

Health and Community Services Board
Notes of meeting on Monday 15 February 2021 3:00pm – 5:00pm
3rd Floor (Corporate Office), Peter Crill House, St. Helier and via Teams

Present:	Richard Renouf (Chair)	Minister for Health and Social Services	RR
	Trevor Pointon	Assistant Minister for Health and Social Services	TP
	Hugh Raymond	Assistant Minister for Health and Social Services	HR
	Caroline Landon	Director General	CL
	Robert Sainsbury	Group Managing Director	RS
	Rose Naylor	Chief Nurse	RN
	Anuschka Muller	Director of Innovation & Improvement	AM
	Michelle Roach	Head of Finance Business Partnering HCS	MR
	Adrian Noon	Associate Medical Director for Primary, Prevention & Intermediate Care deputising for Patrick Armstrong	AN
	Isabel Watson	Associate Group Managing Director Adult Social Care & Mental Health Service	IW
	Ruth Brunton	CEO – Brighter Futures	RB
	Patricia Tumelty	CEO – Mind	PT
	Gail Caddell	Deputy CEO Jersey Hospice Care	GC
	Martyn White	Head of Communication HCS	MWh
	Nicola Cabral	HR Manager HCS deputising for Steve Graham	NC
In Attendance:	Emma O'Connor	Interim Board Secretary	EOC
	Sam Lempriere	MEX Support Lead	SL
	Andrew Carter	Governance & Performance Analyst	AC
	Beverley Edwards	Head of Informatics HCS	BE
	Jenna MacKay	Rayner Ward Manager (Item 1-4 only)	JMK

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

		Action																		
1.	<p>Welcome and Apologies</p> <p>RR opened the HCS Board and welcomed all to the meeting. Apologies were given for the rescheduling of this due to States Assembly commitments.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Patrick Armstrong</td> <td style="width: 30%;">Group Medical Director</td> <td style="width: 30%;">Clinical Commitments</td> </tr> <tr> <td>Steve Graham</td> <td>Associate Director of People HCS</td> <td>Annual leave</td> </tr> <tr> <td>Sean Pointon</td> <td>CEO Jersey Alzheimer's Association</td> <td></td> </tr> <tr> <td>Bronwen Whittaker</td> <td>CEO, Family Nursing and Home Care</td> <td>IT Issues</td> </tr> <tr> <td>Ruth Brunton</td> <td>CEO Brighter Futures</td> <td>Prior Commitment</td> </tr> <tr> <td>Matthew Doyle</td> <td>General Practitioner</td> <td>Work Commitment</td> </tr> </table>	Patrick Armstrong	Group Medical Director	Clinical Commitments	Steve Graham	Associate Director of People HCS	Annual leave	Sean Pointon	CEO Jersey Alzheimer's Association		Bronwen Whittaker	CEO, Family Nursing and Home Care	IT Issues	Ruth Brunton	CEO Brighter Futures	Prior Commitment	Matthew Doyle	General Practitioner	Work Commitment	
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2.	<p>Declarations of Interest</p> <p>No declarations of made</p>																			
3.	<p>Service-User Story</p> <p>This item has been deferred until the restrictions have reduced as service-users are requesting to deliver their story in person.</p>																			

4.

Professional's Story

RR welcomed J. MacKay (JMK), Ward Manager Rayner, to the meeting. JMK advised the Board that she was going to present her experience during the surgical redeployment 2020, with a particular focus July–October. A slideshow presentation followed (slides annexed to these minutes). JMK provided an overview including,

- How the need for redeployment arose
- Support & training provided to staff
- Sharing of ideas and changes made
- Patient pathway changes
- Positive experience
- Barriers overcome

RR thanked JMK for the presentation & asked how long the redeployment period lasted for. JMK stated she transferred for 3 months and by mutual agreement transferred back. However, the deployment of some nursing staff continues. The redeployment will suspend in March 2021 to provide staff with a permanent base. RR asked if anything additional can be done to embed this joint working. JMK responded that a lot of work was done to overcome the initial challenges and it would be wrong to suspend the redeployment completely and then potentially have to face the same challenges in the future. One possible solution would be to continue redeployment as part of a structured programme.

