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| Date: 1 November 2023 | Time: 9:00 – 11:00pm | Venue: Main Hall, Dumaresq St, St Helier, Jersey JE2 3RL |
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| Board Members: | | |
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| Professor Hugo Mascie-Taylor - CHAIR | Fixed-Term Chair of the Board | HMT |
| Carolyn Downs CB | Non-Executive Director | CD |
| Anthony Hunter OBE | Non-Executive Director | AH |
| Dr Clare Gerada | Non-Executive Director (TEAMS) | CG |
| Mr Patrick Armstrong | Medical Director | PA |
| Jessie Marshall | Chief Nurse | JM |
| Claire Thompson | Director of Clinical Services | CT |
| Andy Weir | Director of Mental Health Services and Adult Social Care | AW |
| Anuschka Muller | Director of Improvement and Innovation | AM |
| Cheryl Power | Director of Culture, Engagement and Wellbeing | CP |
| Steve Graham | Associate Director of People HCS | SG |
| Obi Hasan | Finance Lead – HCS Change Team | OH |
| In Attendance: | | |
| Beverley Edgar | Workforce Lead – HCS Change Team | BE |
| Emma O'Connor | Board Secretary | EOC |
| Sophie Bird | Head of Communications HCS | SB |
| David Hopkins | (Interim) Chief of Service Women, Children and Family Care (Item 15 only) | DH |
| Adrian Noon | Chief of Service Medical Care Group (Item 14 only) | AN |

| 1 | Welcome and Apologies | Action |
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| | <p>HMT welcomed all to the meeting and stated that the meeting time had been reduced in length due to the forecast adverse weather conditions.</p> <p>HMT explained that once fully established, the Board will consist of a Chair, five Non-Executive Directors (NEDs) and five voting Executive Directors (noting that in practice, issues rarely come to a vote). The substantive Chair and two remaining NEDs will be announced through the usual communication channels once appointed.</p> <p>The voting Executive Directors (EDs) are,</p> <ul style="list-style-type: none"> • Chief Officer HCS • Medical Director • Chief Nurse • Human resources Director • Finance Director <p>Noting that the recruitment of the substantive Chair is underway, HMT advised that this will be his last meeting as Chair. Firstly, HMT wishes all well in future Board meetings, emphasising the purpose of the Board is to serve the people of Jersey and provide the best possible health and social care. Secondly, HMT thanks those who supported the set-up of the Board.</p> <p>HMT welcomed Dr Clare Gerada to her first Board meeting as NED (attending by Teams due to the adverse weather conditions). CG introduced herself to the Board and provided a brief summary of career,</p> <ul style="list-style-type: none"> • General Practitioner (GP) and Psychiatrist by training • President of the Royal College of GPs | |

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| <p>CG expressed her enthusiasm in joining the Board and meeting other members and hopes to bring to the Board an expertise of working in a healthcare sector for 40 years.</p> <p>Noting the quality of NEDs that Jersey has been able to attract, HMT highlighted that Jersey is very fortunate.</p> <p>Apologies received from:</p> <table border="0"> <tr> <td>Christopher Bown</td> <td>Chief Officer HCS</td> <td>CB</td> </tr> <tr> <td>Simon MacKenzie</td> <td>Medical Lead – HCS Change Team</td> <td>SMK</td> </tr> <tr> <td>Cathy Stone</td> <td>Nursing and Midwifery Lead – HCS Change Team</td> <td>CS</td> </tr> </table> | Christopher Bown | Chief Officer HCS | CB | Simon MacKenzie | Medical Lead – HCS Change Team | SMK | Cathy Stone | Nursing and Midwifery Lead – HCS Change Team | CS | |
| Christopher Bown | Chief Officer HCS | CB | | | | | | | | |
| Simon MacKenzie | Medical Lead – HCS Change Team | SMK | | | | | | | | |
| Cathy Stone | Nursing and Midwifery Lead – HCS Change Team | CS | | | | | | | | |

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| 2 | Declarations of Interest | Action |
| No declarations. | | |

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| 3 | Minutes of the Previous Meeting | Action |
| <p>The minutes of the previous meeting held on 4th October were agreed.</p> <p>AH advised that he had met with AW and the Chief Social Worker on 31st October who are all committed to developing a suite of indicators which reflect what the Board is trying to achieve for the community and social care. The full suite of indicators will be developed through 2024 but there will be a core set in preparation for January 2024: some of the metrics will allow benchmarking against similar organisations.</p> | | |

