Government of Jersey – Health and Community Services
Health and Community Services (HCS) Board

TEAMS

15 February 2021 15:00 - 15 February 2021 17:00

ATTENDEES

Name / Role	Status
Adrian Noon Associate Medical Director Primary, Prevention & Intermediate Care	Accepted
Andrew Carter Governance and Performance Analyst	Accepted
Anuschka Muller Director Innovation and Improvement	Accepted
Beverley Edwards Head of Informatics HCS	Accepted
Bronwen Whittaker CEO Family Nursing and Home Care	Declined
Caroline Landon Director General Health and Community Services	Accepted
Emma O'Connor Interim Board Secretary	Accepted
Gail Caddell Jersey Hopsice Care	Accepted
Hugh Raymond Assistant Minister for Health and Community Services	Accepted
Isabel Watson Associate Managing Director Adult Social Care and Mental Health Service	Accepted
Martyn White Head of Communication HCS	Unconfirmed
Matthew Doyle General Practitioner	Accepted
Michelle Roach Head of Finance Business Partnering	Accepted
Patricia Tumelty CEO Mind Jersey	Accepted
Patrick Armstrong Group Medical Director	Declined
Richard Renouf Minister for Health and Community Services	Accepted
Robert Sainsbury Group Managing Director	Accepted
Rose Naylor Chief Nurse	Accepted
Ruth Brunton CEO Brighter Futures	Unconfirmed

Sam Lempriere Management Executive Support Lead	Accepted
Sean Pontin CEO Jersey Alzheimer's Association	Accepted
Steve Graham Associate Director of People	Declined
Trevor Pointon Assistant Minister for Health and Community Services	Accepted

AGENDA

#	Description	Owner	Time
1	**Welcome and Apologies** Verbal	Chair	3:00pm
2	**Declarations of Interest** Verbal	Chair	3:05pm
3	**Service-User Story** This item has been deferred.		
4	**Professional's Story** Presentation	Jenna McKay	3:10pm
5	**Minutes of the previous meeting** Minutes of 7th December 2020 ITEM 5. HCS Board Minutes 07122020 V2.docx 7	Chair	3:25pm
6	**Matters Arising and Action Log** Verbal / Paper ITEM 6 . HCS Board Action Tracker.xlsx 15	Chair	3:30pm
7	**Chair's Report** Verbal	Chair	3:40pm
8	**Director General's Report** Verbal	Director General	3:50pm
9	**View from the Bridge** •FNHC •Jersey Hospice •MIND •Jersey Alzheimer's Association •General Practice • Brighter Futures	Partner Organisations	4:00pm
10	**Performance Report** Presentation	Governance Performance Analyst	4:25pm

#	Description	Owner	Time
11	**Committee Report: Quality Peformance and Risk** Paper (to follow) ITEM 11. HCS Board 01022021 QPR Committee R... 17	Chief Nurse	4:35pm
12	**Committee Report: People and Organisational Development** Paper ITEM 12. POD Committee Report - Jan 2021.docx 21	Associate Director of People HCS	4:40pm
13	**Financial Report**	Head of Finance Business Partnering / Assistant Minister	4:45pm
14	**HCS Board Assurance Committee Restructure** ITEM 14a. HCS Board Committee Restructure Prop... 23 ITEM 14b. HCS Board 01022021 Committee Propo... 27	Board Secretary (Interim)	4:50pm
15	**Any Other Business** Verbal	Chair	4:55pm
16	**Date of Next Meeting 8 March 2021** TBC		
17	**Meeting Closed**		5:00pm

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Health and Community Services (HCS) Board (the board)
Notes of the meeting on Monday 9 December at 2:00pm – 4:00pm
TEAMS Meeting

