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

Health and Care Jersey

Date: 25 Sept 2025	Time: 9:30 – 12:30pm	Venue: Main Hall, St Paul's Centre, Dumaresq St, St Helier, Jersey JE2 3RL

Non-Executive Board Members (Voting):		
Carolyn Downs CB	Non-Executive Director	**CD**
Anthony Hunter OBE	Non-Executive Director	**AH**
Julie Garbutt	Non-Executive Director (TEAMS)	**JG**
Executive Board Members (Voting):		
Andy Weir	Director of Mental Health, Social Care and Community Services deputising for Tom Walker Chief Officer, Health and Care Jersey	**AW**
John McInerney	Deputising for Simon West, Medical Director	**JMcI**
Tabetha Darmon	Director of Nursing, AHPs, Clinical Governance and Quality	**TD**
Stephen James	Director of Workforce	**SJ**
Hazel Cunningham	Acting Finance Director	**HC**
Executive Board Members (Non-Voting):		
Claire Thompson	Chief Operating Officer – Acute Services	**CT**
Paul Rendell	Deputising for Andy Weir, Director of Mental Health, Social Care and Community Services	
Martin Carpenter	Chief Information Officer HCJ	**MC**
Rachel Williams	Director of Strategic Planning and Projects	**RW**
Cathy Stone	Change Team Lead deputising for Pete Gavey, Chief Ambulance Officer	**CS**
In Attendance:		
Mark Pugh	Medical Lead – Health and Care Jersey Change Team	**MP**
Emma O'Connor Price	Board Secretary	**EOC**
Daisy Larbalestier	Business Support Officer	**DL**
Professor Peter Bradley	Director of Public Health (Item 6 only)	**PB**
Rhiannon Patel	HR Business Partner	**RP**
Apologies:		
Tom Walker	Chief Officer, Health and Care Jersey	**TW**
Simon West	Medical Director	**SW**
Pete Gavey	Chief Ambulance Officer	**PG**
Dame Clare Gerada DBE	Non-Executive Director	**CG**
David Keen	Non-Executive Director	**DK**

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

CD welcomes all to the meeting. Special welcomes are extended to new colleagues:

- **John McInerney**, Deputy Medical Director (attending on behalf of Simon West, Medical Director, who sent apologies).
- **Tabitha Darmon**, newly appointed Director of Nursing, AHPs, Clinical Governance and Quality, attending her first formal HCJ Board meeting.
- **Hazel Cunningham**, newly appointed Finance Director, joining from the Treasury Department in the Government of Jersey.
- **Paul Rendall**, Chief Social Worker, attending on behalf of Andy Weir (deputising for Chief Officer).

RW is recorded as giving apologies but is present, and this will be corrected.

Julie Garbutt (Non-Executive Director) joins online.

Apologies received from:

Tom Walker	Chief Officer, Health and Care Jersey	**TW**
Simon West	Medical Director	**SW**
Pete Gavey	Chief Ambulance Officer	**PG**
Dame Clare Gerada DBE	Non-Executive Director	**CG**
David Keen	Non-Executive Director	**DK**

2	**Declarations of Interest**	**Action**

JG advises the Board of her forthcoming retirement from MHA (at end-Sept).

Actions:

- Board Secretary to update the Register of Interests to reflect the change at month end (EOC).

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3	**Minutes of the Previous Meeting**	**Action**

The minutes of the previous meeting held on 31 July 2025 are agreed.

4	**Matters Arising and Action Tracker**	**Action**

The Chair notes that the majority of issues listed as matters arising and in the action tracker are either covered within the current agenda or scheduled for future agendas. On this basis, outstanding items on the tracker may now be closed.

Actions:

- Board Secretary to update the action tracker to reflect closure of the items discussed (EOC).

5	**Chair's Introductions**	**Action**

As above.

6	**Treatment and Interventions Prioritisation Policy**	**Action**

The Board receives the Treatment and Interventions Prioritisation Policy (TIPP) for endorsement. The HCJ Advisory Board is asked to:

1. Endorse the ratified Treatments and Interventions Prioritisation Policy ahead of implementation.
2. Provide advice to the Health and Social Services Ministerial Team on implementation.
3. Support the formal adoption of TIPP as the overarching framework for decision-making on the introduction, public funding, and prioritisation of treatments and interventions within HCJ.

Presented by:
Professor Peter Bradley (PB), Director of Public Health

Key Highlights and Discussion:

- PB introduces the TIPP, noting the dual context of:
  - Growing demand due to an ageing population.
  - Increasing opportunities from advances in health technology.
- The policy aims to:
  - Ensure transparent, consistent decision-making.
  - Base decisions on evidence and clinical effectiveness.
  - Address health inequalities.
  - Provide accountability for resource allocation.
- The policy is overarching, drawing together existing decision-making committees to create a consistent and visible framework.
- Two appeal processes are built in:
  - Policy-level appeals.