CL thanked JMK for this work & stated that this demonstrated the agility and enthusiasm of staff. CL asked if staff overall enjoyed the experience & the new challenges they were faced with. JMK stated at the time staff were keen to learn new skills but there was anxiety around transferring to a different environment, however this soon settled. CL asked if JMK had enjoyed the experience as a leader as this presents opportunities to explore how this type of working could continue in the future.

RN thanked JMK & stated that this was an excellent example of the work across surgery, supporting staff with competency and development. RN asked JMK if she had not been in the Band 6 supervisory role, would she have been able to undertake this in the way she had? JMK stated it would have been much more difficult and staff would not have received the support that was needed. JMK explained that she was able to support both the nurse in charge of the ward & the nursing staff delivering patient care. RN stated that there was strong evidence around the developing supervisory role in driving quality and safety. RN asked what JMK felt could be taken from this experience into the Jersey Care Model (JCM) which will require staff to work differently. JMK responded that positive leadership, experience, and an enthusiasm to learn new skills. RN asked JMK how staff who had worked within one area for a long period of time adjusted and embraced this change, JMK responded that patient safety and patient experience was at the forefront of care delivery.

RR asked RN if the all Band 6 staff would transfer into a supervisory role. RN explained that this was being reviewed in all areas. It has not been possible in all areas due to staff vacancies and delivery of patient care comes first. RN explained that the requirements of a ward manager are significant and put simply, they run very complex businesses within a ward environment. In addition, there are key responsibilities in relation to quality and safety. Staffing reviews are underway within Community Services environments and this is one of the outcomes. One of the key priorities is that the ward managers are in a supervisory role which will drive the focus and commitment to the quality and safety agenda. RR asked if staff were enthusiastic in respect of this, RN responded yes although initially there had been mixed feelings. RR stated this was very encouraging for the future. RR asked if new staff / student nurses would be working across different areas as a new way of working, RN responded that those who train in Jersey work across two different areas with a view that they have a broader understanding and that in general staff are very flexible. RN highlighted that where staff feel anxious about working in different areas, this is usually driven by a concern that a mistake might be made; this is where the programme of training introduced and delivered by JMK and her colleagues addressed these fears and concerns. No-one wants to be in a position where they harm a patient. Providing that

	<p>there is a good education and training package, good support, supervision, and role modelling by senior staff, this addresses those fears and anxieties. There is good learning for the JCM particularly those areas of care currently delivered in the hospital that can be delivered in the community / home setting and requires staff to work differently.</p> <p>CL thanked JMK and the wider team and stated that this initiative demonstrated impressive work. JMK highlighted that all staff were involved and were keen to share their experience and knowledge with each other. RN also highlighted that JMK had received positive feedback from patients who have seen the changes in working practices, particularly patient specific pathways.</p> <p>CL encouraged JMK to speak to AM to understand how the learning from this can be used in the future. AM stated that this was an excellent example of quality improvement and the feedback from JMK would be beneficial.</p> <p>MWh stated that this experience should be shared with a wider audience, highlighting this as an example that all staff should be aware of.</p> <p>RR thanked JMK for attending and delivering this experience, stating that it was encouraging and uplifting. JMK was thanked by the Board.</p>	
<p>5.</p>	<p>Minutes of the previous meeting Pending some minor amendments, the minutes of the meeting 7 December 2020 were approved.</p> <ol style="list-style-type: none"> 1. AN asked if under item 11 the wording could be changed from <i>higher intake</i> to <i>higher uptake</i>. This was agreed. 2. Trevor Pointon stated his title should be <i>Assistant Minister for Health and Social Services</i> not <i>Assistant Chief Minister</i>. This was agreed. 3. RR highlighted that his title and that of the Assistant Ministers is <i>(Assistant) Minister for Health and Social Services</i> not <i>Health and Community Services</i>. This was agreed. 	
<p>6.</p> <p>a.</p> <p>b.</p>	<p>Matters Arising and Action Log</p> <p>No matters arising.</p> <p>M. Roach to provide more detail regarding zero-based savings for next year (2021).</p> <ul style="list-style-type: none"> - MR advised that the budgets have been set and efficiencies have been applied. There is an ongoing review of the 5.2 million. There are some schemes in place. Working with AM and RS to identify the remainder, this will be monitored during the financial year. Any risks to achieving these efficiencies should be identified during the early part of 2021. RR asked if there is a report on how the savings are to be made, MR advised this is a work in progress and that the appropriate assurance committee will have oversight. IT WAS RESOLVED to close this action. <p>R. Sainsbury and G. Caddell to meet regarding JHC and partnership discussion.</p> <ul style="list-style-type: none"> - RS responded that this meeting had taken place. GC has been introduced to AM as the Executive link to HCS, particularly in terms of the JCM. GC also reported that she had met with BW from FNHC to discuss community nursing in general. A joint approach rather than an organisational approach was discussed. RN advised that G. White has recently met with GC. CL keen to ensure that RN has a line of sight to this. RN and GC will discuss this further outside of this meeting. IT WAS RESOLVED to close this action and the appropriate assurance committee will maintain oversight of this. 	