Present:	Richard Renouf (Chair)	Minister for Health and Community Services	RR
	Caroline Landon	Director General	CL
	Robert Sainsbury	Group Managing Director	RS
	Patrick Armstrong	Group Medical Director	PA
	Anuschka Muller	Director of Improvement and Innovation	AM
	Steve Graham	Associate Director of People HCS	SG
	Isabel Watson	Associate Managing Director Adult Social Care & Mental Health Services	IW
	Michelle Roach	Head of Finance Business Partnering HCS	MR
	Sean Pontin	CEO Jersey Alzheimer's Association	SP
	Patricia Tumelty	CEO MIND Jersey	PT
	Gail Caddell	Deputy CEO Jersey Hospice Care (deputising for Emelita Robins)	GC
	Andrew Carter	Governance & Performance Analyst	AC
	Geoff White	Associate Chief Nurse - Professional Practice (deputising for Rose Naylor)	GW
	Trevor Pointon	Assistant Chief Minister (until 2:45pm)	TP
	(jointly referred to as the "Board")		
In Attendance:	Lee Bennett	Social Prescribing Lead & Mental Health Practitioner	LB
Minutes:	Emma O'Connor	Interim Board Secretary	EOC

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

Item no.	Agenda item	Action
1.	**Welcome and Apologies**	
	The Minister welcomed everybody in attendance and apologies were noted as follows: Rose Naylor — Chief Nurse Emelita Robbins — CEO Jersey Hospice Care Ruth Brunton — CEO Brighter Futures Dr Matthew Doyle — General Practitioner Dr Ed Klaber — General Practitioner Dr Adrian Noon — Associate Medical Director Primary, Prevention & Intermediate Care Bronwen Whittaker — CEO FNHC	
2.	**Declarations of Interest**	
	No interests were declared.	
3.	**Service-User Story**	
	This item has been deferred until face-to-face meetings resume.	
4.	**Professional's Story**	
	LB shared slides with the board. Highlights include, Pathways between GP and LB's intervention have allowed patients to self-manage their difficulties and provide whole patient support. LB reiterated that social prescribing is designed to support and guide people with a wide range of social, emotional or practical needs, with an underpinning philosophy on improving mental health and physical well-being.	

	Overall, the service tries to highlight issues or threats that the patient expresses so that they can create a better platform to build on and to ensure that the patient understands what is happening and how they can go on to receive the right type of support in the future. An agile intervention has been developed in response to this. The Minister enquired how many patients have been referred to this service to-date. LB commented that he did not have the numbers to hand but could provide this information if required. The Minister also stated that this had been a pilot scheme and questioned when the project would end and who would be in receipt of the report. LB confirmed that the report should be available soon. GW commented that this work links in with the assurance framework and patient advocacy and would like to link in with LB regarding this, which was agreed.	
5.	**Minutes of the Previous Meeting**	
	The board reviewed the minutes of the previous meeting held on 12th October, which were agreed as an accurate record.	
6.	**Matters Arising & Action Log**	
	There were no matters arising.	
a.	**Deputy Director of Primary & 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 rengage with others.** - Some progress has been made. Awaiting outcome of discussion between RN and B Sherrington. **IT WAS RESOLVED** to carry this action forward.	
b.	**Head of Adult Social Care/Chief Social Worker to provide an update on progress with Jersey Talking Therapies.** – IW confirmed that the service is currently working on the waiting list, however data is undergoing validation. A meeting is due to take place this week with CP regarding full utilisation of psychologists and to ensure they are being utilised to the full. Plan is in place.	
c.	**Director Modernisation to provide CEO FNHC with map of current HCS work streams.** - EB to liaise with Bronwyn regarding an update.	
d.	**RS to provide an update as to the progression of the Suicide Strategy.** - RS stated that the situation remains the same whereby the suicide alliance is still disrupted due to COVID. Continued to progress with internal training, and there has been a big focus on Orchard House. Prevention strategy will be further developed through the Mental Health Partnership approach. Work in progress.	
e.	**NDJ/AN to liaise to facilitate delivering service user story to the junior Doctors.** - NDJ complied with this request and the details has been passed on to AN.	