- Individual patient decisions.
- Potential disadvantages:
  - Some low clinical value or non-essential treatments (including medicine) may not be available (e.g. cosmetic varicose vein surgery, paracetamol for everyday use).
- Clinician involvement, public engagement, and upholding of existing treatment commitments are emphasised.
- Comparisons are drawn to approaches in Guernsey, Wales and Scotland, where NICE guidance is adapted to local systems.

Board Discussion:

- CD sought clarification on whether the policy represented "rationing":
  - PB confirms it is about efficiency, transparency, and rational prioritisation of procedures of limited clinical value, not restricting care.
- MP raises queries about:
  - Linkage to the Individual Patient Funding Request (IPFR) policy – PB confirms this can be linked.
  - Exclusion of adult social care and public health – explained as a pragmatic step to avoid duplication, with potential to include in future.
  - Absence of a patient representative on the determination group – PB notes difficulties in identifying a single representative across the breadth of issues; instead, a lay member is proposed, with lived-experience representatives brought in as needed.
- The Board acknowledges that prior feedback has been incorporated into the revised draft and thanks PB for this.
- Importance of public engagement and clear communications are stressed by JG. A commitment is made to produce a user-friendly version of the policy.
- AH emphasises the need to review the policy in the round, including links with social care expenditure, to assess system-wide impact.
- Support expressed for an **annual review of decisions** to provide reassurance to the Board and the public.

Actions:

1. PB to explore the following,
   - Link the TIPP to the Individual Patient Funding Request (IPFR) policy.
   - Consider future inclusion of adult social care and public health services in the scope.
   - Further explore options for patient/public representation and engagement, ensuring transparency.
   - Development of a user-friendly version of the policy for public dissemination.
2. Director of Public Health to provide the Board with an **annual review of decisions and outcomes** under the policy. EOC to schedule on the Board workplan.

Summary:

The Board receives and discusses the proposed TIPP. The Board supports the approach as a means of achieving transparency, consistency, and efficiency in treatment prioritisation, and confirms that it does not represent healthcare rationing. Key actions are agreed, including linkage with IPFR, enhanced public engagement, and annual reporting to the Board.

7	**Chief Officer's Report**	**Action**

The Board receives a summary of the strategic activities relating to HCJ, recognitions for HCJ staff, feedback regarding the services, and other key issues. The Board is asked to note the report.

Presented by:

Andy Weir, deputising for Chief Officer, HCJ.

Key Highlights and Discussion:

- **Annual Plan:** Work underway for next year's Annual Plan, led by RW and her team, using an inclusive approach with staff engagement to shape priorities.
- **Winter Planning:** Preparations in progress as expected.
- **Strategic Development:**

- Ongoing work to develop strategic delivery partnerships with external healthcare providers, with decisions expected by year end 2025.
- New hospital programme: development control plan commenced for Kensington Place and St Saviours Health Village. Procurement for the main works construction partner expected to conclude this month, with recommendation in October 2025.

- **Policy Updates:**
  - Assisted Dying Law lodged for Assembly consideration; HCJ preparing for operational implications.
  - Proposal for a **Health and Care Partnership Board** and continuation of this Advisory Board to be debated on 30 September.
- **Strategies in Development:**
  - Clinical and workforce strategies remain in progress.
  - Revised **Mental Health Strategy (2026–2030)** being developed with wide stakeholder engagement, including harder-to-reach groups. Draft expected end of year 2025, launch early next year.
- **Budget:** Lodged for debate with extended scrutiny.
  - £15.6m additional recurring investment for health and care.
  - £9m efficiency savings required next year.
  - £4m for prevention initiatives.
  - £8m for digital health improvements.
- **Staff and Workforce:**
  - Significant improvement in appraisal completion: 77% of staff had mid-year review (marked improvement from previous year).
  - Recognition of staff achievements, qualifications, and wider contributions noted in report.
- **Communications and Engagement:**
  - *Frontline* campaign launched, showcasing staff stories in the public domain, including a nationally recognised hospital porter.
- **Patient Experience and Feedback:**
  - Patient experience survey launched July; 180 responses to date, with analysis underway to inform improvements.
  - 29 complaints received (July–August), primarily around care coordination and staff attitudes/behaviour. Improvement works ongoing.
  - 330 compliments received in same period, significantly outweighing complaints, reflecting strong patient satisfaction and staff commitment.

Board Discussion:

- CD highlights the need to balance focus on complaints with recognition of compliments and positive feedback.
- Request for a **future operational report on assisted dying**, covering delivery, location, staffing, and training implications. Timing to be determined once appropriate.
- Agreement that a **report on Occupational Health service developments** should be brought to the November Board meeting, to support focus on sickness absence and staff wellbeing.

