Health and Care Jersey – Advisory Board
Part A – Meeting in Public
Minutes

Health and Care Jersey

Date: 31 July 2025	Time: 9:30am – 11:45am	Venue: Main Hall, St Paul's Centre, Dumaresq St, St Helier, Jersey JE2 3RL

Non-Executive Board Members (Voting):		
Dame Clare Gerada DBE	Non-Executive Director	**CG**
Anthony Hunter OBE	Non-Executive Director	**AH**
Julie Garbutt	Non-Executive Director	**JG**
David Keen	Non-Executive Director	**DK**
Executive Board Members (Voting):		
Tom Walker	Chief Officer, Health and Care Jersey	**TW**
Simon West	Medical Director	**SW**
Mark Queree	Deputy Head of Finance Business Partnering	**MQ**
Executive Board Members (Non-Voting):		
Jessie Marshall	Chief Nurse	**JM**
Claire Thompson	Chief Operating Officer – Acute Services	**CT**
Andy Weir	Director of Mental Health, Social Care and Community Services	**AW**
Stephen James	Director of Workforce	**SJ**
In Attendance:		
Cathy Stone	Nursing / Midwifery Lead – Health and Care Jersey Change Team	**CS**
Mark Pugh	Medical Lead – Health and Care Jersey Change Team	**MP**
Emma O'Connor Price	Board Secretary	**EOC**
Daisy Larbalestier	Business Support Officer	**DL**
Martin Carpenter	Chief Information Officer HCJ	**MC**
Rachel Williams	Director of Strategic Planning and Projects	**RW**
James Inglis	Associate Chief Ambulance Officer deputising for Pete Gavey, Chief Ambulance Officer	**JI**

1	**Welcome and Apologies**	**Action**

The meeting is opened by, Dame Clare Gerada, who is chairing this meeting in the absence of Carolyn Downs, currently on annual leave.

CG welcomes all attendees and addresses initial housekeeping matters, reminding members that all microphones are active and should be switched on only when speaking, following a raised hand.

Introductions and Farewells

- **Farewell:**
  Jesse Marshall, Chief Nurse, is acknowledged as attending her final Board meeting. The Chair expresses gratitude for JM's contributions and extends best wishes for the future.
- **Welcome:**
  - **Hazel Cunningham** is welcomed as the incoming acting HCJ Finance Director. HC has not yet formally started and attends this meeting as an observer.
  - **James Inglis** is introduced as the Associate Chief Ambulance Officer (deputising for Pete Gavey, Chief Ambulance Officer) and will be presenting during Part B of the meeting.
  - **Steven James** is welcomed as the new HCJ Director of Workforce.
  - **Mark Queree** is thanked for standing in to present the finance report (item 13) during this meeting.

The Chair concludes the welcome and introductory remarks and proceeds to the next agenda item.

Apologies received from:

Carolyn Downs CB	Non-Executive Director	**CD**
Pete Gavey	Chief Ambulance Officer	**PG**

2	Declarations of Interest	Action
No declarations.		

3	Minutes of the Previous Meeting	Action
The minutes of the previous meeting held on 29 May 2025 are agreed as accurate.		

4	Matters Arising and Action Tracker	Action
Nil current – all planned for a future agenda.		

5	Chair's Introductions	Action
CG provides a brief overview of the meeting's agenda and tone, noting that while there are no major issues highlighted in the papers, they reflect a pattern of **gradual and sustained improvement** in the quality of care being delivered across services in Jersey. CG also acknowledges positive developments in financial performance, particularly in **deficit reduction**, which is progressing in the right direction. Reflecting on her years of service as a NED in Jersey, CG commends the **hospital staff and management team** for their dedication and achievements, describing the current phase as one of **consolidating and sustaining improvements**. CG concludes by expressing appreciation for the continued efforts of all involved.		

6	Chief Officer's Report	Action
The Board receives a paper which provides a summary of the strategic activities relating to Health and Care Jersey (HCJ), recognitions for health and care staff, feedback regarding the services, and some key issues, presented in more detail through the relevant board papers. The following key points are highlighted: **1. Organisational Integration** • Continued progress toward a fully integrated Health and Care Department. • Since the last meeting, the **States of Jersey Ambulance Service** has formally joined the department. • Additional integration includes colleagues from HR, Finance, Commercial Services, and Medical Staffing from the wider public service. **2. Freedom to Speak Up (FTSU)** • The **Jersey Care Commission** has published the **Single Assessment Framework**, including well-led standards for FTSU. • The framework has prompted internal review of FTSU leadership across the executive team and led to the implementation of a new **escalation procedure**, approved by the Senior Leadership Team. • The department recently welcomed the FTSU Guardian from **Hampshire and Isle of Wight NHS Trust**, providing further momentum to internal FTSU efforts. **3. Financial Oversight** • The **Jersey Audit Office** published a **Follow Up Report on Financial Management and Internal Control**. • The report recognised: o Rising healthcare expenditure pressures in common with the rest of the British Isles exceeding general inflation.		