f.	**SL to link in with FNHC & provide support re: TEAMS.** - There is a plan in place to assist FNHC with TEAMS.	
g.	**CL will request a review of SALT.** - CL to liaise with RN who has been delegated this task. GW to link in with Therapies regarding status on SALT review.	
7.	**Chair's report**	
	The Minister reflected on recent times trying to direct the island through what has been a very difficult time. Unlike other jurisdictions, we have been doing a high volume of workforce testing resulting in increased numbers of positive cases. We have a track and trace team who are able to identify those direct / indirect contacts more easily than perhaps if living in the UK. Further measures are now in place regarding hospitality venues, mandatory mask wearing and home-working; collectively it is hoped that this will stop the spread of the virus. Christmas measures are currently being assessed & it is anticipated that this period will be quieter than previous years. It is hoped that a large number of the population will be vaccinated by Easter. The vaccine is currently being offered to Care Home residents and staff in the first instance. It is hoped that the population will be encouraged to receive the vaccine. There has been a change of personnel at ministerial level, it was noted that TP is now an Assistant Minister for HCS and it is anticipated that he will undertake the duties of Senator Steve Pallet.	
8.	**Director General's Report**	
	CL commented that she has had numerous meetings with partnership bodies and can confirm that the Care Model was approved on 3rd November. HCS, as well as all external partners/organisations / agencies / charities have had a very busy period with COVID and CL thanked everybody for their support.	
9.	**View from the Bridge**	
	There was no representation from Family Nursing & Home Care therefore a report was not provided (apologies sent). **MIND** PT advised of a new initiative that has been introduced in response to the crisis which is to increase support to care homes. The service has offered Zoom calls to residents and it is hoped that this can be extended to more homes going forward in the long term. CL questioned whether this could be extended further to other sectors. RS stated that if this could be co-ordinated, it could work well. Currently trying to reduce the waiting list of young people in CAMHS and looking to start this work at the end of December/early January 2021. There has also been an increase in peer support. The Minister enquired whether the service has all the technology they require to take forward the above project. PT confirmed that they have the relevant equipment and explained the process. **Jersey Alzheimer's Association** SP commented that it has been a learning curve for most partnerships during these unprecedented times but it has also proved what people can achieve	

	during this period. There are positives in keeping in contact with people & it is hoped this will continue (after Covid). Face to face sessions had increased, however virtual sessions have now increased again. Previously monthly sessions were held, however this has now increased to twice a week which has been a great advantage. Currently approached different agencies and discussed items such as communication and how things can be improved or done differently in the future, which has provided valuable feedback. When circumstances improve or get back to business as usual the service would like to revisit the dementia strategy plan again as this will affect many islanders. RS commented that this was discussed at the Mental Health Improvement Board and three key themes were identified; Adult Mental Health improvement plan, CAMHS and the dementia strategy. CL confirmed that AM will take the lead on the dementia strategy and will link in with partners in the new year. There was no representation from Primary Care and therefore a report was not provided (apologies sent). **Jersey Hospice** GC advised that ER had resigned from Jersey Hospice last week. Some colleagues may have received letters to this effect. Day services continue to be suspended and patients are supported within the community. Whilst this service is suspended, the model of care delivery is being reviewed to assess whether it is fit for purpose and is being reviewed alongside the Jersey Care Model to see whether anything can be done differently. Also working with HCS colleagues in reviewing processes to try to avoid duplication and develop a leaner process. These models are being designed and discussions are in place regarding an island-wide lymphoedema service. GC has written an out of hours nursing proposal and now in discussions around this. The inpatient unit has been very busy & the service has struggled at times with staff shortages due to isolation requirements. GC advised currently in the process of recruiting to a Consultant post, a Doctor within the JGH has expressed an interest in specialising in palliative care. The JD is being written & exploring how this role could be supported across both HCS & JHC. It was felt beneficial if GC and RS meet regarding JHC and partnership discussions. ACTION: RS and GC to organise meeting.	**GC/RS**
10.	**Performance Report**	
	AC directed members through the report. Highlights include; The outpatient waiting list was recorded at 7,700 patients pre-COVID, however this has now exceeded 10,000. The outpatient referrals have not increased dramatically compared to previous years, which would indicate that it is not due to the demand being captured on the system. The PTL Group is currently	