<p>c.</p> <p>d.</p> <p>e.</p> <p>f.</p> <p>g.</p>	<p>CL will request a review of SALT</p> <ul style="list-style-type: none"> - EOC advised that this review had taken place and a paper had been produced by S. McManus (Therapies Lead). Unfortunately, neither C. Power (Head of Allied Health Professional) or S. McManus could attend the meeting today to present this work. S. McManus has confirmed availability for 8 March 2021. EOC suggested that this is deferred to 8 March 2021 if acceptable to the Board. RR in agreement & asked if the paper could be circulated to Board members. IT WAS RESOLVED to carry this action forward. <p>SL to link in with FNHC and provide support re: TEAMS.</p> <ul style="list-style-type: none"> - SL explained that he has been working with J. Foglia to understand the issues. FNHC have been working with Modernisation and Digital for a number of months. This is a complex licensing issue. SL has been assured by (MD) that working to try and resolve. However, part of this is a commercial decision is required from FNHC. SL confirmed that FNHC can use non-GOJ devices to join calls / meetings (including Board) and SL has advised FNHC of this. EOC advised that FNHC continue to receive all the Board papers & if in a similar position in March, EOC will arrange for an appropriate environment at which BW can join EOC to participate. IT WAS RESOLVED to carry this forward for a further update at the next meeting. <p>NDJ / AN to liaise to facilitate delivering service-user story to the junior doctors.</p> <ul style="list-style-type: none"> - AN advised that SV has agreed to participate in the doctors teaching. This will be Sept / Oct 2021. IT WAS RESOLVED to close this action. <p>Director Modernisation to provide CEO FNHC with a map of current HCS workstreams.</p> <ul style="list-style-type: none"> - EOC explained this was a historical action. CL asked if AM could nominate a member of her team to follow this action up. IT WAS RESOLVED to carry this action forward. <p>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 reengage with others.</p> <ul style="list-style-type: none"> - RN advised that this resulted from the Public Health (PH) shielding strategy. This action has now been superseded. Work ongoing through PH and partner organisations. RS advised that the PH team are doing an impact assessment of PH measures through Covid and this will include loneliness / communities and how individuals have remained connected / disconnected. This will be used to inform future decisions within PH. IT WAS RESOLVED to close this action. 	
<p>7.</p>	<p>Chair's Report</p> <p>In reference to the number of Covid infections, RR advised that the Island is in a different place now compared to when the Board last met in December 2020. This is due to Islanders observing the guidance, keeping themselves and others safe; continued caution is required. There is a strategy for relaxing the restrictions which is important for health and wellbeing and the economy. This is a difficult situation to manage but there are excellent teams in place.</p> <p>Our Hospital project is making steps forward. The Overdale site has been approved as the preferred site but there has been resistance in relation to access to the site (rather than the site itself). GOJ has been advised by experts that access does need to be improved and Westmount Road is the best of all available options. The project will progress to the planning stage and members of the public and States Members</p>	