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| 4 | Matters Arising and Action Tracker | Action |
| <p>ACTION 70: AW explained that it is anticipated that the Prosecution Policy will be ratified in January 2024 and will be ready for the presentation to the Board in February 2024. General discussion followed regarding the function of the Policy and Procedure Ratifying Group (PPRG), and it was clarified that the Board does not ratify policies, this is done by the relevant profession(s).</p> <p>ACTION 64: PA advised that the Quality and Safety Team distribute NICE Guidance to the relevant team(s) as it is released and then seek assurance that it is being followed. This is also monitored through the new care group governance reviews. A look-back exercise is required to ensure compliance with previous NICE Guidance, but this is recognised to be a large piece of work. The implementation of the new electronic system for monitoring guidelines will help to support this.</p> <p>HMT asked if NICE / International Guidance is more welcomed across HCS than previously. PA responded that it is and the recruitment of practitioners (Doctors) who have trained in the UK are much more used to following this type of guidance. However, it is important to recognise that NICE may not always be the most up-to-date and there have been two requests to follow European Guidance. HMT stressed that any exceptions to following guidelines must be presented to the Board so that the people of Jersey understand that the Nationally / Internationally approved guideline is not being followed in Jersey and they understand why it is not being followed.</p> <p>ACTION: PA / JMa to present the progress of this work to the Board and what extent the Board can be assured that compliance is occurring. To include guidance for other professions (January 2024).</p> <p>ACTION 62: Discussions have taken place with the Royal College of Surgeons (RCS) and now in the process of agreeing the terms of reference for the review. The RCS have indicated that once the terms of reference have been agreed, it will be approximately three months before the review will commence (end Jan / Feb 2024).</p> | | |

ACTION: PA to provide an update on progress at the next Board meeting (Dec 2023) (to include the terms of reference if agreed).

ACTION 59: The Picker Survey has commenced (post / electronic form) and is due to be completed by 19th January 2024. The survey has been distributed to 5,800 patients. It is likely that a report on the results will be available to present to the Board in March 2024. However, a further verbal update can be given at the Board in December 2023.

CG asked how Picker are going to be drilling down into concerns from patients for example, discharge planning. JMa explained that Picker will be undertaking five surveys, and the questions are based on Care Quality Commission (CQC) inspections with some Jersey specific questions.

ACTION: The previous Picker Survey on Patient Experience and the questions in the current survey to be provided to the NEDs.

ACTION 55: SG in full agreement with the thoughts expressed by AH. There is now an opportunity with the addition of resource to start to look at person specification within job descriptions and will discuss this further with AH to understand how it has been done in other organisations. AH will make contact with SG to discuss his experience of doing some work regarding inclusive recruitment.

ACTION 52: AM stated that the metrics for 2024 are under review with the support of the change team. Following the internal governance process, the proposed suit of metrics will be presented to the Board in January 2024 for approval.

ACTION 51: Discussed in item 3 as matters arising.

ACTION 50: A copy of the readmission deep dive was sent to the NEDs.

ACTION 8: Estates and New Health Care Facilities (NHF) will be incorporated in a Board Workshop.

ACTION 6: CD noted that challenges following the implementation of the Electronic Patient Record (EPR) were raised in a number of papers during the last Board and requested a paper for the next meeting. CT gave a brief summary to provide assurance that the EPR is not causing any safety issues, specifically within ITU / ED.

Noting that this action is specifically about the recommissioning of an EPR for Mental Health (MH), Social Care and Community Physical Health Services that use an alternative system. This is a formal Government of Jersey (GOJ) process in very early stages and likely to take a year before awarding a provider.

CD explained that in a number of areas, the delayed introduction of the EPR is detailed as the reason why targets are not being achieving. Therefore it would be useful to understand when this is likely to be resolved to see the impact on the target.

Reflecting that the overriding guiding principle for the procurement of an EPR is a system which makes the most sense to the patients for who we are trying to deliver care. AW provided assurance that service-user consultation is an integral part of the procurement process. HMT asked to AW and AH to liaise further.

ACTION: A detailed paper on the EPR to be presented at the next Board meeting (December 2023).

