Government of Jersey – Health and Community Services

HCS Board

Health and Community Services Board

8 November 2021 14:30 - 8 November 2021 17:00

AGENDA

#	Description	Owner	Time
1	Welcome and Apologies Verbal	Chair	2:30pm
2	Declarations of Interest Verbal	Chair	
3	Professional's Story: Baby Friendly Iniative (BFI) Accreditation Verbal Presentation	Sarah Keating	2:35pm
4	Minutes of the previous meeting Minutes of 9th August 2021 ITEM 4. HCS Board Minutes 09082021.docx 7	Chair	2:45pm
5	Matters Arising and Action Log Verbal / Paper ITEM 5. Action Tracker 09082021 - Board Version.x... 19	Chair	2:50pm
6	Chair's Report Verbal	Chair	2:55pm
7	Director General's Report Paper - To Follow	Director General	3:05pm
8	Intergrated Performance Report September 2021 Presentation	Head of Informatics / Group Managing Director	3:15pm

#	Description	Owner	Time
9	View from the Bridge •Family Nursing and Home Care •Jersey Hospice Care •MIND Jersey •Dementia Jersey •General Practice • Brighter Futures ITEM 9a. Brighter Futures Report.docx 21 ITEM 9b. Dementia Jersey Report.docx 23 ITEM 9c. Mind Jersey Nov 2021.docx 25 ITEM 9d. FNHC Report.docx 27	Partner Organisations	3:35pm
10	Winter Planning Presentation	Group Managing Director	4:00pm
11	Finance Report September 2021 Paper ITEM 11. Finance Report .docx 29	Head of Finance HCS / Assistant Minister	4:15pm
12	Committee Report: Quality and Risk Assurance Paper ITEM 12. QR Assurance Committee Report.docx 31	Committee Chair / Chief Nurse	4:25pm
13	Committee Report: Operations, Performance and Finance Assurance Paper ITEM 13. OPF assurance Committee Report Q3 20... 37	Committee Chair / Director Innovation and Improvement	4:35pm
14	Committee Report: People and Organisational Development Assurance ITEM 14. POD Assurance Committee Report Q3 20... 41	Associate Director of People HCS	4:45pm
15	Any Other Business Verbal	Chair	4:55pm
16	Date of Next Meeting To be confirmed		
17	Meeting Closed		5:00pm

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Health and Community Services Board Meeting Notes

Date: 9th August 2021	**Time:** 2:30pm-5:00pm	**Venue:** Main Hall, St Pauls Centre, Dumaresq Street, St Helier, Jersey.

Board Members Present:		
Richard Renouf (Chair)	Minister for Health and Social Services (HSS)	RR
Trevor Pointon	Assistant Minister for HSS / Chair of the Quality and Risk Assurance Committee	TP
Hugh Raymond	Assistant Minister for HSS / Chair of the Operations, Performance and Finance Assurance Committee	HR
Caroline Landon	Director General HCS	CL
Patrick Armstrong	Group Medical Director HCS	PA
Rose Naylor	Chief Nurse	RN
Steve Graham	Associate Director of People HCS	SG
Jo Poynter	Associate Director of Improvement and Innovation (deputising for Anuschka Muller, Director of Improvement and Innovation)	JP
Michelle Roach	Head of Finance Business Partnering HCS	MR
Adrian Noon	Associate Medical Director for Primary, Prevention & Intermediate Care	AN
Bronwen Whittaker	Outgoing CEO Family Nursing and Home Care (FNHC)	BW
Rosemarie Finlay	Incoming CEO FNHC	RF
Fiona Brennan	CEO Brighter Futures	FB
Mike Palfreman	CEO Jersey Hospice Care	MP
Gail Caddell	Director for Clinical Strategy Jersey Hospice Care	GC
Louise Ogilvie	Family & Care & Peer Support Manage deputising for Patricia Tumelty, CEO Mind Jersey	LO
(jointly referred to as the "Board")		
In Attendance:		
Danielle Colback	Board Secretary	DC
Mark Richardson	Ministerial Support	MR
Beverley Edwards	Head of Informatics HCS	BE
Hilary Lucas	Project Manager HCS	HL
Chloe Vidler	Communications	CV

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

Item no.	Agenda item	Action
1	**Welcome and Apologies**	
	RR opened the meeting & welcomed everyone, particularly those attending the HCS Board for the first time: Rosemarie Finlay, Louise Ogilvie & Mike Palfreman. This was the first of the quarterly meetings (following the decision to reduce the frequency at the last meeting). RR reminded everyone that the meeting was being filmed & it was agreed that masks could be removed when speaking if individuals felt comfortable to do so. **Apologies were received from:**	

Robert Sainsbury	Group Managing Director HCS	RS
Anuschka Muller	Director Improvement and Innovation	AM
Martyn White	Head of Communication HCS	MWh
Patricia Tumelty	CEO Mind Jersey	PT
Matthew Doyle	General Practitioner	MD
Emma O'Connor	Interim Board Secretary	EOC
Claudine Snape	CEO Dementia Jersey	CS
Ruth Brunton	Former CEO Brighter Futures	RB
Nicola De Jesus	Patient Experience Manager	NDJ

	Isabel Watson	Associate Group Managing Director Adult Social Care & Mental Health Service	IW		

2.	**Declarations of Interest**	
	No declarations	
3.	**Minutes of Previous Meeting**	
	The minutes of the previous meeting held on 12th April 2021 were agreed as an accurate reflection.	
4.	**Matters Arising and Action Tracker**	
a.	**CL will request a review of Speech & Language Therapy (SALT)** RN advised that this action specifically related to Paediatric SALT. A review was undertaken at the beginning of this year & a paper was presented to the Quality & Risk Assurance Committee April 2021 which detailed the impact of COVID on the waiting times in this area & the action plan to address this. Detail of this has been included in the Quality & Risk Assurance Committee Report (Item 10). An update on recovery plan progress is expected to be presented at this Committee 25th August 2021. Agreement to **CLOSE**.	
b.	**Informatics to link in with FNHC & provide support re: TEAMS** BW advised that the position has improved but not resolved. CL recommended that the action remains open & this is progressed through contract negotiations.	
5.	**Integrated Performance Report (IPR)**	
	RR asked the Committee to note that the Performance Report will feature regularly on the HCS Board agenda. The report will be published enabling members of the public to see, • how quality & performance is monitored across HCS, • any areas of pressure • action plans to improve performance. RR thanked everyone involved for their contributions to this report & noted that this reflects a cultural change within HCS since RR's appointment as Minister for Health & Social Services. HCS now collects a large amount of data to measure the quality & responsiveness of HCS services. HCS is a complex organisation with a wide scope of services & at any point, these services can experience pressures & struggle to maintain high standards of care, quality & performance. Some of the indicators in the report may be red / amber but this need not create alarm around failing services, rather it demonstrates openness & transparency by highlighting the pressures faced. These pressures could be due to internal and / or external factors. This will also provide assurance to the Board by demonstrating the action taken to manage & reduce any risks. Reflecting on his opening speech at the inaugural meeting of the HCS Board, RR noted the creation of a culture of openness & candour with an eagerness to learn & improve. CL advised that the HCS Quality & Performance Report has been shared with the HCS Board since the inaugural meeting in 2019 & thanked the Board & respective Assurance Committees for the continuing development of the report & the indicators which demonstrates how care is delivered to Islanders. Due to the different systems used within HCS (electronic & paper), data quality challenges will continue. However, CL confident that the data quality is the best that it has ever been. HL guided HCS Board members through the report. Regarding the Emergency Department (ED) *15-minute time to triage* indicator (p. 30 of the BoardPack), CL understood that this could be attributed to Covid presentations. HL responded that this is the case, but adaptations made to the ED model of delivery also contribute. On review with the ED team, it has been highlighted that there have been some recording issues & performance is therefore understated. The informatics team are working with General Manager for Medical Services to ensure data accuracy moving forward. Following the on-call week, CL thanked AN for the work of ED colleagues. CL suggested that this increased number of presentations may have impacted upon the *time to triage*. Referencing winter planning, CL asked if the 2021 plan was system-wide or limited to HCS. HL confirmed this year's ambition is system-wide planning with broader conversations currently	

taking place. CL suggested this was something for partners to consider, rather than the creation of silos by healthcare providers producing separate plans.