	reviewing these numbers, prioritising urgent patients and ensuring that they have their appointment dates booked in advance. It was reported that some departments have seen an increase in patient waiting times due to not being able to see patients face to face, where as other departments such as Urology have been able to liaise with patients via virtual/telephone consultations which has decreased their patient waiting times. However, the elective waiting list has not had the same increase. 2,900 patients were recorded this time last year in comparison to 2,514 this year. There has not been the same type of movement through the outpatient waiting list and the processes and PTL have been different. For example, there is a 6-4-2 process whereby bookings are reviewed in advance. The Theatre timetable has also been changed which is having a big impact on certain specialties such as General Surgery. It was noted that there have been a low number of births in Maternity, 61 births were recorded in November 2020. This is being reviewed by the Maternity Task and Finish Group. There has been an increase in the new-to-follow up ratio indicating that for each patient that is referred, the service follows them up four times. This is believed to be due to a lot of core and check work that was being undertaken during COVID, in which patients needed a face to face consultation. As winter approaches, it was expected that the ED conversion rate would increase, however this has been recorded at 16-18%, which is more or less in line with last year. However there has been an increase in admissions and length of stay which has increased by 17% compared to last year. This is because we have AHD, which is a pathway for medical patients who are seen in an inpatient location, who are usually seen and returned home through an ambulatory pathway. Mental Health occupancy appears to be reducing in Orchard House and other patient locations. This is thought to be an error due to difficulties with the data & is undergoing further review. Talking Therapies has noted a 35% reduction in patients waiting. A lot more information regarding this service will be captured going forward such as how many patients are waiting at different steps. It was noted that complaints are responded to within 28 days, however there is a significant increase in September compared to August. It was clarified that it is reported two months in arrears to allow for the actual response to the complaint. This continues to be monitored. The Minister questioned whether the outpatient waiting times would continue to grow whilst we have COVID. AC clarified that this was not expected to be the case. There are additional Consultants expected to join the organisation next year which will have an impact on waiting times, however if the Outpatients Department needs to close due to COVID, this will lead to less patients being seen face to face. The Minister then enquired if a Doctor and a patient had been vaccinated against COVID whether this would make a difference to close contact services. AC commented that advice would need to be sought from the IPAC team and whether any necessary changes could be made. SP queried whether informatics from other departments such as Older Adult Mental Health has been captured or available. AC clarified that this information has not been included in this report. There is a conflict between systems used	

	in order to obtain this data, but going forward this should be rectified and the data will be captured. It was stated that JNAAS has been paused however it is hoped to be resumed post-COVID. Action plans are being continued with in terms of nursing assurance in all clinical areas. Developmental work is also underway with associations such as nursing staff at the Prison. PT enquired whether any data was kept on ethnic minority groups relating to Mental Health Services and whether this should be a part of the metrics. AC confirmed that this data can be pulled through if required, but is not usually used within standard reporting. PT felt this would be beneficial going forwards. RS commented that there is a need for island wide metrics and performance because we need to understand how all services are communicating with each other. It was felt that in 2021 partners should work together to develop what the framework may look like and how the data can be brought together as a collaborative data set, that all can understand and see where the shortfalls are within various services. RS was also concerned that some of the data may be compromised during a year in pandemic. The conversation rate in ED now appears to be slightly higher when compared previously and this had been quite static below 15%. This data needs to be reviewed and further analysed. Length of stay over 7 days indicates this has been significantly reduced compared to November 2019.	
11.	**Committee Report – Quality Performance & Risk Committee**	
	PA took the report as read and the following points of interest were expressed; The Maternity Task and Finish Group are delivering results and there has been significant improvements from the team. It was highlighted that there is a lot of work being undertaken regarding the highest risk around health & safety and management systems. It is hoped that the level of risk will reduce by Q1 2021. Serious incident themes and learning is being identified and improvements are being made. This has been a very busy year for Infection Control. There has been a much higher intake for the Flu vaccine this year compared to previous years. This consequently has seen a reduction in the amount of flu cases that would normally be seen this time of year.	
12.	**Committee Report – People & Organisational Development Committee**	
	SG took the report as read and highlights include; The first pod committee met since February. The group focused on risks that have been outstanding since earlier this year and going forward will review wider workforce prophesies and expect statutory reports to the board to be more comprehensive. It is also hoped that HR metrics will be available to show sickness, turnover figures in which a draft presentation is currently being worked on. CL commented that SG will be leading on the workforce plan in the new year. In which an update should be available to board members by the end of Q1.	
13.	**Financial Report**	
	MR presented the financial report and commented on the key points;	