Actions:

1. Chief Officer (TW) to bring forward an operational report on the Assisted Dying Law implementation at an appropriate future date.
2. Report on Occupational Health service developments to be scheduled for the November Board meeting (SJ).

Summary:

The Acting Chief Officer provides an overview of strategic, operational, financial, and workforce developments across HCJ. The Board welcomes the inclusive approach to planning; notes progress on key strategies and the hospital programme and recognises significant improvement in staff appraisal completion. Actions are agreed in relation to assisted dying implementation and Occupational Health developments.

8	**Prevention and Management of Violence and Aggression**	**Action**

The Board receives presentation slides regarding the Prevention and Management of Violence and Aggression (PMVA) (slides included as an addendum to these minutes) supported by the attendance of three staff members who talk about their experiences of violence and aggression.

Presented by:
Andy Weir (Executive Lead for PMVA) with staff colleagues.

Key Highlights and Discussion:

- Violence and aggression towards staff identified as a significant and increasing concern for both staff and patient safety and morale.
- Incident reporting data:
  - 310 incidents in 2023 (70% in mental health services).
  - 496 incidents in 2024 (239 physical assaults).
  - 452 incidents reported year-to-date, including 238 physical assaults.
  - Increase reflects both greater reporting and ongoing prevalence.
- Working group established with representation across services (hospital, mental health, paediatrics, CAMHS, learning disability, community, quality and safety, HR, Freedom to Speak Up Guardian).
- Work programme includes:
  - **Policy:** review of PMVA, lone working, rapid tranquilisation, and unacceptable behaviour policies.
  - **Training:** refocused clinical emphasis on management of violence/aggression; recognition that training coverage remains incomplete.
  - **Environmental safety:** new personal alarms, review of locked door policy, design input for new hospital.
  - **Incident reporting:** improving processes, feedback loops, and analysis of trends.
  - **Post-incident support:** greater consistency required; variability in staff experience noted.
  - **Police collaboration:** clarity on legal recourse and support for prosecutions.
  - **Communications:** HCJ media campaign launched, highlighting human impact on staff and families.
- There are two distinct groups of individuals who exhibit violence and aggression towards staff: those who are medically or psychiatrically unwell, often unintentionally aggressive due to their condition, and those who are deliberately abusive, including racially aggressive behaviour. Each group requires a different approach in how we respond.
- Introduction of a **Clinical Nurse Specialist for the Prevention and Management of Violence and Aggression**, providing direct support to staff through risk assessments, care planning, training needs analysis, and situational awareness training.

Staff Testimonies:

- **Mental Health Nurse (R):** Shares impact of violence on confidence and therapeutic relationships; notes colleagues have left the profession due to cumulative impact; emphasises importance of post-incident support and public awareness.
- **Pharmacy Technician (M):** Reports frequent verbal and physical abuse (spitting) at the pharmacy counter, affecting staff and patient care; highlights need for better systems and more recognition of pressures faced by pharmacy staff.
- **Porter (C):** Describes varied experiences of aggression; stresses importance of rapport with patients, involvement of families, situational awareness, and time-consuming nature of de-escalation.

The group is progressing to the next phase of work, which includes conducting a staff survey to identify key health and safety priorities. This will inform updates to training and support modules, improvements to the patient alert process—ensuring staff are aware of individuals with a history of violence without permanently labelling them—and enhancements to environmental safety. The work is being guided by a structured plan, and regular meetings continue to support its delivery.

Board and Executive Reflections:

- Strong appreciation expressed for staff candour and contributions.
- Board emphasises that violence and aggression must not be accepted as “part of the job” and pledges to improve prevention and support.

- Importance of **post-incident support, prevention measures, and consistent reporting** highlighted.
- Need for improvements in medication waits and patient flow to reduce frustration and triggers for aggression.
- Simplification of Datix reporting process suggested to encourage consistent incident recording.
- Consideration of persistent offenders raised; staff confirm positive collaboration with police and community teams / key workers / networks in such cases.

Public Contribution:

- A member of the public spoke candidly about how in her experience delays in pain relief can trigger frustration and verbal aggression.

Actions:

1. Through the working group (AW) to,
   - Continue development of the anticipated three-year violence and aggression work programme.
   - Simplify incident reporting tools and ensure feedback loops are embedded.
   - Strengthen **post-incident support pathways** to ensure consistency across services.
   - Progress environmental safety reviews, including locked door policy and alarm systems.
   - Maintain ongoing engagement with police and legal authorities regarding prosecution pathways.
2. Review processes for **timeliness of pain medication** and pharmacy waits, ensuring this remains a monitored quality metric (CT, AW, JMcI, SW).