- A more robust, evidence-based approach to 2025 budget planning.
- The Board's adoption of timetables for Clinical and Workforce Strategy development.

- Key recommendations include:
  - Enhancing the **financial recovery programme** with actions to address high-cost areas (e.g. high-cost drugs, mental health packages, overtime due to staffing gaps).
  - Strengthening internal "support and challenge" meetings with care groups.
- A formal response to the report will be prepared for the **Public Accounts Committee** in due course.

4. New Healthcare Facilities Programme

- Ongoing **tendering process** for a **Main Works Delivery Partner** expected to conclude by year-end 2025.
- Enabling works include:
  - Relocation of the **crematorium service** to the Showground (in Trinity).
  - Preparations for the **Facilities Management Hub**.
  - Progress on refreshed plans for **ambulatory and mental health service sites**.
- Further board discussions anticipated toward the end of the year.

5. Legislative and Policy Developments

- **Draft Regulation of Care (Jersey) Amendment Law** lodged:
  - Empowers the **Jersey Care Commission** to inspect hospital and ambulance services.
  - Introduces a statutory **duty of candour**, aligning Jersey with UK counterparts.
- **Draft Order** to replace the **Medicines (Advertising) (Jersey) Order 2000**:
  - Prohibits advertising likely to lead to the use of prescription-only medicines, including medicinal cannabis.
- **Health and Care Jersey Advisory Board and Partnership Board Proposition**:
  - Proposes continuation of the current Advisory Board beyond its initial 18-month term.
  - Introduces a new **Partnership Board** to support integrated health and care delivery across sectors.

6. Staff Recognition

- A record **615 nominations** received for the **'Our Stars' staff award scheme**, the highest within the Government of Jersey.

7. Patient Involvement

- Launch of a **Cancer Advisory and Patient Strategy Group**, with recruitment underway for members with lived experience.
- Launch of a new **Patient Experience Survey** to enable continuous patient feedback and improvement.

Questions and Comments

Medicines Advertising

MP inquires whether the proposed new advertising order would prohibit advertising of medicinal cannabis. TW confirms that it would, addressing public concerns about current advertising.

Prevention Agenda

TH welcomes the report's focus on prevention and suggested a future board discussion to consolidate current prevention efforts across public, private, and third sectors.

- Emphasis on alignment with the new **Partnership Board** and 2026 planning.
- CG and TW agree this would be appropriate for a board agenda in the autumn.
- It is noted that the MHSS is expecting to secure **ring-fenced funds** for prevention and will be establishing a **Prevention Committee**, which will work alongside the **Digital Transformation Committee** as drivers of change.

ACTION: Schedule a Board discussion later in the year to consolidate current prevention efforts across public, private, and third sectors, aligning with the new Partnership Board and 2026 planning (Nov 2025).

CG thanks TW for his comprehensive report and ongoing work, noting the complexity and demands of the role.

7	Quality and Performance Report Month 6	Action

The Board receives the Quality and Performance Report for Month 6.

1. **Elective Care Performance**
   - **Outpatient Waiting Times** continue to improve.
   - **Elective Procedure Waiting Times** remain under pressure:
     - Urgent elective procedures rose from 16% in 2024 to 20% in 2025, highlighting surgical capacity challenges.
   - **Contributing factors** include constraints in theatre time, surgeon availability, and inpatient beds.
   - **Mitigations**:
     - Theatre list reconfiguration and booking process improvements are underway.
     - Expansion of emergency surgery capacity aims to free up elective capacity by providing senior cover throughout the week.

2. **Diagnostics**
   - Covered by a separate paper (item 8).

3. **Other Elective Metrics**
   - **'Was Not Brought' Rate**: Slight increase due to a denominator shift in overall activity. Safeguarding reviews continue were appropriate.
   - **Elective Theatre Utilisation**: Slight decrease due to late starts and increased emergency activity.
   - **Same-Day Cancellations**: Continued improvement noted.

4. **Emergency Care**
   - **ED Attendances in June**: ~3,950, similar to June/July 2024, slightly lower than February 2025.
   - **ED Activity**: Driven primarily by 'minors' attendances.
   - **Performance**:
     - **Average ED Stay**: 180 minutes.
     - **Median ED Stay**: 150 minutes.
     - **4-Hour Standard**: On target.
     - **12-Hour Waits**: Low rates continue.

Query on theatre list reductions is raised by CG, with concern about possible impact on waiting times. CT responds that the proposed changes aim to align capacity with budget limits. Unknown impact on public elective capacity; further scrutiny suggested via the Finance and Performance Committee.