As part for the Community Bronze Cell, GC feels that this forum is ideally placed to develop & support winter planning. BW also noted that as the 24-hour nursing service expands, this will have a positive impact.

CL sought clarity regarding the Mental Health (MH) data & understood that this was impacted by Children & Adolescent Mental Health Service (CAMHS). HL confirmed this was correct & following discussions with the HCS Head of Informatics, BE, anticipating the MH patient tracking list (PTL) in October 2021. RR asked if this means two separate PTLs: Adult Mental Health & CAMHS. TP responded that currently trying to align the format & method of data collection for CAMHS (CYPES) with Adult Mental Health Services.

RR noted the red indicator for *adult cute admissions patients < 18 years,* TP advised that he understood this was related to one individual & alternatives were being explored.

Regarding *% patients waiting > 90 days for 1st appointment,* RR asked what the standard is? BE clarified that anything over 35% is a red indicator & anything below 25% is green. CL advised that an ongoing challenge within the outpatient departments is compliance with social distancing measures as this limits the number of individuals that can be seen in each clinic. Alternative scenarios are being explored with the Infection Prevention & Control Team (IPAC) as to how clinic capacity can be increased. CL also noted there are continuing validation issues. HL advised that the Group Managing Director has been done some of the initial work to enhance the PTL reviews & scrutiny with the Care Group leaders. Over the last month, episodes of care have been identified that have not been closed (when they should have been), therefore this is reflected as an overstatement of the true position within the PTL. Further meetings are taking place to resolve this. This is a clinically led process owned by the Consultants who are working collaboratively with the general managers to resolve the data quality issues.

For clarification, HL explained that the PTL captures all patients within the waiting lists & is presented by speciality, length of wait & category of urgency. HL described that within the weekly outpatient PTL review meetings, it is ensured that all *urgent / soon* patients are given a date.

RR noted from the report that the *average time in ED* is good, but the indicator is red for the *total patients in department > 10 hours.* Following discussions with the relevant clinical team, it is believed this position is overstated due to the reporting within Trakcare, however, this group of patients are impacted by delays in other care pathways (at times outside the control of HCS). CL noted this is also related to the management of Covid patients i.e., remain in the ED for an extended period to avoid admission. CL noted that the *ED conversion rate* (amount of people admitted to hospital from the ED) is in a much more favourable position than the UK.

CL encouraged challenge from HCS Board members, particularly regarding red indicators that have remained red for a sustained period & what is the HCS plan for recovering these (for example *caesarean section rates)*. However, currently most of the red indicators are Covid related. RR invited further questions from Board members.

Regarding Older Adult Acute *bed occupancy,* LO noted that this indicator was very high & asked if there was any reason for this. RN responded that fluctuations have been seen across bed occupancy within inpatient mental health services as trying to manage the total inpatient provision as one service rather than as specific wards. This indicator represents some of the pressures due to Covid in addition to the whole of the mental health service being challenged. However, no rationale to support this indicator. Where possible, HCS tries to maintain 85% bed occupancy & this is supported by regular meetings reviewing patient flow, support across the whole system & how people in the wider community are supported. CL advised additional information regarding this indicator would be requested from RS & IW.

GC suggested that it would be useful to understand of those patents that do not require hospital admission, how many of these are frail / elderly & how many are at end of life – thus providing community services with greater understanding. CL noted that the *rate of emergency readmission* is high but the *% discharges before midday* is low & *bed occupancy* is low. This suggests that HCS is not discharging people too soon but raises the questions as to why the need for readmission arises. Is this connected to healthcare provision external to HCS or is it an issue around discharge, requiring discussions with general practice / community providers. CL asked HL to review this further. GC suggested a group to interrogate & drill down further as there

	are key questions arising from the data & CL agreed, noting this highlights a gap between HCS & its partners that could be addressed through collaborative working. This was welcomed by BW & RR to ensure that people are equipped to live independently & manage their health condition in the community without having to be readmitted. BW noted this links to the emergency admissions & is there anything that can be done to prevent admissions in the first instance? CL noted that the *ED conversion rate* suggests that the admissions are appropriate & this raises the question as to what preparations are made by the wards for patient discharge. GC noted that work is required around the discharge process & how we get this right for both patients & providers, recognising that this will also facilitate patients being cared for at home & help to prevent readmission. CL asked the Improvement & Innovation team to review these comments with partners to gain a greater understanding of what this data is telling us. RF noted the *tooth extraction for patients <18* is a year-to-date total of 39 against a target of 25 & more prevention work could reduce this significantly (p. 28 of the report). PA states that this indicator reflects the work that needs to be done regarding prevention. The reason for these extractions is late presentation; those children who have not had access to good dental care through their lives. The piece of work commissioned by the Minister for Health & Social Services to review dental services across the system, rather than just hospital provision, will be key to ensuring that all children have access to dental care. RR noted this is an ambition reflected in the GOJ plan. The Board **agreed** to accept this report for publication.	
6.	**Committee Report – Operations, Performance and Finance**	
	JP presented the paper (see BoardPack) & verbally summarised all the key points detailed in the paper. RR asked when the Emergency Preparedness Resilience & Response (EPRR) group was established. JP responded that the EPRR group is a GOJ wide initiative established to ensure that the Island is prepared to manage any emergency (not just COVID-19 & includes all events that could impact upon emergency & health services i.e., capacity of services to respond. CL noted from the IPR that complaints management could be improved & asked JP for a progress up-date on the work around Patient Liaison & Advisory Service (PALS) to improve the responsiveness of the service. JP advised the review has taken place & the recommendations have been passed to the Chief Nurse. This work needs to be aligned with the GOJ strategy regarding customer experience. CL asked if patients have been involved in the development of this service. JP advised that the Improvement & Innovation Team have undertaken awareness training regarding co-production & codesign: each piece of work now starts with the service-user. RN confirmed that the data regarding patient experience is presented monthly at the Quality & Risk Assurance Committee. Report noted.	
7.	**View from the Bridge (Partner Organisations)**	
	MIND Jersey LO highlighted the following, • A peer support service has been introduced for older adults (over age of 65 years) & a perinatal service for parents with children under 5 years. • Family & carer service: Visiting each department to review the Triangle of Care (model of carer inclusion & support in mental health services). Working with Older Adults & Adult Mental Health Services to maintain this therapeutic alliance between service users, staff, families & carers. Monthly meetings are in place to communicate areas of risk & facilitate discussion where cases are complex. • Connecting with Hope Conference: Due to take place on October 8th, 2021 in partnership with Jersey Recovery College. There will be presentations from individuals who have accessed the service with lived experience of Mental Health & a session in the afternoon to explore how services for Mental health can be improved. RR thanked LO & invited questions. **Family Nursing & Home Care (FNHC)** BW highlighted,	

- This will be the last time BW attends the HCS Board as CEO for FNHC.
- A review of the FNHC 5-year strategy (2019-2023) has been undertaken & delivered approximately 85% to-date. One of the ambitions of the incoming CEO, Rosemarie Finlay, is to review this further.
- The 24-hour Community Nursing service which began 1st April 2021 continues to develop. Positive relationships have been built with Jersey Doctors On-Call (JDOC) & aiming to expand the service to include Jersey Hospice Care (JHC), District Nursing (DN) & Rapid Response & Reablement (RRR). This expansion has been delayed by recruitment; of the 2.8 whole time equivalent (WTE) posts, 2.0 have successfully been recruited to but there has been a lack of interest in the 0.8 which was not expected (this is senior grade post with good opportunity for career development).
- Working with the HCS Improvement & Innovation Team regarding the Commissioning Strategy & the Intermediate Care Strategy. One of the ambitions for the latter part of 2021 is to develop a framework to incorporate service engagement & service-user feedback & how this can feed into the Jersey Care Model (JCM).

RR thanked BW & invited questions.

GC suggested it would be useful to link together regarding service-user feedback enabling a view of community services as a whole rather than discreet elements: this was welcomed by BW.