Summary:

The Board receives a presentation on the Prevention and Management of Violence and Aggression (PMVA), highlighting a concerning rise in incidents, particularly in mental health services. A cross-service working group is addressing policy, training, environmental safety, incident reporting, and staff support. Staff provide powerful first-hand testimony, and their testimonies underscore the personal and professional impact of violence. The next phase includes a staff survey to guide priorities, with ongoing work focused on improving safety, support, and reporting systems. The Board affirms its commitment to tackling violence, improving post-incident care, and collaborating with police, while recognising the need for timely care delivery and streamlined reporting.

9	**Quality and Performance Report Month 8**	**Action**

The Board receives the Quality and Performance Report (QPR) for month 8.

Presented by:

Claire Thompson, Chief Operating Officer, Acute Services,
Andy Weir, Director of Mental Health, Social Care and Community Services
Paul Rendell, Chief Social Worker
Tabetha Darmon, Director of Nursing, AHPs, Clinical Governance and Quality
Dr John McInereny, Deputy Medical Director

Key Highlights and Discussion:

Access Performance:

- Focus remains on reducing waits for longest-waiting patients in outpatient appointments.
- Challenges concentrated in single-handed specialties, e.g. neurology; locum secured for neurology for 12 months, recruitment ongoing.
- New appointment made in gastroenterology, with start anticipated by year-end 2025. Nurse specialist roles being developed to support capacity.
- Outpatient waits longest waits mainly in general surgery and orthopaedics. Urgent and cancer patients being seen in appropriate timeframes.
- “Was Not Brought” rates for children spiked over summer, linked to school holidays, safeguarding processes in place for follow-up.
- Theatre utilisation improving, averaging 76–78%, with some specialties at 90–98%. New clinical leadership (anaesthetist) is strengthening data accuracy and performance management.

- On-the-day cancellations rose in August due to closed beds (ward refurbishment) and theatre ventilation works. Staff mitigated through patient communication and re-booking.
- ED four-hour and twelve-hour waits remain stable and improved. Focus on “minors” stream performance as part of winter resilience planning.
- Emergency readmissions under review; new weekly case review process established to identify causes across acute, social care, and community pathways.

Board Discussion:

- Concerns raised about the rise in elective waits over 52 weeks (doubling in the past year). The Board requests a **specific report for November**, including:
  - Specialty-level breakdown.
  - Theatre utilisation data.
  - Impact of private practice on public waiting lists.
  - Diagnostics capacity and impact on waits.
- The Board acknowledges improvements in outpatient waits, ED performance, and the systematic approach being applied.

Maternity:

- No major concerns identified.
- Approx. 70 births between April–June; caesarean section rate around 50% (mix of scheduled and unscheduled).

Social Care:

- Positive performance overall:
  - Physical health checks and action plans at 91% (target 80%).
  - Annual support plan reviews at 64.7% (target 90%), explained by new automation process starting mid-year.
  - 96.6% of assessments completed within 3 weeks (above target).
- Medium wait for social care assessments reduced, despite unprecedented referral increases (351 in Mar–May vs. 625 in Jun–Aug).
- Referral levels remain high, with single-day spikes noted (40 referrals in one day). Analysis underway to understand drivers.
- AH commends the recent social care staff event and emphasises importance of prevention and smoother discharge pathways.

Mental Health:

- Jersey Talking Therapies: reduced waiting time for assessment, slight increase in treatment waits; recruitment to psychology posts ongoing. Intention to review the entire service early 2026.
- Crisis team met 79% of 4-hour target in August, due to exceptional out-of-hours demand (multiple concurrent assessments). Assurance provided that patients were seen, though some beyond 4 hours. Monitoring continues.
- Routine referrals: 82.5% seen within 10 days (average 87%), some delays due to patient choice.
- Increases noted in memory assessment and autism service waits, linked to staffing gaps, recruitment underway.
- Attention Deficit Hyperactive Disorder (ADHD) waiting list plateaued at just over 1,000, new nurse prescriber in post to support backlog reduction.
- Board requests **assurance at next meeting** that the dip in crisis team performance has been resolved.

Quality and Safety:

- Complaints and compliments consistent with Chief Officer’s report: 29 complaints vs. 330 compliments (July–August).
- Infection control performance strong; three C. difficile cases reported in August, no hospital-acquired or patient transmission identified.
- Positive outcomes in falls prevention and pressure ulcer prevention.
- Domestic / cleaning teams acknowledged as key contributors to the strong performance in IPaC.
- Antibiotic stewardship works ongoing to reduce acquired infections.
- Patient safety incidents (moderate/severe) continue to trend downwards.