ACTION: The Finance and Performance Committee will receive a paper regarding the change to theatre utilisation and analysis of the potential impact on patient waiting times for public and private patients (Oct 2025).

5. **Flow and Patient Movement**
   - Significant reduction in non-clinical patient moves between 10 p.m. and 6 a.m.
   - Improvement linked to better flow and positive patient experience outcomes.

6. **Maternity**
   - There are no specific updates for maternity services at this meeting.

7. **Mental Health**
   - **Jersey Talking Therapies**: Waiting times improved overall; slight drop in routine referrals seen within 10 working days (to 75%), attributed to appointment availability. Overall position at 87%, above target.
   - **Memory Assessment Service**: Waiting times slightly increased. A capacity review is underway.
   - **Autism and ADHD**: Ongoing concern. A specialist nurse has recently been appointed to address this.
   - **Alcohol and Drug Service**:
     - KPI review underway, particularly the "first attendance within 3 weeks" metric.
     - Attendance-based target proving difficult to meet; service to reassess and propose changes by year-end.

8. Social Care

- **Learning Disability Services**:
  - 93% of individuals have received an annual health check and health action plan.
  - Annual support plan reviews stand at 63% and improving.
- **Community Learning Disability Service Review** ongoing.
- **Social Care Assessments**: Slight rise in waiting times noted; to be monitored monthly.

9. Prescribing Data – Discussion

- **Concern raised** by CG regarding lack of prescribing data at board level.
- Prescribing is central to:
  - Patient safety (noting 10% of national medical incidents stem from prescribing errors).
  - Financial oversight and service efficiency.
  - Early detection of practice deviations.
- **Suggestions for Focus**:
  - Antibiotics, psychotropics, neuroleptics, painkillers, high-cost drugs and over-the-counter medicines.
- **Next Steps**:
  - Proposal to convene a meeting to assess:
    - What data can be extracted from EPMA (Electronic Prescribing and Medicines Administration system).
    - What data would be most useful to monitor.
  - Prescribing data to be developed for future board reporting with regular updates on progress to the Quality, Safety and Improvement Committee.

ACTION: Convene a meeting to assess prescribing data availability and relevance from the EPMA system, focusing on key medication categories (antibiotics, psychotropics, neuroleptics, painkillers, OTC medicines), alongside prescribing rates for community and over-the-counter medicines. Develop prescribing data for future board reporting, with regular progress updates to the Quality, Safety and Improvement Committee.

CG commends the quality of data available and the clear trends in performance improvement, emphasising the importance of introducing prescribing data into future reports to enhance safety, cost control, and clinical oversight.

8	**Diagnostic Review**	**Action**

The Board receives a paper providing an overview of the diagnostics services, issues and actions. CG thanks CT and the wider team for producing the paper. Special recognition is given to the Head of Access, and the Head of Analytics, for their contributions to both the report and ongoing service improvements.

Overview and Context

The review outlines Jersey's diagnostic performance, referencing the **DM01 standard** used in the NHS, which measures performance across **15 diagnostic modalities**. Jersey is aligning with this standard to support benchmarking and expanding its data collection to include additional modalities over time.

A local performance target has also been set:
80% of DM01 diagnostic tests to be completed within 84 days of referral by the end of Q4.

Key Highlights and Performance Insights

- **Data Quality and Expansion**:
  Significant progress has been made in improving the **quality and breadth of diagnostic data**, enabling more accurate performance tracking and benchmarking.

- **CT Scanning**:
  - CT performance currently stands at **66% within six weeks**, reflecting improved access and workforce development.
  - Use of **teleradiology** for routine reporting has modernised the department, allowing expert clinicians to focus on complex cases.

- Recruitment efforts have significantly reduced vacancies among radiographers and sonographers, with only one vacancy remaining.
- Two radiologist posts have been approved and are currently out to advert.

- **MRI Capacity**:
  - MRI services are operating at full capacity across both scanners.
  - Without onboarding a third scanner, further improvements are limited.
  - A successful initiative to increase private MRI activity generated income that improved public access, achieving **70% of patients scanned within six weeks** across all triage categories.

- **Modality-Specific Improvements**:
  - **Cardiac CT**:
    Long waits (>52 weeks) have been eliminated. A new recovery plan includes redistributing appointment slots across the week and increasing throughput per list.
  - **Musculoskeletal Ultrasound**:
    Transitioning to a **one-stop shop model**, combining ultrasound and outpatient appointments to improve access and patient experience.
    - MP raises a query (whilst declaring an interest) regarding rheumatology access to ultrasound; it was confirmed that multiple specialties use this modality, with further detail to be provided in the next QPR.
  - **DEXA Scanning**:
    June 2025 overall performance dipped due to prioritisation of long-waiting patients. Efforts are underway to **increase throughput** and improve access, particularly for rheumatology patients.

ACTION: Ultrasound: Provide further detail on rheumatology access and multi-specialty usage in the next QPR (Sept 2025).