	Year to date position excluding any COVID expenditure is currently 1.1 million underspend from the period January to October. Including COVID expenditure, it equates to a 10 million overspend, in respect of 11.1 million funding which is still anticipated to be approved this month. However still on target to break even and COVID expenditure will equate to 32 million. The efficiency target was 9 million and 1.5 million has been achieved this year. The Minister enquired whether all COVID costs are being covered and not impacting on HCS budget. MR confirmed there is nothing impacting on the budget at present and all business cases will be finalised this week and funding will be drawn down this month. The Minister also commented on the zero-based budgeting exercise and enquired about the findings. MR confirmed that a saving of 5.2 million is being reviewed by RS and CL which has been allocated for next year against the budget. The Minister requested if more details regarding this could be provided at the next meeting. ACTION: MR to provide more details regarding zero based 5.2 million saving for next year.	**MR**
14.	**Any Other Business**	
	There was no other business.	
15.	**Date of Next Meeting - TBC**	
	The date of the next meeting is to be confirmed.	
16.	**Meeting Closed**	

HEALTH AND COMMUNITY SERVICES BOARD - ACTION TRACKER

Meeting Date	Agenda Item	Action	Officer	Exec	By When	Progress report	Action Agreed	Action Closed Date	Status
07-Dec-20	**13**	M. Roach to provide more details regarding zero based savings for next year.	MR						**OPEN**
07-Dec-20	**9**	R. Sainsbury & G. Cadell to meet regarding JHC & partnership discussions.	RS/GC						**OPEN**
12-Oct-20	**9**	CL will request a review of SALT	CL			Update 7 Dec 2020 CL asked RN to action this. CL asked GW to link in with therapies re: SALT review.			**OPEN**
12-Oct-20	**9**	SL to link in with FNHC & provide support re: TEAMS	SL						**OPEN**
12-Oct-20	**3**	NDJ / AN to liaise to facilitate delivering servcie-user story to the junior doctors.	NDJ/AN			Update 7 Dec 2020 NDJ has liaised with AN & SV details have been communicated.			**OPEN**
14-Sep-20	**10a.**	Director Modernisation to provide CEO FNHC with map of current HCS workstreams.	HL	CL		Update 7 Dec 2020 EOC will contact BW to confirm whether this has happened. Update 12 Oct 2020 In BW absence IT WAS RESOLVED that CL would carry this action forward & discuss with BW next week.			**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			Update 7 Dec 2020 Await the outcome of conversation between RN & B. Sherrington. Update 12 Oct 2020 RN & EOC would discuss this outside the meeting. Up-Date 14 Sept 2020 EOC to provide an up-date at next meeting.			**OPEN**

QUALITY, PERFORMANCE AND RISK COMMITTEE REPORT

Author(s) and Sponsor	
Author(s):	Rose Naylor Chief Nurse
Sponsor:	Deputy Trevor Pointon
Date:	1st February 2021

Executive Summary

Purpose
The purpose of this paper is to provide the HCS Board with an update on the matters considered by the Quality, Performance and Risk Committee in the meeting which has taken place since the HCS Board last met. The date of this meeting was 13th January 2021.

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

Performance Report

Overall position
A significant decrease noted in activity across all HCS services during December: emergency department (ED) attendances, emergency admissions, elective admissions & day cases. The number of referrals received across both physical & mental health have decreased. Consequently, there has been an impact upon waiting lists; the elective list has increased but is mitigated by continuing to manage urgent / soon patients. The validation piece of work continues & the outpatient waiting list had decreased by December to below 10,000. The patient tracking list (PTL) meetings are ensuring that urgent / soon patients are prioritised & patient level detail is reviewed.

Maternity
The number of deliveries has remained consistent and activity is reviewed regularly by the Women and Children (WACS) leadership team and monitored through the Task and Finish meetings with Executive oversight.

Outpatients
Due to less face-to-face & more telephone consultations, increases are noted in the percentage of patients who are waiting more than 90 days for first appointment. The Did Not Attend (DNA) rate has improved. The new to follow up ratio was reported as having increased last month (1:6) but this was due to the reporting of test & trace as out-patient activity i.e. all testing was recorded as a follow up appointment. This Public Health data has now been excluded & the new to follow up ratio has increased only very slightly from previous.

Emergency Department
Consistent in terms of triage performance. The conversion rate has increased to 20%. This increase is accepted as a normal variation but if compared to the same time period last year, it is 4% higher (with a lower denominator due to decreased activity).