- Compliments rising steadily year-on-year, complaints reducing.

Board Discussion:

- Members commend the trajectory on patient safety incidents and infection control performance, noting this contrasts positively with UK trends.
- Recognition of staff efforts across all disciplines, particularly infection prevention, social care, and theatres.

Actions:

1. CT to provide a report to November Board on:
    - Elective waits >52 weeks (specialty-level detail).
    - Theatre utilisation.
    - Diagnostics and impact on waits.
    - Interaction between public and private work.
2. AW to provide assurance at November meeting on crisis team 4-hour performance recovery.
3. PR to provide analysis of unprecedented rise in social care referrals for November Board.

Summary:

The Board receives the Month 8 Quality and Performance Report. Improvements noted in ED performance, outpatient waits, maternity, and infection control. Concerns remain over elective waits >52 weeks and social care referrals. Actions agreed for further reporting and assurance, particularly on long waits and crisis team capacity. The Board commends staff achievements and the positive trends in compliments and patient safety.

10	**Patient Flow**	**Action**

The Board receives an update on work taking place to improve patient flow (clinical productivity). The Board is asked to note the report.

Presented by:

Claire Thompson, Chief operating Officer, Acute Services
Andy Weir, Director of Mental Health, Social Care and Community Service

Key Highlights and Discussion:

Paper taken as read; follow-up discussion focuses on bed estate, infrastructure use, and clinical productivity.

- **Bed Capacity:**
    - 10 surgical beds closed since April 2025 for refurbishment, reopening planned for mid-November 2025 in time for winter.
    - Refurbishment will enable creation of a **dedicated female surgical ward**, improving patient experience and providing space for outpatient and ambulatory gynaecology services.
- **Improvement Programme:**
    - Executive team allocated dedicated project management support to oversee patient flow improvement.
    - Three workstreams: acute/emergency, elective, and community services.
    - Indicators include both outcome and process measures to track progress.
- **Emergency and Elective Flow:**
    - ED performance improvement noted (links to earlier Quality and Performance Report).
    - Ongoing focus on discharge efficiency, including timely preparation of take-home medication (TTAs).
    - Collaboration with ambulance colleagues on patient transport services to improve discharge flow.
    - Despite reduced bed base, year-to-date elective activity increased by 528 operations compared to last year.
- **Community and Prevention:**
    - Launch of the **Falls Response Service** in partnership with paramedic staff welcomed.

- Positive decision taken to enhance and expand **Telecare services**, supporting early discharge and preventing avoidable admissions.
- Work on Discharge to Assess pilot well underway

Board Discussion:

- The Board praises the Falls Response Service and dedicated female surgical environment, recognising their importance to the community.
- Concern noted regarding a recent spike in non-clinical overnight patient moves. Assurance provided that this related to July/August pressures and is expected to revert to baseline with bed reopening in November.
- Chair requests **benchmarking data** against comparable systems for key performance indicators to allow better assessment of progress.
- Concern raised about potential cost implications of the **Discharge to Assess (D2A) pilot**:
  - Need to balance acute savings against additional social care costs.
  - Agreed that Jersey's integrated system allows budget adjustments across health and social care to mitigate risks.
  - Planned engagement with Isle of Man colleagues to learn from their implementation of D2A and community models.

Actions:

1. Provide benchmarking data for key flow performance indicators in future reports (CT, AW).
2. Ensure D2A pilot evaluation includes both acute savings and social care costs, with budget adjustments considered accordingly (AW).

Summary:

The Board receives an update on patient flow, including bed refurbishment, emergency and elective performance, and community service initiatives. Members welcome improvements, emphasise the importance of benchmarking, and agree the need for robust evaluation of the Discharge to Assess pilot. Positive developments in falls response and telecare are highlighted as key steps in supporting flow and prevention.

11	**Finance Report Month 8**	**Action**

The Board receives an update on the Month 8 Financial position for 2025, an update on the Capital programme for 2025 and a view of the year-end forecast, at Month 8, noting the risks and mitigations, forecast trends, and recommendations.

Presented by:

Hazel Cunningham, Acting Finance Director

Key Highlights and Discussion:

- **Month 8 Position:**
  - Year-to-date deficit: £8.5m (c.£1m monthly underlying run rate).
  - Pay costs underspent by £1.4m due to 471 vacancies (£8m saving), offset by:
    - Agency overspend £5.4m.
    - Overtime overspend £1.2m.
  - Non-pay overspend £6.4m, mainly from tertiary care referrals (activity growth and price increases), mental health placements (£1.9m, largely complex cases), surgical consumables, and high-cost drugs.
  - Income £3.5m below plan, mainly surgical services (£2.8m shortfall). Day surgery and theatre bed closures reduced private income. Positives included gastroenterology over-achievement (£300k) and pharmacy drug recovery (£100k).
- **Financial Recovery Plan:**
  - Annual target £17.3m (including £10.6m stretch).
  - Savings delivered to date: £6.3m vs. £10.1m plan.
  - Plan complexity acknowledged (policy, system, and workforce changes).
  - Engagement across teams noted as positive, though barriers remain in recruitment processes.
- **Forecast:**
  - Year-end deficit forecast at £12.4m (up from £11.7m in July).
  - Represents 3.5% variance on £348m budget (0.1% in month variance).

