the actions in the improvement plan many of which have interdependencies with other departments, for example Public Health, Justice and Home Affairs.
- There is no longer a waiting list for Jersey Talking Therapies Level 2. It is anticipated that the waiting list for Level 3 will be in the same position by December 2020.
- Alcohol & Drug Services have moved premises.
- Services working well and collaboratively.
- Progress noted in the eating disorder service following a review.
- The Committee noted the plan to review the original Scrutiny Panel report to ensure congruence with the Improvement plan & the scrutiny panel recommendations.

Feedback

Previously brought to the Boards attention in terms of performance against the policy for responding to complaints. The monthly report received noted some improvement in performance which was up from 33% to 57% but there remains more to be done to ensure complaints are prioritised and form a significant part of HCS's feedback on patient experience. HCS's work on patient experience sits within the Government of Jersey framework for Customer Experience and complaints policy. The Comptroller and Auditor General recently made several recommendations for improvement in the area of complaints management across all government departments. HCS is developing an action plan in response to this and progress towards these actions will be incorporated into a monthly Patient Experience report to QPRC.

Health and Safety -MAYBO Options Appraisal

A comprehensive options appraisal setting out a proposed way forward to ensure a more sustainable approach to MAYBO training was presented as requested by the previous QPRC. Two elements need addressing to mitigate the risks. One which will address the immediate issue regarding training which has been as a direct result of COVID measures across the UK, this is being addressed and the second proposal sets out the plan for a local solution which will give more resilience and sustainability. The Health and Safety Manager was requested to develop a detailed business by the Committee.

Serious Incident (SI) Q3 2020 Report

A significant improvement was noted on the previous position in terms of outstanding investigation reports.
In terms of the focus on learning and improvement from the recommendations, these have been populated and will be discussed with AMD's to establish those actions that are still open and those that have been completed. A governance process will be in place to ensure that actions taken in respect of recommendations are not closed inappropriately. Some of these decisions will be made at Care Group level and / or SI panel level. Currently work is underway on thematic reviews of all SIs since 2018. Also exploring whether any 2020 SIs have been influenced as a result of COVID measures.

Patient Safety Incident Framework which is currently being piloted in some NHS Trusts will be presented at QPRC as an adapted framework for use in HCS.

Risk Register Up-Date

Discussed the risk register including any new risks and the mitigation. Risk registers are discussed at Care Group Performance reviews.

An up-date was given on the GOJ Risk Management Strategy. Three tier approach to recording risks: Community Risk Register (Jersey wider community), GOJ Risk Register & GOJ Departmental Risk Registers. The reporting lines & escalation pathways are clear & all departmental risks rated 15-25 will be recorded on the SharePoint site so the central risk team has oversight & an understanding of total risk exposure across GOJ. It is anticipated that this will happen during November 2020.

JNAAS Up-Date

Focus of this report was on the Maternity JMASS assessment recently undertaken which is showing improvement and is in Amber. All the JMAAS standards are part of the Maternity Task & Finish workplan of the group that meets with the Executive every week.

In connection with the Information Governance report presented at last month's QPRC it was agreed that the current standards on information governance in the report need expanding.

Many areas now green, though do have elements of standards that remain amber; these areas will now have a focus to drive consistently up to green. As an example, the health safeguarding team are going to lead on the standards improvement for safeguarding across the wards.

It is of note that the lead for the JNAAS assessments has currently been redeployed to support COVID planning. Whilst this is a temporary measure it will impact on the ability to complete the cycle of assessments within the year.

Infection Prevention and Control (IPAC) Monthly Report

Focus of the monthly update was on flu vaccination programme which has started. Due to various workforce pressures, the approach for healthcare staff this year is peer to peer vaccination plus a clinic for staff to book themselves into to ensure we meet the appropriate COVID measures. The programme will report into QPRC monthly for oversight.

Other items covered included:

- The Root Cause Analysis (RCA) tool for C. Difficile infections has been updated which supports improved learning from the investigations.