	<p>can put forward their views and if valid, the planning inspector will take these into account.</p> <p>The functional brief for the Our Hospital project has been published which is a detailed analysis of the services that will be provided both in the Hospital and Community settings.</p> <p>RR advised the Board that Patrick Armstrong has been appointed as Group Medical Director for Health and Community Services and congratulations given. RR looking forward to working with PA in the future: his guidance, integrity, and hard work. Acknowledging that PA is not only continuing to work clinically but also contributing significantly to the Public Health needs of the Island as the Chair of Scientific and Technical Advisory Cell (STAC).</p> <p>RR advised that the progress of the vaccination programme is uplifting. RR visited Fort Regent prior to opening which is an excellent facility operated by an equally excellent team. RR stated that he received correspondence at least daily with positive feedback in relation to this. This has given Islanders confidence that this can be managed well in the future.</p>	
<p>8.</p>	<p>Director General's Report</p> <p>CL echoed RR comments in relation to the Our Hospital project.</p> <p>HCS continuing to work closely with the Jersey Care Commission (JCC) who are currently registering some HCS facilities; this is being led by the Chief Nurse.</p> <p>JCM work continues at pace and this is being driven by AM's team working with partner organisations.</p> <p>There are no Covid positive patients in the hospital currently. Elective work continues at pace and has continued for urgent / cancer patients throughout the pandemic. RS and the wider team have done excellent work managing the elective waiting lists although pressure points do exist, particularly mental health.</p> <p>CL thanked all HCS staff for all their continued work and partnering organisations for the collaborative working that has taken place during these difficult times.</p>	
<p>9.</p>	<p><u>View from the Bridge (Partner Organisations)</u></p> <p><u>Jersey Alzheimer's Association</u> Apologies given. CL advised that a new CEO has been appointed as S. Pontin is leaving. SP has requested that the incoming CEO joins Board on 8 March 2021. RR thanked SP for all his efforts on the HCS Board.</p> <p><u>Brighter Futures</u> RB reported an increased demand for the services of Brighter Futures, highlighting a 58% increase in current case load of pregnancies, new babies, and babies under 12 months of age (before the end of March). Also anticipating more referrals as the year progresses and because of lockdown.</p> <p>Support is being increased for parents and babies and offering more groups for babies under the age of 1yr to look at secure attachment and mental health and wellbeing. Working in partnership on the development of perinatal pathways. Also prioritising mental health and wellbeing as this is a significant issue. The range of services offered to parents and carers has increased and to children of school age (within current case load) through drawing and talking.</p> <p>Working in partnership with Art House Jersey which is in the very early stages. This is a pilot project with an artist in residence which may be an art project with parents and children or journaling with mothers. This is a therapeutic approach.</p>	

In relation to the voluntary and community sector, the children's cluster met last week. The items most relevant to Board are,

- The apparent lack of a cohesive and coordinated recovery plan for children and families. There are discreet areas that are being addressed but this has not been joined up. It was agreed at this meeting that this will be raised at the Children and Young People Strategic Board.
- It was also noted that for a variety of reasons, the Children and Young People Strategic Board has not met for a while and this will be raised directly with the Chair.

RB also advised that the Jersey Funders are creating a video for Outcome Based Accountability training and BF is involved in developing this.

AM advised she was aware of this work and hoping to become more involved from a commissioning perspective, and how this can be used across all partners. RB highlighted that this would give those who provide funding the detail as to what difference is being made to others.

RN thanked RB for the update. In relation to the 58% increase in referrals of those under 1yr & new mothers, RN asked what the relationship is between these referrals and any unmet need through health visiting services during covid; is there a direct connection? RB advised that these are not new referrals but current caseload. RB explained that BF is working closely with health visitors as this is the largest source of referrals, acknowledging that FNHC are experiencing capacity issues.