ACTION: Following CG's request, AW to produce a briefing on the system specification (to include interoperability) and OH to provide a briefing for the NEDs on the procurement process (Dec 2023).

ACTION 2: The assurance committees will be discussed at the planned Board workshop on 5th December 2023.

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| HMT welcomed the Minister for Health and Social Services (MHSS) to the meeting. | |
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| 5 | Chair's Introductions | Action |
| See item 1. | | |

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| 6 | Chief Officer's Report | Action |
| <p>CB's apologies noted. Most of the issues highlighted in this report are discussed in further detail in today's agenda. However, HMT asked Board members to raise any issues that are not covered,</p> <p>Noting the reference to the BeHeard Survey, CD suggested it would be useful for the NEDs to receive a copy of HCS's results. In addition, it would be helpful to know how many staff have referred concerns through the Freedom To Speak Up Guardian (FTSU).</p> <p>ACTION: CP to share the BeHeard survey results with the NEDS.</p> <p>HMT advised that whilst unable to give an exact the number, the referrals to the FTSU Guardian exceeds 20, indicating that the service is being used and the process is proving to be valuable. As Chair, HMT meets with the FTSU Guardian at least fortnightly and direct access to a NED should be a future consideration (to maintain independence of the role). In response to CD's suggestion that it would be useful for the Board to receive a report from the FTSU Guardian, HMT advised this has been discussed and a theme-based report is considered appropriate for in the Part A meeting, with more detailed discussions in Part B if required.</p> <p>ACTION: FTSU Guardian to produce a thematic report for a future Board meeting (December 2023).</p> | | |

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| 7 | Quality and Performance Report Month 9 | Action |
| <p>Areas of focus,</p> <p>Elective Theatre Utilisation</p> <p>This metric has been impacted by the implementation of the new EPR, but these issues are being managed. In addition, data capture has also been impacted for a variety of other reasons e.g., the emergency theatre list has previously been included in elective theatre utilisation (since removed). A description of the work being undertaken to improve theatre utilisation was provided including, close working between Head of Planned Access and Theatre, weekly 6-4-2 meetings and look back review at week-end.</p> <p>HMT asked how improved elective theatre utilisation can be demonstrated through the metrics. It was noted that this metric includes both public / private patient theatre utilisation. Agreement that decisions must be made according to patient safety and patient urgency rather than whether patients are paying for services. CT reassured the Board that decisions are made based on safety and urgency.</p> <p>It was also noted that optimising theatre utilisation (which is a key measure of operational performance) is critical to the success of the financial recovery programme. OH advised the Board that there is detailed plan and trajectory to support theatre utilisation which is monitored.</p> <p>ACTION: Elective Theatre Utilisation to be split according to public / private (December 2024).</p> <p>% patients waiting over 90 days for 1st out-patient (community).</p> <p>The services predominantly sitting in this metric are community dental and physiotherapy. The percentage of patients waiting over 90 days for 1st outpatient appointment continues to decrease driven by two main initiatives,</p> | | |

1. Social recovery bid. HCS has commissioned community private dentist to provide dental care to children. This has had a significant positive impact upon the waiting list. However, there is a risk to the service as funding is limited and HCS Dental Department does not have capacity to continue to provide community dental treatment for children.
2. Successful recruitment within Physiotherapy and job planning has increased capacity.

Noting that waiting lists have been impacted globally by the covid-19 pandemic, CD advised it would be useful to clearly understand which areas HCS are specifically targeting to make an impact. Also, for those who have been waiting over 90 days, how can the Board be assured regarding assessment of harm of those whilst waiting, i.e., how is potential clinical harm as a result of the long waits being assessed and how does this inform decision-making for treatment prioritisation. CT responded that the waiting list recovery scheme (developed Jan 2023) sought to address those areas with greatest clinical risk and secondly, areas with the longest waits.

Regarding community dental services, PA advised the Board that historically there have been very long waits in this area and the only free provision for children's dental care is up to secondary school age. The scheme that was put in place (described above) has had a significant positive impact on this. Jersey has signed up to the United Nations Charter for Children's Rights, part of which is to provide free health and dental care to all under the age of 18 years. This will be difficult for HCS to manage without financial and political support.