- Key pressures: agency staffing, tertiary referrals, consumables, high-cost drugs, and private patient income.
- Month 9 forecast will include more detailed analysis and potential mitigations.

- **Capital Programme:**
  - Hospital facilities project remains a priority; tender decision due end of October 2025.
  - Equipment replacement budget slightly overspent; discussions with Treasury to reprofile funds.
  - Digital care strategy progressing, with work to prioritise projects and funding allocation.

Board Discussion:

- CS praises nursing recruitment efforts, noting agency nurse use reduced to fewer than 15, most with end dates, thanks to Jesse Marshall's work with the workforce team.
- Chair emphasises the need to maintain strict control and prevent further monthly variation.
- Noted importance of planning early for additional funding in 2026 budget (particularly digital and prevention) to avoid delays in implementation. Requested operational plans for these areas if Assembly ratifies budget.
- SJ confirms a proposal to the States Employment Board to establish an **internal staffing bank**, aiming to reduce reliance on private agencies and better control deployment.
- The Board agrees this would deliver both financial savings and improved continuity of care.

Actions:

1. Develop and present operational plans at the November meeting, focusing on **digital investment** and HCJ's role in the **health prevention agenda**, including potential digital contributions. (dependent on Assembly budget approval) (MC and PB).

Summary:

The Board reviews the Month 8 financial position. The year-end deficit forecast is £12.4m, reflecting agency staffing, tertiary referrals, and high-cost treatments, offset by vacancy savings. The Board notes progress in reducing agency nurse reliance and welcomes the proposal for an internal staffing bank. The Board stresses the importance of maintaining financial control and early planning for new investment funding in prevention and digital health.

12	**Workforce Metrics Month 8**	**Action**

The Board receives the workforce metrics for month 8. The Board is asked to note the report.

Presented by:

Stephen James, Director of Workforce
Rhiannon Patel, HR Business Partner

Key Highlights and Discussion:

- **Turnover:** Down 0.1%. 28 employees left within first 12 months of service. Work ongoing to analyse whether this relates to onboarding, departmental issues, or transition to new grading structures.
- **Recruitment:**
  - 129 open vacancies.
  - 60 posts at pre-employment stage (down from 116 the previous month, showing significant progress).
  - Recruitment team joined HCJ in July and performance has improved markedly.
- **Sickness Absence:**
  - Remains a concern. Overall rate c.15% higher than same period last year.
  - August absences largely due to coughs/colds, gastro, and stress/anxiety.
  - Stress identified as the highest cause of long-term absence.
  - Government's *Absence Matters* campaign launched, with HCJ-specific video contribution.
  - Dedicated Sickness Absence Lead appointed, commencing November, with focus on tackling short-term sickness.
  - Benchmarking: HCJ long-term sickness at 12.3%, significantly below NHS England figures (27.5–27.7%).

- **Staff Engagement:**
  - Major improvement in appraisal completion: 86.5% of staff with objectives, 74% completed mid-year reviews (compared to <30% last year).
  - Board recognises progress as a significant organisational achievement.

Board Discussion:

- Chair welcomes improvements but stresses concern over **long-term sickness**, which requires stronger focus.
- Acknowledges progress on short-term sickness and data cleansing, including new breakdowns by care group.
- Requests a **full action plan on long-term sickness** for the November Board, linked to Occupational Health report.
- Emphasis placed on ensuring staff with genuine illness receive better support to return to work, and that consistent management processes are applied where appropriate.
- Ministers have also expressed concern about sickness levels; Board reiterates that absence management is a **management responsibility** at all levels, not solely an HR function.
- TH highlights the importance of distinguishing between reporting anomalies and genuine issues, welcoming the grip being developed on data quality.

Actions:

1. The People and Culture Committee and the Board will receive a full report in October and November (respectively) on actions to address sickness, including input from the new colleague focused on this area. An action plan for managing long-term sickness will be developed and linked to the occupational health report (SJ).
2. New Sickness Absence Lead to report on short-term sickness management impact once in post (SJ).

Summary:
The Board notes continued improvement in recruitment and staff appraisal completion. While short-term sickness is improving, long-term sickness remains a major concern and will be subject to focused reporting and action planning at the next Board. Members emphasise that absence management is a leadership responsibility across the organisation.