RN thanked BW & asked in terms of pressure experienced within Health Visiting (HV) services (referred to at previous HCS Board meetings), is there an up-dated position, specifically regarding children? BW responded that two of the four vacant posts have been recruited to. There is a currently a shortage of School Nurses / HV / District Nurses in the UK & staff are being recruited into development posts with a view to offer training in Jersey from next year. BW reported that the pressures are alleviating but the issue with recruiting qualified HV's continues. Regarding the impact of COVID on new parents, RN asked if face-to-face contacts have been able to recommence? Working with the Institute of HV & using the lessons learned from Covid wave 1 & 2, BW responded that FNHC are continuing to explore how services are best delivered. Space & capacity continues to be a pressure when complying with social distancing requirements when planning clinics. For example, parenting programmes continue to be delivered virtually as well as face-to-face. A retrospective exercise has been carried out to ensure that every family has received two visits during the first year as mindful of the increased safeguarding need because of Covid. Delivery of the Healthy Child Programme has resulted in more families moving to the enhanced level which puts additional pressures on the service with families require more intervention.

Brighter Futures (BF)
FB highlighted,

- BF remains very busy. For the first time in BF's history, a waiting list is now in place (since June 2021), operating according to a *one out – one in* model. Currently there are 167 active families, with 13 families on the waiting list. The list is moving quickly as seen around this time of year - parents are entering employment & children are starting Nursery.
- Based on this, continuing to deliver a higher number of programmes & throughout the summer holidays, many more programmes than normal have been offered. These programmes include mindfulness, massage, relaxation programs, child development programs, a respite creche, one-to-one sessions & Dad's club. The delivery of these additional programmes is due to the kindness & generosity of the BF team who are working extra hours.
- The groups for September 2021 are being reviewed as these are already full.
- Over 50% of referrals are received from FNHC. In addition, there has been a rise in self-referrals, likely due to raising awareness of the service & individuals feeling confident that support will be received at point of access with allocation of a key worker designing a specific program based on need.
- A key focus of work over the past 3-6 months has been communication difficulties with children. This has been linked to Speech & Language (SALT) & the challenges experienced by this department. BF offer a welcome screening programme & there has been a significant increase in children requiring support with communication & communication development. The Time to Talk programme has been specifically developed as a small group to support children with their parents, enabling the learning to continue in the home to work on those areas of need. This programme was a

workstream of the child development programme, but this will now continue as a stand-alone programme in September due to the increased level of need.

RR thanked FB & commented it was impressive to see how BF was developing services to meet need, whilst acknowledging it must have been a difficult decision for BF to start waiting lists.

GC asked if the communication issues are directly linked to social isolation. FB responded that there is a direct linkage here & due to the impact of Covid upon the SALT service, BF had to provide a much higher level of service in this area when SALT service could not be accessed at the time of need. Recognising the SALT service provision is improving, FB advised that the service provided by BF helped to bridge the gap in service that existed at the time.

GC described the personal experience of a family member in the UK & the difficulties encountered in being able to access services following the birth of a baby. BW advised that HV service in Jersey continued but prioritised those with higher levels of need. FB highlighted that it was due to the recognition of higher levels of need by FNHC, that resulted in the referrals to BF.

Also referring to the personal experience of a family member, RN highlighted the fantastic service received from both FNHC & BF during Covid. RN also noted the positive feedback in support of BF, particularly over the past year. FB thanked RN & will feed this back to the BF team.

CL commented that BF is a fantastic gateway / early intervention service, especially in view of the Jersey Care Model (JCM) & how the service supports HCS through its prevention work. CL referred to previous discussions with Ruth Brunton (previous CEO) regarding the BF agenda & the positive impact within the community.

Jersey Hospice Care (JHC)

- GC advised that she will be remaining with JHC & in a role that will now be concerned with exploring how palliative care service are delivered across the Island; integrating care delivery within the community & HCS to support the JCM. GC highlighted the positive working relationship with J. Poynter & the development of the end-of-life care partnership group to bring all stakeholders (primary care / secondary care / voluntary sector) together. Following the development & ratification of the strategy, agreed pathways will then be developed. The focus must be the provision of the right care at the right time & with the introduction of 24-hour nursing, there is a real opportunity to develop this.
- GC welcomed & introduced Mike Palfreman to HCS Board members & proposed that update reports on the work described will be provided to MP for the HCS Board.
- MP introduced himself to Board members as the new CEO for JHC (3rd week in post). With a finance background, MP advised he was worked within the voluntary sector for approximately 28 years, the last ten of which as the CEO for Haven House, Children's Hospice (London).
- MP noted his excitement at the opportunity to come to Jersey, reporting that JHC has a fabulous reputation within the local community & its hugely committed staff. First impressions have confirmed this.
- Four priorities of work have been determined,

  1. Working with & supporting GC with the work described above.
  2. Long term financial sustainability: like any charity, there is a need to ensure that JHC is sustainable for the long-term. Will be looking clearly at how fundraising & other income generating opportunities can be maximised, whilst ensure movement towards an appropriate balance between other income & statutory income.
  3. Reviewing how the service can be extended to Children / Young People. This review includes the estate & if a building is required then this needs to be appropriate to the level of need & explore further opportunities beyond those children / young people with life limiting disease.
  4. Collaborative working.

RR thanked MP & further reflected on how positive it is to see community providers working together & with HCS to ensure that healthcare is not delivered in silos across the Island. RR celebrated this as an outcome of the HCS Board, which provides an opportunity to come together to discuss these matters. RR invited questions.

8.	Committee Report – People and Organisational Development Assurance Committee	
	RR invited Steve Graham, Associate Director of People HCS, to present this item. SG verbally summarised the detail in the paper. In addition, • SG highlighted that the recently received reports coming through from the Care Group Performance Reviews (CGPR) detail important information for the Committee as to how the Care Groups are managing the workforce & workforce issues. Access & use of workforce data now facilitates a greater understanding regarding the workforce. • Regarding the additional risk identified in relation to the Junior Doctors Contract, SG advised this must be resolved by the end 2021. There is as an action plan supported by regular meetings to ensure this is delivered. Highlighting the continuing interest in HCS staffing levels & vacancy rate, RR asked for the data that supports the improving position & how this improvement has been achieved. SG responded that this is multifaceted. At the end of July 2021, 199 vacancies were recorded, approximately 8% which is in-line with Government of Jersey (GOJ) overall. This is favourable when compared to the NHS which has a vacancy rate between 7.5% to over 10%. SG explained that 40 people have left HCS in the three months, but 59 people have been recruited. This pattern has repeated over the last six months, so effectively, HCS is gaining more staff than it is losing. This results in an improved vacancy rate which in turn, has a positive impact upon the workforce. The number of substantive posts has increased month-on-month this year: this is a combination of new starters & conversion of fixed term to permanent contracts. One of the workforce issues has been the number of people on fixed term contracts which is unstable for individuals. There are areas in HCS with higher vacancy rates, for example, Theatres. SG explained that currently in discussion with NHS Professionals regarding an innovative solution where their UK bank will be utilised to supply HCS with Theatre nurses on a fixed term contract basis. Social media campaigns continue & one has taken place for Radiology. Different ways to approach this are being explored. As an example, SG highlighted that HCS jobs are advertised on the GOJ website but healthcare workers in the UK are unlikely to recognise this as a website to look for jobs. HCS turnover rate is good at 7%: if retirement / dismissals were excluded this improves to 6%. HCS is in a stable position although it is recognised that there are vacancies within areas: the overall position is good. RR thanked SG & noted this was encouraging to hear. RR requested a further detail regarding BeHeard, specifically how staff are being asked to contribute & how connection / communication with staff is improved. SG explained that Anne Robson (Head of Culture & Engagement) has been asked to lead this large of piece of work within HCS. Focus groups are taking place which staff are invited to review & comment on their departmental results. The intention is hold these throughout August / September 2021 & explore ideas as to how HCS can respond to the survey results. SG explained that the communication platform for BeHeard work is multifaceted. • The intranet page includes the published results, focus group data, & sharing of positive experiences to enable staff to see that things are changing. • There are a series of courses that have been launched. • The Executive Team visits have started on Monday where the Executive visit areas & have conversations with staff around their thoughts on BeHeard. Engagement is the biggest challenge in relation to BeHeard & it is recognised that email cannot be used all the time as some staff are unable to access email. It is about connecting with the workforce in different ways. RR asked for additional detail relating to the risk around the implementation of the Junior Doctors Contract. SG explained that Junior Doctors come from the NHS, sourced by the Deanery. In 2016, the NHS committed to a new contract. & to maintain parity with the NHS, HCS needs to comply with the terms & conditions. Implementation of this impacts upon the rotas with a shortfall of staff. NHS Gateway is being explored as a solution to bring in additional resource to manage the gaps in the rota. An action plan is in place to have resolved this by December 2021. PA also explained that a further challenge around the Junior Doctor contract is that there is a much greater emphasis on the training. Currently a significant part of their work is service delivery & they now need to be	