- Focus continues on disposal of hazardous waste, handwashing audits and correct wearing of PPE

Of note are the pressures on the IPAC as a direct result of COVID. This team supports a significantly extended portfolio of work when compared to pre pandemic and whilst staff had been redeployed to assist the team, these have had to return to their normal clinical roles. A business case has been submitted for additional support for the team. This will also be raised at Scientific Technical Advisory Cell (STAC) as the team perform an island wide role.

Key Issues to Note:

No matters identified at the September QPRC to be escalated to Public Board

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							
Outcome of discussion when presented to previous Committees/MEx							

Report Title
Finance Report – Assistant Minister Hugh Raymond

Author(s) and Sponsor	
Author(s):	Lauren Jones
Sponsor	Hugh Raymond

Executive Summary

Purpose

This is an Executive Summary which details the financial position for the period January to September 2020 for Health and Community Services (HCS). The purpose of the paper is to provide assurance to the Board in respect of the financial management for HCS.

Key Issues to Note

- The financial position for HCS for month 9, *excluding* Covid related costs, is a year to date underspend of £0.5m at the end of September.
- *Including* Covid costs, the month 9 position is a year to date overspend of £10.4m.
- Total Covid related costs of £21.1m have been incurred year to date for which budget of £19.2m has been approved and £10.2m of this value drawn down as actual expenditure incurred. Business cases for the remaining £10.9m are currently in progress with funding expected to be approved shortly.
- The forecast year end position, *excluding* Covid related costs, is expected to break even following the implementation of enhanced controls around the use of flexible staffing expenditure for the remainder of the year.
- *Including* Covid, the forecast year end position is an overspend of £36m.
- The full year forecast for Covid related expenditure is £50m and includes costs relating to the preparation for winter pressures and a potential Covid 2nd wave eg. partial opening of the Jersey Nightingale Wing, PPE provision and Covid Vaccinations among many schemes being planned/implemented. Business cases are currently in progress for the full value of expected Covid expenditure with funding expected to be approved shortly.
- 2020 has proved challenging for HCS both operationally and financially following the emergence of Covid19 early in the year.
- The rapid response required led to unprecedented expenditure levels to ensure that islanders and visitors were protected, and that high-quality support and care was delivered. As detailed above, a suite of business cases have been written and submitted to Treasury & Exchequer requesting budget to match expenditure incurred.
- Delivery of the Efficiency Programme target of £9m for 2020 was halted due to the impact of Covid. However, despite the challenges faced, HCS are forecasting delivery of £5m.
- HCS has been undertaking a Zero-Based Budget (ZBB) exercise across all areas in order to correctly allocate budgets for 2021 to deliver agreed services and activity levels. This is enabling the identification of efficiency opportunities to meet the £5m target for HCS within the Government Plan for 2021. This is expected to conclude by the end of October 2020.

Conclusions, Implications and Future Actions Required

The Finance function is a key enabler to the direct care business provided by HCS. It is fundamental that there is alignment between the direct service provision and the enabling functions. Finance will continue to provide rigour; to ensure that the functions contribute effectively to the delivery of the HCS objectives (as set out in the Government Plan for 2021-2024).

Recommendations

The Board is asked to NOTE the Report FOR DISCUSSION

Impact upon Strategic Objectives
The provision of financial support and financial control are fundamental to the delivery of the strategic objectives at ministerial, one government and departmental level.
Impact Upon Corporate Risks
Potential risks are identified as part of the monthly monitoring report and the management team and Ministers assess and consider them
Regulatory and/or Legal Implications
This report allows the Department to comply with the Public Finance Law and professional standards
Equality and Patient Impact
By maximising the resources available within the constraints of public expenditure limits and ensuring that they are used in a cost-effective manner the Department's finances support patient care.

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				
Audit and Risk	Finance and Modernisation	People and Organisational Development	Quality and Performance	Management Executive Team

Outcome of discussion when presented to previous Committees/Mex
Relevant Board Committees, which considered the report, should be identified as should their decision (E.G endorsement/recommendation to the Board, assurance received etc.)