Hospital Length of stay
Length of stay (LOS) has increased from 4-5 days to 7.1 days. The number of bed days greater than 7 shows a significant increase from November to December. This is in-line with last year except that occupancy (10%) & admissions are lower than last year. Therefore, this data is demonstrating that patients are staying in hospital for longer.

Mental Health
Admissions have remained consistent over the last 3 months. Occupancy & length of stay are consistent. Length of stay can vary in Mental Health Services (longer period of admission for some patients).

The Jersey Talking Therapies (JTT) data has now been separated. A significant improvement noted in those who are waiting for their first assessment (692 decreased to 78 by end-Dec 2020). Following the first assessment, patients follow a treatment pathway & 702 patients were awaiting treatment end-Dec 2019, which has now decreased to 110.

Service Improvement – Maternity & Task Finish Group – paper presented

An update was provided to give assurance of the pace and focus of the work in Maternity. The Head of Midwifery gave an update on progress including:

- A local review of the Ockenden Report published Dec 2020 to ensure appropriate learning for Jersey
- Update on guideline review and development
- Clinical audit activity
- Quality improvement activity
- Incidents and investigations – learning
- Patient experience
- Update on work with Team Jersey within the Care Group

Regulation of Care Monthly update - SITREP report presented

An update was provided on the progress towards registration of several care areas, predominately within the community services portfolio of Learning Disability and Mental Health Services. Challenges remain in three sites relating to the physical environment. We are continuing to work with the Jersey Care Commission on these issues and each area of service has a full plan of work and timeline.

Risk Register monthly report – presented

An update on the risk register was provided. The risk register will be reviewed in detail again at the Operational meeting which starts meeting this month. Executive oversight and challenge will happen in the Care Group Performance Reviews restarting this month.

Policy and Procedure Ratifying Group Terms of Reference
A draft terms of reference was circulated to members ahead of the meeting for their comment, TOR will be represented for agreement at the next meeting of this Committee.

Datix incident report Q4 2020 – Q4 paper presented.

Reporting of incidents remains constant though a minor decrease noted in the last quarter. Improvement noted in the completion of investigations into incidents and closure within policy timeframes.

24 safety alerts issued in the last quarter of 2020 and actioned in line with policy.

Key focus for discussion related to demonstration of learning, supporting staff to report incidents, and the flow of quality and safety information from the Care Group Reviews into this Committee to further strengthen ward to Board line of sight.

Health and Safety report Q4 2020 – Q4 paper presented.

Paper provided an update on health and safety risks currently on HCS risk register: no new risks added and three of the risks which were COVID related have reduced in their risk rating as a result of further work.

Areas covered in the report included:

- Health and safety dashboard.
- Health and safety training update, demonstrating the negative impact throughout 2020 as a result of COVID as much of the training is practical 'hands on' training.
- An update on display screen equipment training.
- HCS performance against the H+S reportable measures.

Infection prevention and control (IPAC) report Q4 2020 – Q4 paper presented.

Key points included:

- COVID vaccination programme commenced in December 2020
- Workforce COVID testing programme continues with weekly routine testing for front facing HCS staff and non-patient facing staff fortnightly
- Regular programme of IPAC audits continue across clinical areas
- Flu vaccination programme – circa 30,000 delivered in Primary Care and circa 1850 delivered in HCS with highest uptake this year amongst consultants 100%

Information Governance report Q4 2020 - Q4 paper provided

The Committee noted the report and the growing increase year on year of FOI requests and disclosure requests coming into the department. A total of FOI requests sitting at 114 in 2019 increasing to 203 in 2020. For disclosure requests, 335 in 2019 rising to 430 in 2020.

Estates report – update current position presented

Key areas of focus,

- 30 maintenance backlog projects have been completed with 9 feasibility projects to enable 2021 work to progress
- Update on plans for work to start this year, including the maternity project
- Update on the relevant risks on the register which relate to engineering risks
- Reduction in hot water risks in the hospital as a result of mitigation work
- Impact of regulation of care in relation to buildings
- Space for training and education is becoming limited on the JGH site
- Engineering team delivered 25,000 work requisitions during 2020

Mental Health improvement plan report Q4 2020 – paper presented

A general update was given which recognised the huge amount of work achieved by the team and partners especially in the context of COVID and with the integration of Mental Health and Adult Social Care Groups during 2020. New pathways have been created and collaborative working has improved the model of care delivered.