provided with far more education & training. In response to RR's question about a plan to provide this additional training, PA advised that there is already a substantial training programme in place. However, this group of Doctors is new out of university & HCS cannot allow them to be in a position of taking decisions beyond their capabilities. HCS has a duty to protect these staff & steer away from service provision to supernumerary status. RR asked if these Doctors would need to travel to the UK for their final years of education? PA explained that these Doctors have completed five years at University & then complete a further two years (Foundation programme). Following this, individuals can either enter a specialised hospital training programme or a GP programme. AN clarified that the first two years of GP training can be completed in Jersey but must return to the UK for the final year. RR commented that if individuals could complete their education in Jersey hopefully, they would stay in Jersey resulting in an improvement of the recruitment pressures.

RR commented that because of needing more Doctors to staff the rotas, additional accommodation will be required.

In summary, RR assured that the educational elements have been planned, full implementation of the contract is anticipated in December 2021 & the recruitment of extra staff is underway.

Following recent conversations with Doctors in the UK, HR commented that the drop out rate is highest during early stages of training. HR also noted that the issues experienced here in Jersey are the same as those in the NHS & the challenge facing HCS is how to keep these Doctors. HR asked PA if the funding is available to support the plan & PA responded that any additional funding to support the training of all HCS staff would be welcomed. PA also noted that the Jersey Care Model is predicated on expanding the roles & skills sets of many people. MR advised that HCS receives a UK tariff for post-graduates. AN also commented that to provide quality training means that you need staff available on Island with appropriate level of knowledge & skill to deliver this training.

CL sought clarification from SG regarding Theatre vacancies highlighting from an establishment of 86, there are eight vacancies suggesting that the challenges are regarding sickness & maternity leave. However, CL recognised that theatre posts are difficult to recruit to. CL also noted that the workforce data, particularly regarding vacancy & turnover, do not support the position that there is an HCS staffing crisis. SG agreed with this, however, there are 'hot spots' but nothing that is out with challenges experienced within other healthcare environments.

CL also sought to clarify the nursing ratio of I nurse: 6 patients, which has been described as a rich establishment by the Royal College of Nursing (RCN). RN confirmed this was correct & the day ratio is 1:6.

In terms of sickness absence, SG confirmed that the average absence per employee in HCS is 3.3 days per employee, overall, across GOJ this figure is 6. Covid absence within HCS is also lower than the NHS. CL suggested that there is some work to do to address the erroneous perception that there is a staffing crisis in HCS. As the staffing ratio in Jersey compares so favourably to the UK, how can we assure service-users that they will receive good care & support staff to continue to deliver this.

GC observed that the triangulation of this data brings confidence in itself & this is a positive story to share.

RN sought to clarify some points for the benefit of the HCS Board,

- Nursing staff within HCS are either return to practice, recruit into the Island or we train our own staff. New staff coming into post in September 2021 include two midwives who have graduated from the University of Chester (taking HCS slightly over establishment in this area).
- Nine general trained graduates this summer will fill some of the vacant posts.
- Except for the couple of areas mentioned by SG earlier (Theatres / Radiology), there are staff ready to come into post.
- It is positive to see the interest in Nursing as a career. The largest cohort of adult students to-date will be starting this September. There is a total of 54 nurses in training over the 1st / 2nd & 3rd years. This includes adult general nurses but also the adult mental health nurse training starts this September thanks to GOJ funding & nine students are enrolled. In addition to this, there are more midwives, paediatric nurses & working with Theatres to increase the Operating Department Practitioners (ODP) workforce. This will provide a steady flow to support the workforce & provide local people with opportunities.

9.	**Hospital Readiness**	
	RR commented that it is important that people are aware of how health care providers are prepared for increases in demands related to Covid. PA was invited to present & a slideshow presentation followed (copy appended to these minutes). RR thanked PA for the presentation of an excellent plan which provides assurance of the capacity within the system to manage a further Covid wave. RR invited questions. RN commented that the figure of 656 Registered Nurses does not include RNs who are working jobs that are not clinical, thus providing assurance around additional workforce capacity if required. CL echoed RR's comments & advised that Covid has shown us the challenges faced by other sectors, particularly Primary Care, recognising these are individual businesses with different models of care delivery. AN shared his recent discussions with UK colleagues highlighting that in Jersey, GPs continued to provide a service throughout Covid, albeit in different ways (face-to-face / virtual / telephone). AN acknowledged the difficulties that GP faced during this time, but services continued: this is a different position from the UK where GP services are very challenged. CL echoed this & advised there is ongoing work required to support GPs & resilience within the service.	
10.	**Committee Report – Quality and Risk Assurance Committee**	
	RR invited TP to introduce this item. TP advised that this Committee has met four times since the last Board & RN will discuss the salient points detailed in the report. RN highlighted the following, • In relation to Regulation of Care, there are now 17 areas registered, 15 of which have been inspected with the last expected soon. Whilst some recommendations have been received, all teams involved have done well regarding the work required to achieve this & the final inspection reports. • Maternity Services have been subject to a Scrutiny Review & the report is now available in the public domain. The team have been working hard to deliver improvements across the Women & Children' Services Care group. • Regarding C-section rates in Jersey, NICE guidance specifies an option for women to opt in for a c-section. However, the team are working hard to raise awareness & put measure in place to reduce the incidence of c-sections. This includes a change as to how Obstetricians work within the ward to support women & work with midwives, different staff ratios are in place that provide an enhanced multi-professional handover & work is ongoing with Theatres. All this work is starting to impact upon c-section rates, noted through a recent audit undertaken. • Maternity is working with partner organisations, particularly Public Health regarding early messaging around alcohol in pregnancy. • The physical environment has been a challenge within Maternity Services & the refurbishment is due to start imminently. The plans for communications regarding this are well developed & there will be an opportunity for service-users to feedback. A regular communication update will also be supported. • An extensive paper was presented regarding Speech & Language Therapy (SALT) services which detailed the reasons for the increased waits for children. This issue was initially raised at the HCS Board. The model of service delivery prior to Covid was predominantly face-to-face, which happened within HCS & educational / nursery settings. Group activities were also used to manage caseload. During the initial phases of the Covid pandemic, face-to-face interventions & group activities were significantly disrupted, resulting in increased waiting times. Following the successful development & implementation of a recovery plan, the waits have started to reduce (although remain too high). For example, a 12 month wait for urgent cases has reduced to seven months. There are additional plans to reduce this further with ongoing investment. This Committee will continue to receive regular reports & the risk will be monitored through the risk register. • Health & Safety is a high risk for HCS & real progress is made in this area to reduce this risk. • The Jersey Nursing Assessment & Accreditation System (JNAAS) has restarted to provide assurance around care delivery. The cycle has been significantly disrupted over the summer period because of Covid. In addition, the lead for this programme was seconded to support the Vaccination delivery programme. No urgent actions have been identified following the unannounced visits to-date. • The Terms of Reference have been agreed for the Risk Management Committee.	