RR advised that the Council of Ministers is aware of the work being undertaken in relation to the issues of families and babies born during the pandemic. These children may be developing in a different way and this must be addressed to ensure these children are not harmed.

RR will take the issue forward in relation to the Children and Young People Strategic Board not meeting. RB advised that a coordinated approach is required around how to catch up and the remedial work with children and families. The New Perspectives report (Dec 2020) around economic recovery was well coordinated and highlights that the same approach is required for children and families across the Island.

Jersey Hospice Care (JHC)

GC advised that JHC has remained busy. Within the inpatient unit, there appears to be a trend of late presentation / diagnosis of end of life care. The complexity around these patients and their families is increased due to the shortened timeframe between diagnosis and death. This has had an emotional impact upon staff, further exacerbated by visiting restrictions. Working to ensure a support system is in place for staff; a huddle takes place every shift, regular reflections, and one-to-one and group supervision. However, staff are tired.

A Clinical Fellow joined last August who has experience in Palliative Medicine and will continue to support until August 2021. GC has met with Dr E Liakopoulou & spoken with J. Mason: going out to recruitment for a Consultant / Associate Specialist (AS), depending upon applicants. A contract has been agreed with Southampton NHS for off-island Consultant advice. Verbal agreement with the Lead Consultant in Southampton that if an Associate Specialist is recruited, a professional development pathway will be agreed for the AS with time over in Southampton to work towards becoming a Consultant.

Community provision: there is a six-day face-to-face service with the remaining day as telephone consultation only. This is due to capacity. Workforce is a challenge especially recruitment off-island. An increase in referrals over the last couple of weeks has been noted, particularly patients declining to seek both primary and secondary medical care support with symptoms due to Covid. All this data is being captured with a plan to produce a paper in the future.

Day services remain suspended and the workforce has been redeployed. GC has met the Head of the JCC to discuss what could be done in terms of reopening day services and how this could be done safely. Also working with MacMillan and have a complimentary therapy service in place; this is a joint post that has been recruited to. Meeting Jo Poynter and Washington Gwatzido in relation to lymphoedema services, specifically a whole island provision.

The JCC report has been received recently and the feedback is positive. When JNAAS was launched, G. White approached GC and asked if this assurance mechanism was a tool that JHC may be interested in implementing. This was viewed as an excellent way to engage staff. The implementation of JNAAS was favourably mentioned by the JCC within the report.

There has been no Covid within JHC. Peer-to-peer swabbing monthly. A senior nurse from JHC had been seconded to the vaccination programme for a month & enjoyed the experience.

GC highlighted the excellent support received from Infection Prevention and Control (IPAC). GC noted the credibility of the staff who always answered any queries. RN advised that this would be passed on to the IPAC team. There is always JHC attendance at the Community bronze team meetings.

GC advised that the CEO recruitment is underway following the resignation of Emelita Robbins late last year. The advert will be released shortly.

RR asked about the MacMillan complimentary therapy service and what did this consist of? GC explained this is a jointly funded post; patients are under the care of MacMillan in the morning and JHC in the afternoon. This operates out of the Lido Centre. GC highlighted this is an example of working differently.

Family Nursing and Home Care (FNHC)

Apologies given.

MIND

PT advised that an increase had been noted in people asking for help, approximately 50% especially to the call line. PT stated this increase made sense due to the hard work from MIND & partner organisations to raise awareness of the services. This increase is viewed as positive as people are seeking help, particularly from carers or with peer support.

There has been interest in developing the peer support services and individuals have been volunteering. One of the key priorities for MIND has been to extend the peer support service as currently the service exists to support those between ages of 25-65, whereby those with lived experience go on to support others. Working hard over the last few months to develop this service across both the perinatal sector and those over the age of 65 who have ongoing enduring mental health problems.