Of note,

- Crisis response team including community triage in place, new team developing capacity as staff join the team.
- JTT no waiting list for step 2 services
- Partnership working arrangements in place for step 2 with Listening Lounge, Recovery College, MIND and Liberate.
- Digital directory of services "Hub of Hope" app in development
- Drug and Alcohol services moved to Maison Le Pape
- Work completed at Le Chasse

Next steps are to do a detailed review of the MHIP to reflect the integration of mental health and social care and the interface with the Jersey Care Model. **Key Issues to Note –** no matters identified at the January QPR 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	
PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE REPORT	
Author(s) and Sponsor	
Author(s):	Steve Graham – Human Resources Director
Sponsor:	
Date:	January 2021
Executive Summary	

Purpose:
The purpose of the paper is to provide the HCS Board with an overview and update of work undertaken since the last POD Committee meeting which took place on Wednesday 27th January 2021.

Narrative:
POD Committee action tracker
A review of the action tracker has taken place which allowed for the closure of several action points. The tracker now contains only current actions.

Risk register
The risk register was discussed and focussed on four key high score risks dealing with Brexit, Limited HR Resource (specifically in the People Hub), Recruitment to the temporary workforce and the issue of DBS checks. The POD Committee was assured all risks are captured correctly and have mitigation in place.
A further discussion took place concerning safe well being and the Committee agreed to consider this a risk that needs to be entered on the risk register.

HR Metrics
POD was shown the current workforce dashboard and advised that work continues to make the dashboard more informative and useful at a team level.
A discussion took place on the information shared around the key indicators available.
Reports on diversity data and professional registration data are also underway.
The expectation is that this degree of reporting will be in place by April 2021.

Team Jersey
POD received a paper from the Director of Improvement and Innovation providing a summary on Team Jersey showing the current offering from Team Jersey and the interventions associated with HCS.
The Committee discussed the lack of visibility of TJ and other L&D opportunities within HCS and how this might be addressed.

Well Being (including Committee update)
The committee did not meet this month, however Cheryl Power (Associate Chief for Allied Health Professionals) provided an update to POD on the main wellbeing issues. There was then a discussion on the impact of the wellbeing offering, and the culture of HCS and its impact on wellbeing.

The well being offering will continue to develop and extend to beyond physical and mental health.

Strategic Workforce Planning
POD was advised on the plans to commence strategic workforce planning within HCS. Whilst this is a central tool it is relevant to HCS. It was proposed that Maternity and Pharmacy teams are the two teams within HCS that pilot this approach.

Organisation Development
POD was advised of the main OD activity in GoJ. A discussion then took place about the visibility of this work across HCS, and consequently HCS engagement with the offering. Work will continue to share this across the department.

Key Worker Accommodation
The Chief Nurse presented a paper to POD on the key worker accommodation work underway in HCS, the paper presented an overview of the current situation and highlighted the key risks. There will be a quarterly report presented to POD on this issue and the ongoing impact on staff within HCS.

Advanced Clinical Practitioner
The Associate Chief Nurse presented a paper to POD outlining the introduction of Clinical Practitioners across the department. This was well received by POD and supports the development of the Jersey Care Model and the strategic workforce planning.

POD terms of reference
POD discussed the draft terms of reference and raised several queries that will be answered before sign off.

Key Issues to Note –
There are no issues to escalate to the Board
Two additional risks will be added to the risk register, namely Key Worker Accommodation and Health and Safety issues

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

Health and Community Services

Committee Report

Exemption: Policy under development

Guidance on completing this report	• Complete all parts of the report template • Ensure issues are described succinctly • Limit the report to no more than 3 pages • Attach any additional relevant information as appendices • All reports to be provided 5 working days before the meeting

Report to:	Health and Community Services (HCS) Board
Date of meeting:	1 February 2020
Title of paper:	HCS Board Committee Restructure
Report author:	Emma O'Connor (Interim Board Secretary)

1. Purpose

What is the purpose of this report?	For approval.
What is being asked/recommended to do/decide?	To approve the proposal to reshape the HCS Board Committee structure and reporting cycle. 1. The Quality, Performance & Risk Committee becomes the *Quality & Risk Committee.* 2. The Finance & Modernisation Committee becomes the *Operations, Performance & Finance Committee.* 3. The People & Organisational Development Committee remains unchanged. 4. The meetings will be held according to a 5-weekly cycle (10 x meetings / year). The Director General & the Executive Directors have considered this proposal.