	RR thanked RN & invited questions. RF asked if there was an opportunity for cross-learning regarding the assessment & scoring of risk. RN agreed this would be a valuable exercise as the risk management culture matures. RN advised that a GOJ wide system has been introduced & it would be worthwhile exploring this across all healthcare delivery systems. RF / RN will discuss this further outside of the meeting. CL positively noted the continued use of Structured Judgment Reviews (SJRs). However, what is the trajectory of delivery of the harm reviews. RN reported that this was discussed at the most recent Quality & Risk Assurance meeting & the Associate Medical Directors (AMD) / Care Group Leads were asked to review their own Patient Tracking Lists (PTLS). The paper produced by the Deputy Medical Director highlighted research from the NHS & the cut off for length of wait for reviews will vary across specialities. This will continue to be monitored through the Quality & Risk Assurance Committee. CL asked HL if the Care Groups are provided with the number of patients waiting in excess of 48 weeks. HL confirmed that this information is provided, in addition, a weekly update is provided with a breakdown of where these patients are across the pathway. CL stated that whilst aware that this is a focus for Care Group leads & it is recorded on the risk register, is there a trajectory for delivery by the Care Groups. PA / HL confirmed this & delivery will be monitored through the Executive Care Group Performance Reviews (CGPR). In response to RR's questions, CL clarified that all patients who have been on the waiting for longer than 48 weeks, must be reviewed (review notes & if necessary, a physical review) to ensure that they are not coming to harm whilst waiting for the procedure. On identifying harm, RR asked if individuals would move from the routine list to the urgent list. CL confirmed this & advised this is good waiting list management practice. PTLs have only been recently introduced in Jersey & an element of good PTL management is a regular review of all patients on the list who have been waiting longer than the designated period & individual's clinical priority may change. The impact of Covid is that there are more patients now waiting longer than 48 weeks & whilst work is ongoing to reduce the waiting time, we are also working to ensure that those already on the lists are not coming to harm. In relation to SALT, RR asked if the Covid recovery business case has been supported. RN confirmed this was supported & now starting to see some of the positive impact from this. Agreement to **NOTE** the report.	
11.	**Assurance Committee Terms of Reference (TOR)**	
	RR invited CL to present this item. CL explained that this was the review of the terms of reference. CL advised the Board that a Director of Quality & Safety for HCS has been advertised to drive the Quality, Safety & Governance agenda across HCS, supporting the work of the Group Medical Director & Chief Nurse. RR agreed this is a key appointment. RR asked if there are any significant changes to the TOR. CL responded that the changes mainly relate to Committee membership. It was agreed that any feedback to be provided to Danielle Colback by 25th August, silence will be taken as tacit agreement.	
12.	**Finance Report**	
	RR invited HR to present this item. HR advised that he would ask MR (Head of Finance Business Partnering) to summarise the main points in the report, followed by questions. In addition, • MR noted that the agenda incorrectly referred to the Finance Report February 2021 & clarified this is the June 2021 position. • Anticipating a break-even position at the end of this year which is a significant achievement. • The zero-based budget (ZBB) is the methodology used to allocate budget correctly for next year. Linking across all services, this provides transparency across the budgets. HR advised that the closure of Aviemore with transfer to Rosewood is in progress with work to start on site May 2022 & the opening of the new unit July 2023.	

	Having been part of the assurance Committee structure within HCS for a number of years, HR observed that the positive work / achievements are not publicised enough. Celebrating the positives & being part of something successful is also very beneficial for the staff who deliver services. HR noted from a finance perspective, it is important for individuals to understand that the hospital must be maintained & at times, services have to stop temporarily to deliver improvements. RR thanked HR & echoed that transparency is important, hence the publication of the IPR & helping individuals to understand that parts of the system are under pressure, but this is being managed. RR commented that managing a healthcare organisation is not easy & thanked everybody in HCS & partner organisations for all their efforts to improve the health & wellbeing of Islanders.	
13.	**Any Other Business (AOB)**	
	No AOB	
14.	**Review of Meeting**	
	Not discussed	
15.	**Date of Next Meeting**	
	Monday 8th November 2021	

HEALTH AND COMMUNITY SERVICES (HCS) BOARD - ACTION TRACKER

Action No.	Meeting Date	Agenda Item	Agenda Description	Action	Action Owner	By When	Progress report	Action Agreed	Action Closed Date	Status
	12-Oct-20	**9**		SL to link in with FNHC & provide support re: TEAMS	J. Tait / R. Walsh		Update 5 November 2021 Business Partner for Digital Health has met with FNHC - piece of work around ITS Programme & ongoing discussions taking place. Update 9 August 2021 BW advised that the position has improved but not resolved. CL recommended that the action remains open & this is progressed through contract negotiations. Update 12 April 2021 Recognising that this is ongoing wider issue, this will remain on tracker to ensure that it is being progressed. Update 8 March 2021			**OPEN**

Report Title
BRIGHTER FUTURES REPORT

Author(s) and Sponsor	
Author(s):	Fiona Brennan
Date:	8th November 2021

Executive Summary

Purpose

To provide the Health and Community Services (HCS) Board with an update of organisational activity & highlight any key issues.

Narrative

2021 has presented challenges for Brighter Futures:

- A significant increase in clients being referred to Brighter Futures (we normally work with approximately 150 families per week/increased to 186 families per week at its peak)
- Due to Covid restrictions, the reduction in the opportunity to host Fund Raising Events (prior to Sept 2021) has had an effect on funding. We receive approximately 11% of our funding from the States before the States deduct rental, so our fund raising events are a vital stream of funding for Brighter Futures
- For the first time in Brighter Futures' 13yr history, a waiting list commenced to accommodate the extra referrals
- The increase in colleagues from other agencies renting office space at The Bridge is now causing some issues re room space for meetings/carpark space for clients
- Our ability to accommodate the increase in clients being referred to BF is being affected by this reduced space

For the reasons mentioned above, Brighter Futures are exploring **additional** premises to run our service from. However we must maintain our base at The Bridge due to the demographic of our client base – 55% St Helier/32% St Clement and St Saviour/13% other parishes (stats as at today). Additional premises would allow us to expand our service to support more families.

We continue to update and adapt our Covid Policy in line with Government guidelines, maintaining a reduced number of clients/families attending each group but an increased number of groups available. This in turn ensures that every family has access to a programme of their choice.

Key Issues to Note – as above

Recommendations

The Board is asked to **NOTE** the Report

Report Title
DEMENTIA JERSEY REPORT

Author(s) and Sponsor	
Author(s):	Claudine Snape, CEO, Dementia Jersey
Date:	8th November 2021

Executive Summary

Purpose

To provide the Health and Community (HCS) Board with a succinct update of organisational activity & highlight any key issues.

Narrative

Substantial increase in appointments for support

Dementia Jersey has had more appointments for family members, carers and people with dementia meeting with our two Dementia Advisors than ever before, with record numbers over the last quarter which we estimate is due to a combination of factors including the backlog in appointments for diagnosis at the Memory Assessment Service, impact of social isolation during the pandemic, and increased brand awareness for Dementia Jersey and our services since the marketing campaign about our name change in March 2021 (going from the Jersey Alzheimer's Association to Dementia Jersey). As a result, we have recruited a third Dementia Advisor and increased the hours of our team assistant to better support enquiries.

The increase in engagement is mirrored in attendance to our range of therapeutic services and we have greatly expanded existing popular activities like musical memories and coffee mornings.

New services

In August we launched the Meeting Place Project, an initiative commissioned by HCS for those with a recent diagnosis of dementia. This replaces the previous commissioned day care service called the 'Saturday Club'. The Meeting Place offers twice weekly group sessions which focus on cognitive stimulation, building self-esteem and keeping bodies healthy, with the aim of delaying the onset of symptoms and keeping people living well at home for longer.

As part of this project, we have established a lived experience advisory panel (LEAP). The LEAP group is made up of people with dementia and carers and have monthly meetings to discuss set topics. The October topic was 'What is important to you when thinking about care at home.' The November focus will be the 'lived experience of diagnosis'. Summary notes will be written up and made available for all to use at www.dementia.je

The Memory Assessment Service is now referring patients with a new diagnosis of dementia to the Meeting Place Project and as a result, combined with well-established growing rates of dementia on the island, we expect the number of groups the initiative supports to grow. With this in mind a flexible commissioning arrangement will need to be agreed.