13	**BeHeard 2025 Survey Results**	**Action**

The Board receives an update on the BeHeard 2025 survey results for Health and Care Jersey. The Board is asked to note the report and its recommendations.

Presented by:
Stephen James, Director of Workforce

Key Highlights and Discussion:

- **Response Rate:** 35% (statistically valid, up from <30% in previous years).
- **Overall Outcome:**
  - Achieved “One to Watch” status in the Best Companies Index (BCI).
  - Improvements recorded across all categories, a rare and positive outcome.
- **Positive Themes:**
  - Staff happy with the standard of care, supportive managers, ability to escalate concerns, and feeling safe to speak up.
  - High scores in teamwork, particularly within teams.
- **Areas for Improvement:**
  - **Interdepartmental teamwork** scored poorly despite high overall teamwork.
  - **Giving something back:** low score; unclear whether staff mean community, environment, or other forms of contribution. Further staff engagement required.
  - **Leadership and growth opportunities:** identified as needing development.
- **Next Steps:**
  - Care groups have received results and must prepare action plans for performance reviews.
  - Executive team to aggregate into a single HCJ-wide action plan.
  - Leadership development plan underway, aligned with new Government of Jersey leadership standards.

- Development of talent management programme under discussion.
- Heat map/dashboard being developed to identify hotspots for turnover, sickness, and low survey scores, enabling targeted support and intervention.

Board Discussion:

- Chair welcomes the positive shift and notes the strong feedback on managers, which contrasts with isolated negative "noise" in the system.
- Agrees that data must be used to prompt deeper questions rather than seen as definitive answers.
- Recognition that only one-third of staff responded, need to understand views of non-responders.
- TH cautions against over-reliance on surveys and encourages triangulation with other engagement mechanisms.
- SJ confirms that in addition to survey data, partnership forums (including departmental-level forums), quick-pulse staff surveys, and improved communication channels will be used.
- Emphasis placed on communication, change management, and supporting staff through change.

Actions:

1. Aggregate care group action plans into an organisation wide Be Heard action plan, to be presented to the People Committee and Board (date to be confirmed) (SJ).
2. Continue development of a **heat map/dashboard** to identify hotspots requiring organisational development support (SJ).

Summary:

The Board welcomes the positive improvements in Be Heard results, recognising progress in staff satisfaction, leadership, and communication. Areas requiring improvement are identified, particularly interdepartmental teamwork and leadership development. Plans are underway to target support and develop a whole-organisation action plan, ensuring data is used constructively to guide improvements.

14	Committee Reports	Action

a. People and Culture Committee

Presented by: Chair (CD)

- Report taken as read.
- Issues discussed in Committee (e.g. violence and aggression) also brought to the full Board to ensure visibility.
- No further questions raised by the Board.

b. Finance and Performance Committee

Presented by: Vice Chair (CD)

- Report taken as read.
- Items covered within the Finance Report and Quality and Performance discussions earlier in the Board meeting.
- No additional issues to escalate to the Board.

c. Quality, Safety and Improvement Committee

Presented by: Vice Chair (TH)

- Meeting described as well-chaired and engaging.
- Positive feedback from the Jersey Care Commission representative, who commented on the open and honest nature of the discussion.
- Decline in complaints noted; Committee acknowledged this could reflect either service improvement or lack of confidence in raising issues. Assurance sought that managers are working to understand underlying reasons and respond appropriately.
- Freedom to Speak Up report presented, including contributions from each executive on how they support the process; this was welcomed by both this Committee and the people and Culture Committee.

- Safeguarding Report discussed at Committee; Board confirms it will receive the annual safeguarding report at a future meeting.

Summary:
Committee reports are received and taken as read. Key points include positive feedback on openness at the Quality, Safety and Improvement Committee, assurance on Freedom to Speak Up processes, and confirmation that the annual Safeguarding Report will be presented to the Board at a future meeting. No issues are escalated from the Finance Committee.

15	**Board Assurance Framework**	**Action**

The Board receives the Board Assurance Framework (BAF) detailing the key strategic risks to the achievement of the annual strategic objectives.

Presented by:
Emma O'Connor Price, Board Secretary

Key Highlights and Discussion:
- All Board committees have reviewed their relevant sections of the BAF.
- Committees agreed to allocate additional time in their October meetings to undertake a more detailed review of their assurance areas.
- The BAF will be updated for Quarter 3 to reflect actions and identify any potential assurance gaps.
- Finance Committee noted the importance of reviewing the evidence base underpinning financial risks.
- HC highlights that, while significant work has been undertaken to improve financial control, the overall financial position remains challenging. Deeper review and analysis are required, particularly in preparation for Quarter 4 and the next financial year, pending Assembly budget decisions.