Two individuals have been recently recruited to the pilot project. These will be working with colleagues around the table, Brighter Futures, Recovery College, Midwives and Health Visitors to ensure that people are made aware of this service and can seek support from people with lived experience. A key message is that this works alongside rather than replaces clinical input. There is a plethora of research to demonstrate this works and it is part of the MIND Mental Health Improvement Plan & recovery plan. PT advised Board members that she can be contacted for further details in relation to this.

As part of the raising awareness campaign, there has been a lot of response to the peer support. As an example, PT relayed some feedback, *we are really pleased to hear that the message is getting out there that professionals do not own services, they need to be designed and co-produced with the people who use them because this is what will make the difference between good and great services.* PT stated that her understanding of peer support and co-production has changed and developed,

	<p>advising that this is an area to be embraced and approach differently as part of recovery plans.</p> <p>An overall part of the strategic plan is to increase access to services generally. This is driven by a reluctance of people to seek help. One of the strategic pieces of work at present is to develop a strategic advisory panel consisting of people from minority ethnic groups who will work with all partners. This panel will be helping to identify gaps and develop an understanding as to why people from minority groups are not accessing support.</p> <p>A pilot project has been started with CAMHS. MIND has agreed to work with 10-15 young people and following this will review and evaluate what difference this has made.</p> <p>Recent conversations with IW (Associate Managing Director MHS & ASC) in relation to Camelot. These are early conversations to look at what can collectively be done for those living with long term enduring mental illness to have better outcomes and live a better life.</p> <p>The residential care well being Wednesday offer was accepted by six care homes. This enabled conversations with those who were unable to have visitors. PT advised this was a remarkable experience. This is a pilot project but following this a link has been made with a music charity. This provides further opportunity to work differently so that those confined can access music through technology.</p> <p>RR thanked PT for the summary of activity taking place within MIND. RR highlighted that MIND is a key partner and fundamental to safeguarding the mental health and wellbeing of Islanders. RR thanked PT's wider team.</p> <p><u>General Practice</u> Apologies given.</p> <p>AM commented that the partner updates are very useful, providing an overview of the activity and challenges experienced across the health system.</p>	
<p>10.</p>	<p>Performance Report AC guided the Board through the Performance report Dec 202 / Jan 2021 highlighting the following points,</p> <ul style="list-style-type: none"> • Over 2020 a decrease noted in activity across a number of services (both emergency and elective). • An increase in activity is noted through Jan 2021, not to previous levels but an increase none the less. • An increase is noted in elective activity and day cases. • This activity portfolio shows the long decreases and fluctuating activity during 2020 but now beginning to see an upturn in 2021. • The outpatient and inpatient waiting lists have been impacted during 2020. However, there is a large amount of detailed work continuing to recover from position. A peak noted in October / November 2020 with over 10,000 patients. This is now under 10,000 and continuing to decline. • Some specialities have been impacted more than others during Covid. Activity has been maintained as best as possible through either face-to-face or telephone consultations but this challenging for some specialities. For example, physiotherapy / musculoskeletal / trauma and orthopaedics and general surgery is very difficult to assess over the telephone and these are the areas where an increase in the Patient Tracking List (PTL) is noted. • In comparison, the paediatric PTL has decreased by 150 cases. • For the same period last year, dermatology was at 505 patients waiting, this is now at 596, peaking at 796 during December 2020. A locum is in place to facilitate this recovery. 	