2. Background

Why is this matter being brought?	The purpose of the Quality, Performance & Risk Committee is to enable the Board to obtain assurance that there are effective arrangements for monitoring & continually improving the quality of care provided to or commissioned on behalf of service-users. In this context, performance is scrutinised in relation to quality. The Board also needs assurance in relation to operational performance; that resources are invested in a way that delivers optimal health outcomes & public money is spent in a way that is efficient & effective.

Which assurance committee[i] or subordinate committee has this been to and were there comments / recommendations to consider?	The restructure has been discussed at the HCS Senior Leadership Team meeting.

3. Key Issues

What are the key issues to be aware of?	• The annual review of the Terms of Reference for all the Committees will include the respective changes to purpose, responsibilities and membership (subject to Board approval). • All amendments will be presented to the Board for approval at the following meeting (8 March 2021).
How does this matter relate to HCS objectives?	Patient safety, patient experience and effectiveness of service must be an assured process in an organisation.

4. Quality and Safety implications

Are there any quality or safety implications?	No.

5. Resource and Performance implications

Are there any financial, staffing or performance implications?	No. The membership of each Committee has been carefully considered within the Terms of Reference review.
Has any proposed expenditure been reviewed by Finance?	N/A

6. Risk implications

Are there any associated risks?	That quality performance or operational performance is considered and / or prioritised to the detriment of the other.
What mitigations are being put in place?	In liaison with the Operations, Performance and Finance Committee, the Quality and Risk Committee will; 1. Obtain assurance that Quality Impact Assessments are completed for proposals for cost improvement programmes and other significant service changes and that the assessment of their impact on the HCS quality of care determines whether to proceed with implementation. 2. Work with the Operations, Performance and Finance Committee to ensure that the availability of resources does not adversely impact upon the quality of services and/or quality of care.

9. Appendices: Appendix 1 HCS Governance Chart

HEALTH AND COMMUNITY SERVICES (HCS) GOVERNANCE CHART

HEALTH AND COMMUNITY SERVICES BOARD

Set Strategy - Shape Culture - Assure Delivery - Oversight of Risk

Quality and Risk Committee

5 Weekly (Week 2)

Operations, Performance and Finance Committee

5 Weekly (Week 3)

People and Organisational Development

5 Weekly (Week 4)

Care Group Executive Reviews

5 Weekly (Week 1)

DRAFT

1 Purpose of the Board and its Committees

1.1 The Board

The purpose of HCS Board is to govern effectively and in doing so build public and stakeholder confidence that the healthcare system in Jersey is in safe hands. This fundamental accountability is delivered by building confidence in the quality and safety of all HCS services, that resources are invested to deliver optimal health outcomes, in the accessibility and responsiveness of HCS services, that the public can effectively shape health services to meet their needs and that public money is spent in a way that is efficient and effective.

1.2 Quality & Risk Committee

To provide assurance to the HCS Board that robust governance structures are in place to monitor, manage and improve all aspects of quality & risk: ensuring oversight of an effective system for delivering a high-quality experience for all service-users with a focus on involvement and engagement for the purposes of learning and making improvement.

1.3 Operations, Performance & Finance Committee

To provide assurance to the HCS Board that systems and procedures are in place to monitor, manage and improve overall performance, to consider financial matters, to consider the Corporate Plan and business cases, to support the development of performance management systems and reporting, to promote efficiency, productivity and ensure best value is achieved from resource allocation, and to assume oversight for service continuity issues

1.4 People and Organisational Development Committee

To support and maintain a culture within the HCS where the delivery of the highest possible standard of people management is understood to be the responsibility of everyone working within the organisation and is built upon partnership and collaboration. Ensuring that robust arrangements to implement people governance are in place and are monitored so that staff are well informed, appropriately trained and developed, involved in decisions, treated fairly and consistently, with dignity and respect, in an environment where diversity is valued and provided with a continually improving and safe working environment, promoting the health and wellbeing of staff, service-users and the wider community.

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