Actions:
1. Committees to conduct detailed reviews of their BAF elements at October meetings (EOC to schedule).
2. Quarter 3 BAF update to be presented to the Board in November, including identification of any assurance gaps (EOC to schedule).
3. Finance Committee to undertake an in-depth review of financial risks and evidence base, with updates to be reflected in the next BAF iteration (DK, HC).

Summary:
The Board notes committee reviews of the BAF and agrees further in-depth consideration would take place at committee level in October. A Quarter 3 update will be presented to the Board in November, incorporating assurance improvements and any identified gaps. Finance risks will undergo further review to strengthen the evidence base.

16	**Register of Interests for Board Members**	**Action**

The Board notes the Register of Interests.

17	**Questions from the Public**	**Action**

Key Questions and Responses:
1. **Occupational Therapy (OT) Services and Equipment Provision**
    - Member of the public raises concerns regarding the future of OT services, referencing Enable's practice of accepting donated equipment and re-selling at nominal cost.
    - Question asked whether OTs would continue home visits, and how existing stock will be managed.
    - **Response (AW):**
        - No current plans to change OT services.

- Review of OT and physiotherapy services underway, currently in data-gathering stage.
- Part of the review will consider how equipment is sourced and provided, with a view to ensuring speed and suitability.
- Assurance given that UK-provided equipment should not be relied upon; issue will be followed up by AW.

- **Action:**
  AW to follow up on the issue of reliance on UK-provided equipment as raised by the public contributor.

2. **Be Heard Survey Response Rate**
   - Comment made that while results improved, 35% response rate remains too low; suggestion that the target should be closer to 80%.
   - **Response (SJ):**
     - Workforce Director acknowledges need to improve uptake.
     - Lessons will be learned from barriers encountered (e.g. lack of computer access).
     - Commitment to benchmarking against best practice and improving systems for next year.

3. **Private Prescriptions at Hospital Pharmacy**
   - Question regarding whether private prescriptions continue to be dispensed by the hospital pharmacy at taxpayer cost.
   - **Response (JMcI):**
     - Past practice acknowledged; it had been significantly curtailed.
     - Any ongoing issues will be investigated.
     - Member of the public invited to provide evidence directly to Deputy Medical Director or Ministers for targeted follow-up.
   - **Action:**
     JMcI to investigate any ongoing instances of private prescriptions being dispensed at hospital pharmacies at taxpayer cost and follow up as required.

4. **TIPP – Appeals Process**
   - Concern raised over Section 3.3.1 of the Treatment Interventions and Prioritisation Policy regarding appeals, specifically the restrictive two-page limit and potential for appeals to be invalidated on technicalities.
   - **Response:**
     - Board acknowledges the concern and agrees that support for appellants should be proactive.
     - Suggestion of a standardised pro forma for appeals will be considered to ensure fairness and accessibility.
   - **Action**:
     EOC to provide feedback to PB.

5. **Public Questions re: Guest Presenters**
   - Suggestion made that members of the public be permitted to ask guest speakers questions immediately after their presentations.
   - **Response:**
     - Chair agrees to reflect on this proposal.
     - If adopted, process would need to be structured, with possible advance notice of questions, to avoid disruption to meeting timings.
   - **Action**:
     Chair to consider the proposal for allowing public questions immediately after guest presentations and determine a structured process if adopted (CD / EOC).

6. **Hospital Transport Policy**
   - Concern raised about inappropriate use of hospital transport, citing an example where a patient appeared capable of private travel.
   - **Response (CT):**
     - Eligibility criteria exist, but assessments are often made by phone and rely on self-reporting.

- Area will be reviewed further, with reference to work already being undertaken by the Ambulance Service.

- **Action:**
  PG to review the process for assessing eligibility for hospital transport, ensuring alignment with existing criteria and considering improvements as part of work already underway.

7. **Private Patient Beds**
   - Question raised regarding the number of beds ring-fenced for private patients, their utilisation, and whether they are used for public patients when not full.
   - **Response:**
     - Historically, 13-bed ward used for private practice.
     - Currently, 7 beds ring-fenced since March due to surgical floor bed closures.
     - Once refurbishment is complete (expected mid-November), full 13 beds will return to private use.
     - Assurance provided that public patients are placed in these beds when not utilised privately; beds are not left empty.

Summary:
The Board addresses a range of questions from the public covering OT services, staff survey participation, prescription policy, appeals processes, patient transport, and private patient bed usage. Responses provide assurance that key issues will be reviewed further, and feedback will inform ongoing service improvement.

	MEETING CLOSE	**Action**
Date of next meeting: Thursday 27 November 2025.		