	<ul style="list-style-type: none"> • Despite all the Covid disruption, the surgical PTL has decreased by 165 patients. This is an achievement. General surgery has been particularly successful following the implementation of a new timetable during the summer. • There is an increase in the Ophthalmology out-patient PTL and a lot of this is converting across to the in-patient PTL. As the OPD PTL decreases, a consequential increase in the elective PTL may be noted. • Endoscopy has been an area of concern. However, a third Gastroenterologist will be starting shortly. • The community mental health caseload has remained stable through Covid but the CAMHS caseload continues to increase. The Jersey Talking Therapies referrals are also starting to increase. • The maternity data is demonstrating the positive work of the Maternity Task and Finish and this continues to be monitored. • Outpatient work is increasing. The Did Not Attend (DNA) rate is recovering and the new-to-follow up ratio has decreased to pre-covid levels. • The emergency length of stay has increased but this is due to the nature of patients presenting. • The Emergency Department (ED) activity is increasing. The quality indicators (time to triage, time to being seen) benchmark well against the NHS. The conversion rate has increased which is expected at this time of year, but it is higher than last winter. This is most likely due to the nature of patient presentation during Covid. • A decrease in the number of patients being discharged by midday noted during Jan 2021. This is an area that the operational team will explore. • The occupancy within the mental health locations is very high, almost 100%, within the in-patient wards. • The Jersey Talking Therapies (JTT) waiting lists have recovered very well. In January 2020, 621 patients outstanding. This has reduced to 76 outstanding January 2021. Over 76% of those in January 2020 were waiting 18 weeks or longer, this has decreased to 26% January 2021. Those waiting for first treatment is 106 in January 2021 compared to 655 Jan 2020. This highlights the good work that has been undertaken within this service. <p>RR thanked AC for the comprehensive report and the rigor that is applied to the performance data. RR asked if the mental health data would be included on the public website. There have been some challenges extracting the data electronically as different systems are used but a system has been developed and is in the very early stages. RR advised that this was good news and looks forward to seeing the progress in this regard.</p> <p>In relation to the mental health indicators, RS advised that work is still required around the new services that have been established, particularly the crisis prevention service and the home treatment team. This team has taken a proportion of what would have been community caseload. There has been success from this team in preventing admission and supporting discharges from Orchard House. Work continues in this area as this is a large part of the JCM ambition.</p> <p>RS echoed AC comments around the high level of bed occupancy within the mental health in-patient unit.</p> <p>In relation to length of stay, the normal discharging of complex care patients with the domiciliary care market has been impacted through wave 2. Beginning to note a recovery but there is still a long way to go.</p> <p>In terms of the mental health dashboard, PT advised that MIND Jersey keen to be involved in any conversations especially around the peer support offer. Conversations have started with the home treatment team. RS thanked PT and stated this would be very useful in the future.</p>	
11.	<p>Committee Report – Quality Performance and Risk</p> <p>RN took the paper as read and highlighted some points from the Committee,</p>	

	<ul style="list-style-type: none"> • The Maternity Task and Finish work continues and progressing at pace. A significant amount of work has been undertaken this year. Scrutiny panel has announced a review of maternity services and this will be reported through HCS Board in due course. • Regulation of Care: There are 17 areas within this remit, 12 of which are now fully registered. This is two home care areas, six care homes and four day care services. Within the remaining areas there are some challenges, particularly in relation to the physical environment. Work is continuing with the JCC in this regard. • Clinical Governance arrangements: The care group performance reviews have recommenced, and it is evident that all care groups are managing their clinical governance arrangements. This was also demonstrated in the Quarter 4 Datix report where incidents are being investigated within specified timeframes. • Mental health services: Significant work continues within mental health services particularly JTT referrals times and the reduction in the waiting list for Tier 2 services. The services are continuing to improve despite the demand that is being placed upon them at this time. <p>RN invited questions. In relation to the increased length of stay from 4-5 days to 7.1 days, RR asked how is this accounted for? RS responded that this is related to the availability of packages of care and the domiciliary care market. There is pressure in this part of the system, and it has been exacerbated by Covid. Acuity will also be a factor, more complexity of patients admitted. AN advised at this time of year, would expect to see more patients with complex comorbidities in the ED. AN advised he would expect to see this position improve as we move into Spring.</p>	
<p>12.</p>	<p>Committee Report – People and Organisational Development NC (deputising for SG) took the report as read and highlighted some of the main points,</p> <ul style="list-style-type: none"> • The DBS update is progressing due to partnership working with colleagues across GOJ. • Working with C. Power (Wellbeing Lead) to develop a women’s health day in March 2021. • The strategic workforce planning is progressing, and a further meeting is due with maternity. • In terms of recruitment, individuals are actively contacting HCS enquiring about nursing vacancies. These individuals are from a range of nursing backgrounds including Drugs and Alcohol. <p>RN appraised the Board that the Advanced Clinical Practice Framework and job description were approved at the last meeting of the POD Committee. This has been developed across partner agencies with the intent that this becomes the model of advanced clinical practice in Jersey. There is one framework and job description for nursing, AHP’s, midwives which follows both National and International practice. RN would like to see this paper reviewed at Board as the intention is to adopt this Island-wide.</p>	
<p>13.</p>	<p>Financial Report MR took the report as read and highlighted the following points,</p> <ul style="list-style-type: none"> • The figures presented are pre-audit and have not been confirmed. However, not anticipating any material changes to this position. • HCS 65K underspent against a budget of 250million for 2020. Given the volatility around the year end, this is a significant achievement. • Moving forward work will be done towards the 5.2 million and the recurrent 9 million savings that was paused last year due to Covid. This needs to be achieved in addition to the 5.2 million and the plans for this will be worked on throughout the financial year. • The forecast for the next report will based on month 2 (February 2021) and presented at the meeting of the Board in March 2021. 	