- **Endoscopy Services**:
  - Remains a **significant challenge**, with most capacity allocated to urgent referrals.
  - The **screening programme** has positively impacted early cancer detection, but increased demand has strained resources.
  - Recruitment successes and planned workforce model changes are expected to yield further improvements.

Operational Notes and Feedback

- Diagnostic activity fluctuates with **emergency demand**, requiring flexible capacity planning.
- NICE guidelines and evolving clinical pathways may increase demand for specific tests, which will be monitored.
- Graphs in the report show activity vs. demand in **minutes**, not patient numbers. A recommendation is made to clearly label axes for future clarity.
- CG raises a query about **physiotherapists' access to MRI and ultrasound**. It is confirmed that access is currently through hospital doctors, though workforce models are being reviewed to potentially expand access.

CG concludes that the Diagnostics Review demonstrates **substantial progress** in access, capacity, and performance measurement. The Board acknowledges the hard work of the team and agrees to revisit the topic in a year to assess further changes and improvements.

Action: Revisit the Diagnostics Review in one year to assess further changes and improvements in access, capacity, and performance measurement.

9	**Patient, Service User and Community Participation**	**Action**

JM introduces the paper, which was taken as read, and highlights its purpose which is to **strengthen patient and public engagement** across Health and Care Jersey. The report provides an overview of current engagement approaches, a comparison with other jurisdictions, options for **enhanced co-production** and recognition of the ongoing contributions of the **Patient and Users Panel** and specialist projects, such as those in **mental health.**

Key Recommendations

- Support the **enhancement of the existing Patient and Users Panel**

- Ensure **inclusion of children and young people** in future engagement processes
- Improve outreach to **seldom heard** members of the community

Mental Health Engagement
AW shares a powerful example of inclusive engagement: A recent **session** brought together 30 individuals with long-term mental health needs—many of whom are not typically heard—to share their experiences. Participants collaborated with an artist to visually express what matters most to them, contributing directly to the development of the **mental health strategy**.

AW emphasises the importance of hearing from **actual service users**, rather than those with indirect or outdated experiences, and acknowledges the need for continued work across services.

Board Discussion and Feedback
SW echoes the importance of **diversity** within the Patient and Users Panel, noting the need to reflect Jersey's **ethnic, cultural, gender, and health condition diversity**.

The use of the term **"seldom heard"** is praised by CG for shifting responsibility to service providers, rather than implying fault with the community.

A suggestion was made by a member of the public (via a pre-submitted email) to **share the paper with the Patient Panel** for feedback before final ratification, in keeping with the spirit of co-production. JM agrees to this approach.

ACTION: Share the paper with the Patient Panel for feedback prior to final ratification, in line with co-production principles, as agreed by JM following a public suggestion.

Conclusion
The Board expresses strong support for the paper and its direction, acknowledging the importance of inclusive, representative, and meaningful engagement with patients and the wider community.

10	**Harm Review**	**Action**

The Board receives a paper outlining the **harm review process** designed to ensure patients are not coming to harm while waiting for care. The paper details:

- Jersey's current harm review methodology
- Benchmarking against best practices from other jurisdictions
- Current waiting list data for elective and outpatient services
- Recommendations for enhancing the process

Core Components of the Harm Review Process

- **Administrative Validation**:
  - Regular review of patient details and waiting times
  - Direct communication with patients via letters and phone calls to assess their condition
  - Logging and tracking of patient feedback and concerns.

- **Clinical Validation and Triage**:
  - Patients are clinically triaged upon referral, with urgent and suspected cancer cases prioritised
  - A new **distinct triage category for suspected cancer** has been introduced, improving oversight and responsiveness
  - Routine patients are considered **low risk**, but continuous validation ensures safety during the wait.

- **Escalation Mechanisms**:
  - Input from **primary care providers** allows for escalation of concerns
  - If a patient's condition changes, clinicians can **reclassify urgency** and bring appointments forward
  - The process is designed to be responsive and adaptable to patient needs.

- **Technology Integration**:
  - The implementation of the **Patient Knows Best** portal will support improved communication and monitoring of patients during their wait

- Future opportunities include **digital algorithms and AI tools** to triage large volumes of referrals and flag high-risk cases for clinician review

Board Reflections and Recommendations

- **Balance and Prioritisation**:
  - SW emphasises the need to balance harm review efforts with clinical capacity, noting that excessive clinician involvement in reviews as found in some NHS practices could risk detracting from direct patient care.
  - Focus should be placed on **high-risk specialties**, such as **endoscopy**, where delays could have serious consequences.

- **Local Adaptation**:
  - TW notes that while learning from NHS practices is valuable, a **Jersey-specific approach** is essential.
  - Enhancing the current process (noting the recommendations made in the paper) rather than replicating external models from other jurisdictions is seen as the most effective path forward.