ACTION: PA / CT to provide a separate briefing paper detailing the funding issue regarding the Community Dental Scheme and what the implications are (December 2023).

New to follow-up ratio

Speciality detail is reviewed at the Care Group Performance Review meetings.

ACTION: The same areas of focus (elective theatre utilisation, % patients waiting > 90 days and new to follow up ratio) will be considered at the next meeting (December 2023), detailing the trend (numerically), when does HCS anticipate reaching the target and what do we know about the effect on patients (rather than a description of process).

| 8 | Finance Report Month 9 | Action |
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| | <p>The Board received an overview of the Month 9 position. Key highlights,</p> <ul style="list-style-type: none"> • The year-to-date (YTD) position is £23.1 million. • FY 23 year-end forecast remains deficit of £29 million. • The main drivers of the YTD position are staff costs (£8.4 million), non-pay (£14.2 million) and income underachievement (£0.6million). <p>The Financial Recovery Programme (FRP) has clearly identified specific drivers and mitigations are in place to manage these in the short and long term. Some of the financial difficulties that HCS are facing are a consequence of operational inefficiencies which are being addressed such as bed capacity and patient flow.</p> <p>HCS has committed to deliver the £25 million over three years (of the overall £35 million deficit)., Hoping to report next month a £3 million saving in-year which is a great achievement for both the FRP and engagement of care groups.</p> <p>There are risks to the £29million position, namely the reserve position which has reduced to £1.78 million. A £9 million saving must be made to get to the £26 million: £3 million is visible as the schemes are known however, there are unanticipated cost pressures (legacy of financial operations and care delivery). As these are identified, they will be managed.</p> <p>HMT asked if the reserves have been used to deal with the unexpected cost pressures or are they being used beyond this. OH responded that the reserves are being used to manage the unexpected cost pressures as they arise and then seeking to mitigate these moving forward. However, if the reserves were not used, the underlying deficit would increase by £9million.</p> | |

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| <p>Noting the £3million saving achievement, CD asked if the work of the care groups has identified true efficiency savings rather than cost reduction saving. OH advised this will be determined when the run rate (difference between income and expenditure monthly) starts to decrease and although there is an indication that this is happening, it will need to be monitored over the next three months.</p> <p>Recognising that agency staff usage is a global issue, CG asked what action is being taken to address this. OH responded that the FRP has been working closely with the care groups to understand what the recruitment delays are, some of which are and are not in the control of HCS. SG advised that where this are long term agency staff this is due to low activity in the recruitment market and substantive recruitment activity has now increased. In addition, agency staff tends to feel heard to recruit roles and recruitment is taking place but not necessarily into posts currently filled by agency staff. However, there is a focus to recruit substantively and reduce agency costs with multiple workstreams. OH emphasised that this is a focus of the FRP.</p> <p>Noting the opening of 18 new beds (beginning of November 2023) to improve patient flow, reduce length of stay and increase income from private elective activity, HMT asked what the predicted effect on theatre utilisation is. OH responded that the trajectory is to increase to between 80-85%. The data to demonstrate the impact will be available at the meeting of the Board in February 2024 (review of January 2024 performance).</p> | |
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| 9 | Workforce Report Month 9 | Action |
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| | <p>Recruitment activity: As well as the increase in funded establishment across all pay groups, there are more staff in post this year. However, a significant number of vacancies do remain, though several of the initiatives to address this are having a positive impact. Performance across the recruitment process is being measured and anticipating that this 'pipeline' information will be available for the meeting in December 2023 i.e., how many individuals who are going through clearance.</p> <p>ACTION: Workforce report in December 2023 to include 'pipeline' information.</p> <p>Exit Interviews: The HCS team have been offering face-to-face exit interviews to all staff who resign but there has been a low uptake. From those who do attend an interview, cost of living, training, communication and management style contribute to leaving, however, these numbers are every low.</p> <p>An external on-Island company have been commissioned to contact all leavers to offer an exit interview / discussion which is completely independent of Government of Jersey (GOJ). The focus will be on HCS initially. In response to CD's question regarding the availability of results from these, SG responded that this data should be available during Q1 2024.</p> <p>ACTION: SG to include the data from the exit interviews in future workforce reports (March / April 2024).</p> <p>The GOJ HR analytics teams have generated a dashboard of leavers information which will provide useful information monthly.</p> <p>AH commented that understanding the experience of those who stay in addition to those who leave, is very valuable. SG advised this there is an intention to conduct 'stay interviews' as seen in other jurisdictions.</p> | |

| 10 | Serious Incident (SI) Position Statement | Action |
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| | <p>Following the report presented during October 2023, PA advised,</p> <ul style="list-style-type: none"> An interim investigator is due to start in the next couple of weeks ago with a focus on investigations that have stalled or have not started. Hopefully, the impact of this will be seen by the end of 2023. | |