	<p>HR asked RR what happens to the underspend. RR and MR confirmed that this money is not rolled over to 2021.</p> <p>RR advised that Treasury have been supportive of the Covid response. The needs of the Island through the response to Covid has been funded. RR expressed his gratitude for this as Minister for Health and Social Services.</p> <p>HR asked if there was clear indication of the number of individuals that are not attending appointments as there is a cost attached to this. AC confirmed the DNA rate for Jan 2021 is 6.2%. HR advised that he had received a comment in relation to this and it was unfortunate that this is not communicated to those who do not attend. CL in agreement and stated that some NHS organisations have led successful campaigns to address this and this is an area for further consideration following the pandemic. AC advised that the point about missed appointments is communicated with the public waiting list data i.e. how many there are, what people can do if they cannot attend an appointment. MR feels that the loss to HCS and GOJ is worth quantifying.</p>	
14.	<p>HCS Board Assurance Committee Restructure</p> <p>EOC took the paper as read and advised that seeking approval for the restructure of the Assurance Committees constituted by the Board.</p> <ul style="list-style-type: none"> • Quality, Performance and Risk Committee will become the <i>Quality and Risk Committee</i>. • The Finance and Modernisation Committee will become the <i>Operations, Performance and Finance Committee</i>. • The assurance committees will meet according to a 5-weekly cycle. <p>Approval was given by the Board. RR expressed concerns that the 3-weekly cycle of States meetings could impact upon the Board timetable and rather than cancel any meetings, seek alternatives for the Chair at this time.</p> <p>EOC explained that the Terms of reference (TOR) for the Board and assurance Committees was due for review and any changes would be presented to the Board.</p> <p>For clarity, CL explained that this is an iterative process and the current position may differ as the year progresses. However, the current structure is more responsive to the governance needs of HCS at this time.</p>	
15.	<p>Any Other Business</p> <p>HR highlighted that he has never received so many compliments as he has done in relation to the vaccination programme. HR asked for this to be noted, particularly the team working during the recent cold weather. AN thanked HR for this comment. AN echoed the fantastic work and the achievement of delivering over 20,000 vaccines. 97% of individuals over the age of 80yrs have received the Covid vaccine, this is 20% of the mortality rate. AN stated that these individuals have a much higher chance of surviving Covid if contracted and there are very few things in medicine that have this type of an impact upon a Community. 82% of care home workers are now vaccinated, at most 60% of care home workers are vaccinated in the UK. AN feels that it is important that the whole community celebrates this success.</p> <p>RR would like to formally record thanks from himself, Trevor Pointon and Hugh Raymond to all who are involved in the delivery of the vaccination programme.</p> <p>RR advised HR that he send any compliments to B. Sherrington and advised that he can forward on HR's behalf.</p> <p>RR thanked all for attending and closed the meeting.</p>	
	<p>Date of Next Meeting</p> <p>The next meeting takes place on 8 March 2021</p>	