- **Patient Empowerment**:
  - Encouraging patients to raise concerns about deterioration is strongly supported.
  - Jersey's culture of politeness and waiting your turn may lead to underreporting, so **clear communication and accessible channels** are needed to empower patients.

- **Care Group Accountability**:
  - It is recommended that **care groups report regularly** on their harm review processes to ensure transparency and continuous improvement.

- **Innovation and Audit**:
  - The Board supports exploring **digital solutions**, including AI-driven triage tools, to streamline reviews
  - A formal **audit process** is recommended to assess effectiveness and identify unintended consequences.

In conclusion, the Board commends the ongoing development a robust and thoughtful harm review process. The paper is recognised as a **critical step forward** in ensuring patient safety and improving service delivery. The Board agrees to support the proposed enhancements and monitor progress over time (through regular audit).

11	**Winter Plan 2025**	**Action**

The Board receives a report on the Winter Plan 2025. The paper is taken as read, with key highlights and reflections discussed in detail. The Board commends the proactive planning and successful execution of the winter strategy, which balanced increased emergency demand with the continuation of elective care.

Key Outcomes and Insights

- **Increased Demand and Performance**:
  - Approximately **5,000 additional ED attendances** were recorded compared to the previous winter.
  - **401 more emergency admissions**, predominantly medical, with a rise in surgical cases.
  - Despite the surge, **ED performance improved**, supported by additional capacity and operational enhancements.

- **Admissions and Demographics**:
  - The majority of increased activity came from patients aged **65 and over**, with a significant proportion related to **falls at home**.
  - The **severity of emergency surgical cases** also increased.
  - Paediatric respiratory cases, including **bronchiolitis**, also surged.

- **Occupancy and Flow Management**:

- Patient movement within the hospital was necessary to maintain safe emergency flow.
- **Delayed transfers of care** were reduced, supported by:
  - Improved **domiciliary care availability**
  - Better access to **nursing and residential beds**
  - Daily executive reviews led by AW's team.

- **Elective Care Continuity**:
  - Elective admissions and procedures were **maintained and increased**, even during peak winter pressures.
  - **Day surgery** was used effectively to mitigate bed pressures.
  - The **refurbishment of Bartlett Ward** provided critical additional capacity.

- **Vaccination Programme**:
  - Continued focus on vaccination as a key component of winter readiness.
  - Plans are in place to **increase uptake** for the upcoming season.

- **Enhanced and Critical Care Planning**:
  - Ongoing collaboration with **intensivists and respiratory teams** to refine strategies for managing enhanced and critical care capacity.
  - A clinician-led strategy is being developed to address one of the most challenging areas from the previous winter.

Strategic Reflections and Future Focus

- **Frailty and Falls Prevention**:
  - The Board emphasises the need to address **falls among older adults**, particularly those occurring at home.
  - CT confirms collaboration with the **ambulance service** to explore alternative pathways for non-conveyance and community-based diagnostics.
  - Recruitment of **geriatricians** remains a priority to support both inpatient and preventative care.

- **Community and Prevention Agenda**:
  - The Board agrees that the solution lies not only in managing discharges but in **preventing admissions**.
  - Work is underway to enhance **front-door services**, including increased access to physiotherapy and occupational therapy in ED, and modelling of **community rehab interventions**.
  - A suggestion is made to develop **preventative public health campaigns** targeting older adults, e.g., around **trip hazards**, **exercise**, and **home safety**.

- **Third Sector and Patient Involvement**:
  - The Board notes the possible **underutilisation of the third sector** and suggests including third sector representation in future planning.
  - The **Patient and Users Panel** could also be engaged to contribute ideas, particularly from the retired population who may be at higher risk.

- **Medical Outliers and Staffing**:
  - The Board discusses the risks associated with **medical outliers** and the importance of consistent oversight. CT confirms that staffing was flexed during winter to ensure adequate coverage, sometimes requiring redeployment from outpatient services.
  - Recruitment into general medicine and **care of the elderly posts** remains a priority.

In conclusion, the Board congratulates HCJ on a well-executed winter plan that demonstrates resilience, adaptability, and a strong commitment to patient care. Planning for Winter 2025–26 has begun, with a continued focus on **frailty**, **falls prevention**, **vaccination**, **community-based care**, and **cross-sector collaboration**.

12	**Workforce Metrics Month 6**	**Action**
SJ presents the Workforce Report Month 6, beginning with a note of caution regarding **data integrity**. The HR team is working with Government of Jersey Informatics and People Services to		

resolve ongoing data issues. Ambulance data will be incorporated in future reports, with current sickness rates noted at **8.4%**. Departments such as Health Policy will be removed from future reports if possible as these do not fall under the responsibilities of this Board.