Understanding the social and economic impact of dementia in Jersey

Dementia Jersey is undertaking work to drawn together information and data on dementia to get a better understanding of the overall impact in the island and support the case for a clear Dementia strategy, which the HCS also concluded that we require in the Jersey Care Model (p34). To date this strategy has not made it out of the planning stage.

This research will make sure Dementia Jersey is responding to the needs of people with dementia and their carers, advocating on their behalf and working with Government to improve services or introduce new ones. Depending on findings this may result in further research being commissioned.

Ensuring the Hospital care environment is dementia and cognitive impaired friendly.

Dementia Jersey staff are on the relevant steering group designing the environment within the new hospital.

Key Issues to Note –

Lack of access to good quality support for people with dementia at day care centres

It is widely suggested by people with dementia and carers to Dementia Jersey that HCS day care services favour a group approach rather than a person-centred approach. This can limit the effectiveness of the support offered. This appears to be due to a lack of resource, but we acknowledge that staff are doing their best. There is also an issue with provision, as clients are frequently offered fewer sessions than requested. As a result, several clients tell us that they are actively staying away as they don't feel their needs are being met.

Poor activity planning for people with dementia

There is a lack of creative activities provided for people with dementia, both by carers in the home and by some professionals in care settings. Both carers and professionals have approached Dementia Jersey for support and ideas, and we will be producing a best practice guide on activities for people with dementia for partners by February 2022.

Lack of availability of dementia-specific home care support

There is a current challenge with the availability of home care and for expert, dementia specific, person-centred care. This is reported to Dementia Jersey by carers through weekly groups and though individual support sought from our Dementia Advisors. All those who has accessed our services reports this challenge when exploring options for home care.

Recommendations

The Board is asked to note the Report and assist in resolving the issues raised.

Report Title
MIND Jersey REPORT

Author(s) and Sponsor	
Author(s):	Dr Tricia Tumelty Executive Director Mind Jersey
Date:	02/11/21

Executive Summary

Purpose

To provide the HCS Board with an update of organisational activity & highlight any key issues.

Narrative

To mark world mental health day and as part of our mental health post pandemic recovery plan we held a Reconnecting with Hope conference on 8th October. This was attended by 160 people aged 15 – 74 years and included over 60 service users as well as a wide representation from the community voluntary sector and the public sector. Themes from co-production sessions could be described in terms of a set of measures such as acceptability, equity, clinical effectiveness, and accessibility. These themes broadly describe structures and processes but also highlight a real need for mental health services to be both humane and effective as well as accessible and effective.

"there should be no wrong door"

Many appreciated ways in which adult mental health services are beginning to work better with the community and voluntary sector/ but there is a call for action and a commitment to sustainable change.

Many expressed an urgent need for better communications between professionals and service users and for service users and their carers to leave meetings feeling listened to.

"for too long mental health services have been jogging along, the pandemic has shown a light on the urgent need to move into a sprint"

Key Issues to Note –

- Mind Jersey are currently writing up report from the conference co-production session with service users and professionals and are keen to share these finding with key stakeholders across our community. We at Mind would appreciate guidance and how to achieve this.

- The value of peer support and the value of lived experience needs to become more integral to the design and delivery of improved mental health services across all ages and stages of family life. Additionally, we need to gain a better understanding through more co-production workshops and research to achieve change in attitudes, in our organisational structures and our communities.

- Very little is known about the impact of Long Covid on mental health and the long term needs of these groups is unclear. We are currently in conversation with public health about how to address this.

- Carers and the essential role they play has been identified in previous improvement plans. There is an urgent ongoing need for all professionals to become more 'carer aware' and work in collaboration and partnership with carers in the service user and carer's journey through mental health services. We encourage all teams to enrol on The Triangle of Care training delivered by Mind Jersey

- Ongoing need to increase public awareness of the distinction between mental wellbeing, mental health and mental illness - we need a whole service/community action plan for this.

Recommendations

The Board is asked to **NOTE** the Report

Report Title
Family Nursing & Home Care REPORT November 2021

Author(s) and Sponsor	
Author(s):	Rosemarie Finley
Date:	8th November 2021

Executive Summary

Purpose

To provide the HCS Board with an update of organisational activity & highlight any key issues.

Internal Focus

- Services generally running well. Two whole time equivalent (WTE) vacancies in health visiting. Therapy and mental health service provision in Rapid Response and Reablement a concern due to staff shortages.
- Good staff feedback survey results. 65% completion rate.
- All Staff meetings being held in November to evaluate our organisational values and behaviours. Developing clarity about what FNHC represents today and why.
- All the FNHC service Risk Registers are undergoing review with a corporate risk register highlighting our key organisational risks detailing the mitigation in place.
- We are currently developing our new website and using a staff photography competition to develop our own Jersey centric photographic portfolio.

External Focus

- We are working with the HCS Improvement & Innovation Team to further develop Acute Services Discharge Support across Jersey.
- We have a number of proposed joint ventures with health charities and providers that we are working on for example, Jersey Children and Young People Autumn 2022 Conference, with an emotional / mental health and wellbeing focus. Children's Commissioner, Mind Jersey and Silkworth.
- St John's Ambulance – wound dressings, Mental Health First Aider courses, Updates courses, some joint fundraising.
- Jersey Sport – Planning to provide some activities with FNHC in attendance to support participants and their families. Developing solutions to support accessibility, for example provision of a second hand sports kit bank, school nursing input.
- Pip's Place official opened on 20th October…a great space for three children's charities. Mind Jersey, FNHC and Children's Child Care Trust.
- CEO Charities Forum – 2nd meeting planned for early November

Key Issues to Note –

- Discharge – quality improvement round table discussions being organised between the children services at FHNC and hospital clinical staff.
- Round table discussion meeting organised between States Ambulance service and FNHC to ensure best service response provided.

Recommendations

Community therapy provision a concern and suggest that FNHC Rapid Response and Reablement services employs staff directly

The Board is asked to **NOTE** the Report

Report Title
FINANCE REPORT

Author(s) and Sponsor	
Author(s):	Michelle Roach, Head of Finance Business Partnering Health and Community Services (HCS)
Sponsor:	Deputy Hugh Raymond, Assistant Minister Health and Social Services
Date:	8th November 2021

Executive Summary

Purpose

This is an Executive Summary which details the financial position for the period January to September 2021 for Health and Community Services (HCS). The purpose of the paper is to provide assurance to the Board in respect of the financial management for HCS.

Narrative

- The financial position for HCS for month 9, ex*cluding* Covid related costs, is a year to date overspend of £1.1 million as at the 30 September 2021.
- The forecast year end position is expected to break even.
- Efficiency savings remain a key feature for HCS with a recurrent target of £12.6 million delivery for 2021. Despite the challenges faced, HCS are currently forecasting delivery of £12.6 million (100%) of actual efficiencies. This has been realised through continual management review and enhanced financial controls during the financial year.
- Total Covid related costs of £3.1 million have been incurred year to date in respect of operational and service recovery expenditure for which budget has been approved and funding allocated.
- The full year forecast for Covid 19 related expenditure is £5.6 million and includes ongoing increased operational costs of £3.9m and, £1.7m for service recovery due to the disruption of Covid 19 on waiting lists and service delivery. Business cases for the full value have been submitted with funding approved and received.
- 2021 continues to be challenging for HCS both operationally and financially due to the ongoing impact of Covid 19 and financial constraints. Despite these challenges, HSC have made significant progress during 2021 achieving the financial position of breakeven for the 2021 financial year end.
- Zero-Based Budget (ZBB) methodology continues to be embedded across all departments in order to correctly allocate budgets for 2021 to deliver agreed services and activity levels whilst, achieving target efficiencies. This approach aims to enable the identification of further efficiency opportunities to meet the £6.2m target for HCS within the Government Plan for 2022.

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

Recommendations

The Board is asked to **NOTE** the Report

Impact upon Strategic Objectives *(tick as appropriate)*	
1. Improved islanders' experience of Health & Community Services.	
2. Improved health outcomes of islanders.	
3. Improved partnership working to deliver person-centred, sustainable and safe health and community services as detailed in the jersey care Model (JCM).	
4. Improved working environment for staff increasing recruitment and retention.	