Key Metrics and Insights

- **Turnover**:
  - Turnover has **decreased by 0.2%** compared to previous years.
  - **21 staff members left within their first 12 months**, prompting a review of onboarding processes and services.

- **Sickness Absence**:
  - Absence rates are **23% higher than last year**, though this may reflect improved reporting rather than increased sickness.
  - Average absence over the past 12 months is **6.5%**, compared to:
    - **5.1%** in NHS England
    - **6.2%** in NHS Scotland and NHS Wales
  - Benchmarking will continue to support comparative analysis.

- **Absence Reasons**:
  - **Coughs, colds, and flu** accounted for 25.6% of absences.
  - **Gastrointestinal issues**: 14.2%
  - **Anxiety and stress**: 12.3%
  - Notably, stress-related absence is **lower than NHS averages**, which typically show higher rates.

- **Absence Breakdown**:
  - **Short-term**:
    - 1,700+ instances of coughs/colds/flu
    - 971 gastro-related
    - 696 anxiety/stress
  - **Long-term**:
    - 148 anxiety/stress
    - 61 surgical procedures
    - 30 injury/fracture.

- **Sickness Management Initiatives**:
  - Recruitment underway for a **dedicated sickness lead** to work with care groups and standardise policy application.
  - Mental Health has volunteered to pilot sickness management initiatives.
  - Consideration is being given to reintroducing the **Bradford Score** to help identify patterns and support targeted interventions.
  - SJ emphasises the importance of **consistent management practices** to prevent cultural issues around absence, such as perceived inequity or informal norms.

Recruitment and Workforce Development

- **Vacancies**:
  - **187 open vacancies**, with **107 offers made** pending clearance.
  - Nurse recruitment is highlighted as a **notable success**, with Jersey maintaining **low nursing vacancy rates** compared to hospitals in England and Wales.
  - The Board acknowledges the foundational work of SJ's predecessor, in transforming nursing recruitment and training, and establishing a strong pipeline of new nurses.

- **Recruitment Process Improvements**:
  - Recruitment team has transitioned from Government of Jersey People Services into Health and Care Jersey.
  - Introduction of **recruitment KPIs**, streamlined approval processes, and an **online form** to replace manual systems have improved efficiency.
  - Future reports will include **time-to-hire metrics**.

- **Performance Management**:
  - Stretch target: **80% of staff to have objectives**
  - As of end June:

- **73.8%** of staff had objectives
- **37.7%** had completed midyear reviews

- Executive team continues to emphasise the importance of objective-setting.

Occupational Health (OH)

- CG raises concerns about the stalled **OH tendering process**, referencing a review from January 2024.
- Key priorities should include:
  - **Fast-tracked onboarding**, particularly around immunisations
  - Broader review of **OH functions**, including **preventative health** and **mental health support**
  - Potential extension of OH services to **ambulance staff**, given the high stress and trauma associated with their roles
- SJ confirms that he and JM have contributed to defining **what good looks like** for OH services, drawing on his experience leading OH teams in Wales. While OH is currently outsourced, the team is committed to ensuring improvements are implemented.

In conclusion, the Board acknowledges the challenges around data accuracy and commends the progress made in improving reporting, recruitment, and performance management. The report is noted, with support for continued benchmarking, targeted sickness interventions, and improved data transparency in future updates.

13	**Finance Report Month 6**	**Action**

MQ presents the financial update for month 6, noting a broadly **positive trajectory** since the last Board meeting in May. The department continues to face a **year-to-date overspend**, but the **forecast deficit has significantly improved**.

Key Financial Position (as of June)

- **Year-to-date overspend**: £6.2 million
- **Monthly run rate**: Approximately £1 million overspend per month
- **Forecast year-end deficit**: **£11.7 million**, improved from the previous forecast of £18 million.

Service Transfers and Budget Scope

- The June 2025 position now includes **Public Health and Health Policy**, following ministerial approval of budget transfers. These areas have joined the department with a **net underspend** and are forecast to remain within budget.
- **Ambulance services** are expected to be incorporated into the financial position from August.
- Additional transfers (People Services, Treasury and Exchequer Staff, and Digital Health) will follow later in the year.

Forecast Improvements and Financial Actions

- The improved forecast is the result of:
  - A detailed review with the **Executive Leadership Team**
  - Identification of **£2.7 million in financial improvement actions**, including:
    - Reassessment of existing plans
    - Income generation opportunities
    - Cost containment measures
- **Private patient income** forecast was revised upward by **£1.2 million** following modelling with the surgical services team.

Staffing and Agency Costs

- **Year-to-date staffing** is **under budget** by just under £1 million.
- Forecast staffing overspend has reduced from **£4.5 million to under £1 million** (0.3% of the total staffing budget).
- **86 agency staff** were reported at the end of June. Recruitment efforts, as discussed in the Workforce Report (item 12), are expected to reduce this number and further improve the staffing position.