5. Improved resilience of Health & Community Services, particularly in relation to any Covid-19 related surge in health cases	
6. High quality safe services with good clinical and corporate governance functions.	√
7. Deliver services within the financial envelope assigned to HCS.	

Impact Upon Corporate Risks

Potential risks are identified as part of the monthly monitoring report and the management team and Ministers assess and consider them

Regulatory and/or Legal Implications

This report allows the Department to comply with the Public Finance Law and professional standards

Equality and Patient Impact

By maximising the resources available within the constraints of public expenditure limits and ensuring that they are used in a cost-effective manner the Department's finances support patient care.

Resource Implications

Finance	√	Human Resources		IM&T		Estates	

Action / Decision Required

For Decision		For Assurance	√	For Approval		For Information	√

Date the paper was presented to previous Committees *(if any)*

Nil

Outcome of discussion when presented to previous Committees

N/A

Report Title
QUALITY AND RISK ASSURANCE COMMITTEE REPORT

Author(s) and Sponsor	
Author(s):	Rose Naylor, Chief Nurse
Sponsor:	Deputy Trevor Pointon, Assistant Minister for health and Social Services / Committee Chair
Date:	8th November, 2021

Executive Summary

Purpose

The purpose of this paper is to provide the Health and Community Services (HCS) Board with an update on the matters considered by the Quality and Risk Assurance Committee in the meetings which have taken place since the HCS Board last met. The dates of these meetings were 25th August, 29th September and 27th October 2021

Infection prevention and control – monthly reports

The Committee were asked to note the report which included updates on the following key areas,

- COVID activity in month, including update on vaccination programme and uptake
- Flu vaccination update (programme started 11th October)
- Risks
- Audit results – Visual infusion phlebitis score, PPE audit and hand hygiene audits
- Hospital and community acquired infection data

Of note, an increased number of clostridium difficile cases have been reported during 2021 compared to this time last year. Root cause analysis has been undertaken on all cases which determined that there was no cross contamination, and all appear to be antibiotic related (appropriately prescribed).

A lack of cubicles was raised in the September report which meant that a small number of patients who should have been cared for in isolation, had not been. No harm occurred as a result of the lack of isolation cubicles, however this will need to be monitored especially during the winter months.

Risk Register monthly report.

Updates on the HCS risk register. Risk evaluation is part of the monthly Care Group Performance Reviews and since the last Board, the Risk Committee has been established & met for the first time during October. This provides a forum for detailed review and challenge on the risks and operates under the delegated authority of the Quality and Risk Assurance Committee. There is also oversight of risk at the other relevant Assurance Committees.

The report considered all risks currently sitting on HCS risk register assessed as scoring 15 and above. The Committee were assured regarding actions taken at the Risk Committee including:

- new risks added since the last meeting
- risks reviewed and re-assessed as lower risk due to mitigation
- those risks remaining the same following review.

Papers from the Care Group Performance Reviews are included in the Quality & Risk Assurance agenda and include detail on risks within each care group reviewed as part of their Care Group Governance arrangements.

There are no risks which need to be escalated to Board.

Winter Planning Paper

Progress update on the Winter Plan was provided at the October Committee resulting in further discussion and additional detail requested. This was then referred to HCS Senior Leadership Team meeting.

Sub- Committee Reports received

Resuscitation Service Committee Report
Policy and Procedure Ratification Group

Terms of Reference Approved

Terms of reference were approved for two subgroups of the Quality and Risk Committee,

- HCS Pressure Ulcer Taskforce Group
- HCS Safeguarding Committee

Service Improvement reports

- Maternity Task and Finish
- Paediatric Task and Finish
- Dental Task and Finish
- Theatres Task and Finish

Quarterly Reports received

Datix safety Learning Events Q3

The report details the incidents reported in Q3 2021. High levels of reporting are to be encouraged within a safety culture. The number of incidents reported in Q3 is 990 with the majority resulting in no harm and low harm. Top areas reported are captured on the Quality and Performance Report.

All care groups must have a process in place to manage their incidents and have clear leadership oversight and evidence of learning. This is reported as part of the Care Group Performance Reviews which are held monthly.

Work remains ongoing to validate the data. A new version of Datix is currently being tested and will upgrade the system, this is planned to be installed in the new year.

Serious Incident (SI) Report Q3 2021

The report details activity in Q3 which includes notifications to the Serious Incident Review Panel (SIRP), completed cases presented, and outputs of safety huddles. Progress continues with the completion of investigation reports & all are on track as of the end of October.

An overarching review of learning from SI's is being undertaken and will be presented to Care Groups before reporting into the Quality and Risk Assurance Committee. The Terms of Reference for the Serious Incident Review Group are under review and will be presented to the Quality and Risk Assurance Committee for approval.

Care Group Performance Reviews

Quality reports were received from the following Care Groups:

- Women Children and Family Care
- Medical Services
- Surgical Services

Quality and Performance Report

The Quality and Performance Report was presented at both Committees for discussion on the quality and safety indicators.

This covered in particular

- Infection Control
- Incident reporting
- Patient Falls
- Pressure Ulcer
- Patient complaints

Updates provided on the work to date on each of the above areas, which includes work being undertaken in relation to HCS wide pressure ulcer task and finish group (TOR approved at October Committee) and a recent organisation-wide point prevalence audit, update on the work on patient falls which includes appointment of a falls prevention nurse, & in relation to complaints, this includes the establishment of a patient experience improvement workstream.

Jersey Nursing Assessment and Accreditation System (JNAAS)

Report covered JNAAS activity which included the unannounced reviews undertaken in the mental health inpatient wards Orchard House (Amber), Beech (Green) and Cedar (Green), maternity ward (Green) and Special Care Baby Unit (Green).

A routine thematic analysis has been undertaken across the care groups to ensure learning within and across Care Groups.

There is a planned programme of unannounced reviews in place to ensure all areas have undergone full reviews by end of 2021. Responsibility and oversight sits with the lead nurses within the care groups for ensuring all action plans in place and implemented within agreed timeframes. This is reported within the Care Group Performance Reports on a monthly basis.

Health and Adult Safeguarding Report Q2 2021

This report covers health and adult social care safeguarding activity and includes a wide range of work across all agencies involved in safeguarding with an impact on health, and provides oversight of broad range of initiatives to support islanders at risk (including children and young people).

Report presented for information and for the Committee to note.

September saw a drop in number of complaints received into the department however there remains inconsistencies with our performance response times which will be a focus of the patient experience improvement workstreams.

Themes from complaints include:

- Appointment related issues – for example admission process and waiting times
- Care delivery concerns – no single theme, these cover a wide range of issues for example co-ordination of treatment, pain management
- Attitude of staff –main themes relate to insensitivity toward patient and relative & general attitude

Training is happening within the organisation, this is a combination of training, with some provided across government and some directly within HCS: the impact of this will be monitored.

Health and Safety Q3 2021

Report covered the following areas

Health and Safety Dashboard – most accidents are on a downward trend. Further detail requested on actions taken in relation to acts of physical violence or aggression which has consistent reporting figures this year compared with last. This will come to future meetings.

Fire safety management – report covers training, management fire risk assessments undertaken (22), actions cards updated, fire policy ratified and published, and fire and rescue certificated inspections supported

Health and Safety Management System – this risk has reduced. This is a positive move and is as a direct result of the work undertaken with the Health & Safety team and the Care Groups. The risk profiling tool has been completed by all care groups & health and safety walkabouts have been completed. Monthly bulletins have been introduced with key topics. There has been a focus on the Health and Safety Policy (ratified and published) and the Prevention and Management of Violence of Management and Aggression. Audits have been undertaken for Lone Working, Fire Safety, Care of Substances Hazard to health (COSHH) and the Prevention and Management of Violence and Aggression.

Display Screen Equipment (DSE) – ongoing review of assessments with advice from Health & Safety team, HCS DSE policy ratified and published, DSE audit template developed and updated.

Safe Handling- HCS Safe Handling Policy has been reviewed and circulated for consultation, train the trainer training delivered, manual handling risk assessments template developed. Bariatric bespoke sessions delivered. Bespoke training sessions delivered to a broad range of areas within and out with HCS.