Non-Pay and Income Pressures

- The remaining forecast overspend is primarily due to:
    - **Income and cost under-recovery**, including:
        - Delayed income from the Health Insurance Fund for pathology testing
        - Unrealised private patient income targets
    - **Non-pay overspends**, including:
        - **Referrals to UK acute centres**
        - **Social care packages and mental health placements** (high-cost, low-volume)
        - **Drug costs**, particularly for high-cost individuals in specialties like respiratory
        - **Surgical consumables**, linked to increased public activity in theatres.

Board Discussion and Reflections

- The Board congratulates MQ and the finance team for their **rigorous scrutiny and progress**, noting the importance of maintaining quality while managing costs.
- It is acknowledged that the **executive team collectively manages the budget**, and continued vigilance is required.
- A reminder is given that **prescribing data**, once available, may offer further opportunities to reduce costs beyond high-cost drugs.
- The Board expresses appreciation for the **collaborative efforts** across departments in improving the financial outlook.

In conclusion, the Board welcomes the improved financial forecast and acknowledges the hard work of the finance team and executive leadership. The report is noted, with continued support for monitoring, income generation, and cost control measures.

14	**Committee Reports**	**Action**

The Board receives a report from each of the committees following their meetings in June 2025.

a. People and Culture

SJ presents key updates from the People and Culture Committee, focusing on workforce priorities, recruitment, and strategic improvements. The committee also reviewed the sickness absence report, which was discussed in detail during the Workforce Report (item 12) section.

Key Updates and Initiatives

- **Key Worker Accommodation:**
  A paper was presented proposing changes to improve occupancy and support recruitment.
    - Salary cap adjustments have been made
    - Work is underway to harmonise pay rates, currently numbering 27 different rates, with the aim of simplifying and standardising the system

- **Workforce Priorities:**
  SJ shared his initial assessment since joining, noting positive progress across several areas.
    - Job planning and rostering were highlighted as strengths, with Jersey outperforming NHS Wales in job plan record-keeping
    - Recruitment improvements include:
        - Reduction in agency staffing, particularly in nursing
        - Conversion of long-term locums to substantive posts
        - Enhanced medical recruitment, with strong interest in psychiatry and CAMHS roles following targeted outreach and conference attendance
        - Collaboration with Government of Jersey People Services on wider attraction strategies for medical posts.

Gender Pay Gap Discussion

CG raises the question of whether a gender pay gap exists within HCJ**.**

- It was confirmed that the Public Service in Jersey publishes an annual gender pay gap report, which includes HCJ

- HCJ consistently shows a gap due to structural workforce composition (e.g., higher proportion of women in nursing roles and men in medical roles)
- The gap is broadly in line with similar-sized healthcare providers across the British Isles
- The Board agrees to review the annual report when next published and consider any actions or areas of focus.

ACTION: The Board will review the next annual Gender Pay Gap Report for HCJ upon publication and identify any necessary actions or areas for further focus.

In conclusion, the Board welcomes the updates and commends the proactive work being done to improve recruitment, workforce planning, and accommodation. The committee's focus on simplification, strategic attraction, and transparency is noted as a positive direction for HCJ.

b. Finance and Performance

DK provides a summary of the recent Finance and Performance Committee meeting (June 2025). The committee reviewed financial and operational performance, much of which had already been covered in detail during earlier agenda items.

Key Highlights

- **Financial Performance:**
  - The Committee reviewed the Month 5 position, which showed early signs of the positive trend that has now continued into Month 6, as reported by MQ.
  - The Board is reminded that while the improvement is encouraging, continued focus and discipline are essential to maintain this trajectory through year-end.

- **2026 Budget Planning:**
  - The committee emphasised the importance of early and robust planning for the 2026 budget.
  - It was noted that the 2025 plan lacked full ownership and clarity at the outset, which led to challenges in January.
  - For 2026, the Board must ensure:
    - Clear understanding of risks and dependencies
    - Full executive ownership of the numbers
    - A firm and agreed budget for 2026 before year-end

- **Capital Expenditure:**
  - The committee reviewed capital projects and noted that all programmes are currently running under or close to budget, with no significant overspends reported.

- **Operational Performance:**
  - Operational metrics were reviewed, with key areas already covered in earlier discussions by AW and CT.
  - No additional concerns were raised.

In conclusion, the Board welcomes the Committee's assurance on both financial and operational performance. The importance of forward planning, budget ownership, and maintaining momentum are strongly endorsed. The committee's oversight is noted as a helpful contributor to the department's improving financial position.

c. Quality, Safety and Improvement

The Board receives a brief update from CG on the work of the Quality, Safety and Improvement Committee. The key highlight was a positive development in risk management.

Key Update

- The overarching risk score has been reduced, reflecting improved governance and more effective risk mitigation across the department.
- This reduction aligns with the broader trend of gradual improvement in quality, as seen in recent performance and assurance reports.

In conclusion, the Board welcomes the update and notes the encouraging direction of travel in quality and safety. No further questions are raised.

15	Board Assurance Framework	Action

The Board Assurance Framework (BAF) is presented for assurance. Each committee has reviewed its respective elements of the framework, with **no changes** reported except in the area of **quality and safety**.

Key Updates

- The **Quality, Safety and Improvement Committee** reported **increased assurance**, resulting in a **reduction in the overarching risk score** for that domain.
- This reflects improved governance and risk mitigation, in line with the broader trend of quality improvement across the department.
- The BAF remains **dynamic**, with committees scheduled to meet again at the **end of August** to continue their reviews.
- **Ambulance services** have now included **key indicators** for monitoring ongoing risks within their service. These will be incorporated into BAF reporting from **Q3 onwards**.

In conclusion, the Board notes the update and welcomes the continued development of the framework. No further questions were raised.

16	Register of Interests for Board Members	Action

Noted.

17	Questions from Members of the Public	Action

There is one pre-submitted question which was addressed in item 9.

Member 1 - Comment

Member 1 raises a thoughtful observation regarding the role of **patients in prevention and health literacy**. She emphasises that while medical professionals play a vital role, **individual responsibility and education** are equally important in preventing illness.

Key points include:

- Encouraging **well people** to engage with their health proactively, not just when unwell
- The need for **creative and accessible education**, particularly for older adults and school-aged children
- Interest in initiatives that promote **early intervention**, such as understanding how and when to access services
- Recognition of **AW's work** in using creative approaches, including art, to engage communities

Board Response

The Board welcomes Member 1s comments and agrees wholeheartedly with the emphasis on **prevention**, **health literacy**, and **community engagement**. Key reflections include:

- The importance of **primary, secondary, and tertiary prevention**, starting early in life
- Acknowledgement that **most ill health is not caused by medical factors**, but by lifestyle and environmental factors

- Recognition of two key opportunities to advance this agenda:
    - The forthcoming **Prevention Committee**
    - The **Partnership Board**, which will provide a platform for broader discussions on prevention and public involvement
- A suggestion to **engage the Patient and Users Panel** in shaping future prevention strategies, particularly drawing on the lived experience of older adults

Conclusion
Member 1s contribution is warmly received and will be considered in the development of future prevention initiatives. The Board reiterates its commitment to **inclusive, patient-led approaches** to health improvement.

Member 2 - Question
Member 2 requests assurance that **no new contract for community alarm services** would be signed or agreed without **proper public consultation**. The concern relates to the approximately **1,000 individuals** currently using wearable alarm devices, and the potential impact of any changes to the service.

Board Response
AW provides a detailed response, offering **clear reassurance** to the public:

- The current service is being **reviewed**, as is standard practice across many areas of care.
- Other providers have approached the government with **alternative models**, some of which may offer **enhanced features**, such as:
    - **24-hour response services**
    - **Integration with care providers**
    - **Proactive monitoring** using telecare and telemedicine technologies
- The review is in its **early exploratory stages**, and **no decisions have been made**.
- Any future changes will be subject to **extensive consultation, discussion, and planning**, with a focus on:
    - **Best value for money**
    - **Improved standards of care**
    - **Support for independent living and prevention of hospital admissions**
- AW emphasises that **no current services will be turned off or withdrawn**, and that the goal is to **enhance care**, not reduce it.

Conclusion
The Board acknowledges the concern and welcomes AW's reassurance. Any future developments in community alarm services will be **fully transparent** and **consulted on with the public**, ensuring continuity of care and support for those who rely on these systems.

Member 3 - Observations
Member 3 raises two important observations based on recent personal experiences:

1. **Medication Management in Hospital**:
    - Concerns are shared about nurses needing to retrieve medications from other patients' pods due to stock shortages.
    - A discharge incident was noted where a patient was sent home with **incorrect medications**, while another was discharged with **excess quantities**, highlighting **inconsistencies and potential waste**.
2. **Access to Stoma Care**:
    - It is reported that **specialised stoma care is unavailable on Fridays, Saturdays, and Sundays**, creating challenges for patients admitted over the weekend.
    - In one case, a patient had to return home to access their own stoma supplies due to lack of support.

Board Response

- JM acknowledges the concerns regarding medication management and confirmed that these issues would be reviewed.
- JM clarifies that **ward nurses should be able to support stoma care** even when specialist stoma nurses are not on duty.
- The Board thanks the member of the public for continuing to raise these issues and commits to ensuring they are addressed appropriately.

	MEETING CLOSE	Action
The Chair thanks all members of the public for attending and contributing to the meeting. The next Board meeting is scheduled for 25 September, and the Chair expresses appreciation for the thoughtful engagement and feedback received. **Date of next meeting: Thursday 25 September 2025**		