Key Issues to Note – no matters identified for escalation to the HCS Board.

Recommendations	
The Board is asked to **NOTE** the Report	
Impact upon Strategic Objectives *(tick as appropriate)*	
1. Improved islanders' experience of Health & Community Services.	√
2. Improved health outcomes of islanders.	√
3. Improved partnership working to deliver person-centred, sustainable and safe health and community services as detailed in the jersey care Model (JCM).	
4. Improved working environment for staff increasing recruitment and retention.	
5. Improved resilience of Health & Community Services, particularly in relation to any Covid-19 related surge in health cases	
6. High quality safe services with good clinical and corporate governance functions.	√
7. Deliver services within the financial envelope assigned to HCS.	
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 *(if any)*							
Nil							
Outcome of discussion when presented to previous Committees							
N/A							

Report Title
OPERATIONS, PERFORMANCE AND FINANCE ASSURANCE COMMITTEE REPORT

Author(s) and Sponsor	
Author(s):	Anuschka Muller, Director Improvement and Innovation, Health and Community Services (HCS)
Sponsor:	Deputy Hugh Raymond, Assistant Minister Health and Social Services / Committee Chair
Date:	8th November 2021

Executive Summary

Purpose

To provide assurance to the HCS Board on operational, financial and performance related matters that were discussed at the Operations, Finance and Performance (OPF) Committee meetings over the last quarter, and to highlight good practice examples and issues for escalation to the Board.

Narrative

Since the last HCS Board meeting, the Operations, Finance and Performance Committee has met on 26 August, 30 September 2021, and 28 October 2021.

Key items to note for the Board:

Governance

- The Assistant Minister Deputy Hugh Raymond has chaired each meeting.
- The agenda for each meeting followed the detailed workplan for the year to ensure that the committee delivers according to its terms of reference. A review of the workplan is scheduled for the forthcoming meeting in December 2021.
- A patient story was re-introduced in September with the aim to highlight issues/learning points that are relevant to this Committee. This has worked well, and the Committee appreciated these.

Performance & Operations

- The monthly performance report for the key HCS metrics was provided and discussed at each meeting. To ensure good understanding of performance metrics, suggestions were made on improving the narrative and description of metrics which are being worked on in each care group. Red metrics were discussed and data issues in the Emergency Department (ED) data set highlighted. Assurance was provided that any data validation and data quality issues were being investigated by the Health Informatics team.
- The Care Group Performance Review reports for each care group have been developed further based on feedback over the last meetings and provide now an improved summary of issues and mitigations and/or actions to improve with regards to performance indicators, operational processes, and financial detail.
- The timely submission of papers, particularly for the care group performance review reports is an area of improvement.
- Overall, good assurance has been provided against the availability, use and on-going improvement of the quarterly performance report and the development of care group performance reports.
- The HCS process for Business Planning was presented and provided good assurance that a business planning process is in place within HCS linking into the corporate business planning process. Each Care Group and other key departmental units are currently in the process of developing business plans for 2022 which is well ahead, and process has very much improved from last year.
- The Comptroller & Auditor General and Scrutiny recommendations summary report was presented and provided assurance on progress against recommendations is being monitored and reported to the senior leadership team.

- A new and improved report on the patient tracking list has been developed and presented. It provided assurance that measures are in place to understand the waiting lists, to analyse demand and capacity. Following this, detailed improvement plans can be developed. Workforce plans will also be developed for the hard-to-recruit areas. Two dedicated waiting list managers work closely with the general managers across all specialities to undertake validation of the patient tracking list and then embed the process with the clinicians to ensure good waiting list management.

Finance

- Overall, increased rigour has been provided to the financial management and reporting which has provided the foundations for better management of overspend and the ability to plan forward for this year and next.
- Further improvement to the finance report template to include details on agency spend, run rate and forecast.
- Budget setting templates provided to Care Groups and challenges sessions have started and are continuing.
- Further financial training for budget holders is required, however, financial business partner support is still under resourced.

Risks

- Risks were reported as part of the Care Group Performance Review Summary Reports. The monthly risk report was presented for information in September, risks are being discussed in detail at the Quality and Risk Assurance Committee.

Key Issues to Note – no escalations to Board

Recommendations	
The Board is asked to **NOTE** the Report	
Impact upon Strategic Objectives *(tick as appropriate)*	
1. Improved islanders' experience of Health & Community Services.	x
2. Improved health outcomes of islanders.	x
3. Improved partnership working to deliver person-centred, sustainable and safe health and community services as detailed in the jersey care Model (JCM).	
4. Improved working environment for staff increasing recruitment and retention.	
5. Improved resilience of Health & Community Services, particularly in relation to any Covid-19 related surge in health cases	
6. High quality safe services with good clinical and corporate governance functions.	x
7. Deliver services within the financial envelope assigned to HCS.	x
Impact Upon Corporate Risks	
none	
Regulatory and/or Legal Implications	
none	
Equality and Patient Impact	
none	

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 *(if any)*							
n/a							
Outcome of discussion when presented to previous Committees							
n/a							

Report Title
PEOPLE AND ORGANISATIONAL DEVELOPMENT ASSURANCE COMMITTEE REPORT

Author(s) and Sponsor	
Author(s):	Steve Graham – Associate Director of People Health and Community Services (HCS)
Sponsor:	N/A
Date:	8th November 2021

Executive Summary

Purpose

The purpose of the paper is to provide the HCS Board with an overview and update of work reported to the People and Organisational Development (POD) Assurance Committee meeting over Quarter 3 in 2021

Narrative

POD Committee action tracker

The tracker now contains only current actions which are all dealt with in a timely manner

Care Group Workforce reports

The Committee continues to receive updates from all Care Groups on the workforce elements of their performance reviews. This is the first item of all Committee meetings and time is spent considering the information contained in the reports. Progress on the use of data from the workforce dashboard in each care group has been noted over the quarter. Discussions takes place on the improvement plans each care group has for My Conversation My Goal completion rates

Departmental HR Metrics

The Committee has been shown the latest HR workforce dashboard which over the quarter has presented an improving vacancy position and a low turnover rate.

Risk Register

The Risk Register has been considered at each meeting over the quarter with attention paid to ensuring an up-to-date review of all risks, resulting in the movement of the rating of some of the risks.

BeHeard Survey

The Committee received a two-monthly update on the action planning work underway across HCS in response to the BeHeard survey and has received assurance that focus group meetings have been held throughout across HCS and action plans developed for HCS services.

Team Jersey

The Committee received a two-monthly report on the activity of Team Jersey which discussed uptake of opportunity across HCS.

Well Being

The Committee received a two monthly reports on Well Being activity throughout HCS.

Health and Safety

POD received the quarter 3 report on Health and Safety. This report provides a high level of information of incidents across the department.

NMC Endorsement

The Committee welcomed a report that assured the Committee that approval of delivery of pre-registration degree programmes (Adult / Mental Health now on-Island) has been received from the Nursing & Midwifery Council (NMC) following visit in March 2021 and that social work training is delivered via Highlands college.

Key Worker Accommodation

During the quarter 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.

Key Issues to Note –

There were no issues to escalate to the Board.

An additional risk was identified in relation to the implementation of the Junior Doctors Contract.

Recommendations
The Board is asked to **NOTE** the Report

Impact upon Strategic Objectives *(tick as appropriate)*	
1. Improved islanders' experience of Health & Community Services.	√
2. Improved health outcomes of islanders.	
3. Improved partnership working to deliver person-centred, sustainable and safe health and community services as detailed in the jersey care Model (JCM).	
4. Improved working environment for staff increasing recruitment and retention.	√
5. Improved resilience of Health & Community Services, particularly in relation to any Covid-19 related surge in health cases	
6. High quality safe services with good clinical and corporate governance functions.	√
7. Deliver services within the financial envelope assigned to HCS.	

Impact Upon Corporate Risks
POD risk register reviewed at the meeting

Regulatory and/or Legal Implications
None identified

Equality and Patient Impact
None identified

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 *(if any)*
Nil

Outcome of discussion when presented to previous Committees
N/A