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| | <ul style="list-style-type: none"> • An external investigation company have been commissioned to do a review of 19 cases massive obstetric haemorrhage (MOH) and this should be starting soon. • The 2nd quality and safety learning event has been held this month with over 100 staff attending. • Patient safety week has been held. • There is greater oversight of SI recommendations and whilst a high number remain outstanding, this has reduced from 320 to 220. <p>CD asked if an incident were to cause severe harm to a patient (noting a patient sustained severe harm following a fall), is there still difficulty in sourcing an investigator to review the case. PA responded that there is immediate learning following a round table review which would then be presented to the SI panel who would then determine if an SI investigation is also required. PA feels that there is better engagement in the round table reviews, but sourcing investigators remains a challenge.</p> <p>Noting that the paper refers to the SLT being asked to consider the offer of additional payment for staff to carry out investigations, HMT asked if the Consultants continue to receive 10 hours / week supporting programmed activity (SPAs) time. PA responded that the amount of time is variable but in agreement that investigating SIs should be included in SPA time. However, it was recognised that other registered practitioners should also be investigating SIs. HMT noted a requirement to be more directive regarding SPA time rather than spend additional money.</p> | |
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| 11 | Complaints Position Statement | Action |
| | Deferred (due to shortened agenda). | |

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| 12 | Waiting List Report | Action |
| | <p>Specifically addressing the question of how the £5 million allocated to address the waiting lists has been spent, CT responded that £2.7 million is forecast to be spent at end 2023. CT explained that some of the delays include compliance with the GOJ procurement process – it took 3 months for the current endoscopy initiative to reach the Procurement Board.</p> <p>ACTION: OH to include the challenges / delays regarding the current procurement process in the briefing paper (on procurement) (Dec 2023).</p> <p>HMT noted that if the process for spending allocating money is so protracted that it is not spent, this does not benefit patients.</p> <p>CG advised that there is a lot of emerging evidence regarding different ways of reducing waiting lists and whether this could be looked at in more detail, for example, group consultations.</p> <p>ACTION: CT to link with CG to discuss waiting list management strategies further.</p> | |

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| 13 | Job Planning | Action |
| | <p>Paper taken as read. Key highlights,</p> <ul style="list-style-type: none"> • Progress has been made in signing off job plans, and the data is now reported differently to make it clearer who has an in-date job plan. • Of concern, are the number of job plans that remain ‘in discussion’. This lack of progress appears to be multi-faceted including lack of understanding of the process, reduction of paid sessions and consistency working across rotas. <p>PA will be working with the Deputy Medical Director over the next 4-6 weeks to support the care groups, Chiefs of Service and Clinical Leads to focus on this.</p> <p>Referring to the discussion started in item 10 (SI Report), PA advised that individuals understanding of what should be completed in SPA time is challenging i.e., what activities should be undertaken in SPA time and where these activities should be undertaken.</p> | |

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| <p>CD asked how disputes with job plans are mediated and resolved. PA responded that a consistency panel is held fortnightly, and an appeals process is described in the policy. However, as only one concern has been raised to-date. Noting that approximately 10% of all job plans went to an appeal process when introduced over 20 years ago in the UK, and contrasting this with Jersey, HMT suggested job planning was not being driven to the point where either they are agreed or disagreed, to then follow the appeals process. PA in agreement and this is why himself and the Deputy Medical Director will be intervening (as described above). HMT concerned that the Board cannot be assured as to whether public money is being spent appropriately or inappropriately. In conclusion, if an issue with a job plan cannot be resolved (for what might be a good reason), then this must go to an appeals process.</p> <p>ACTION: The next report (Dec 2023) to include how many of the issues that have not been resolved (in years) are going into the appeals process (to resolve the issue for both the Doctor and HCS).</p> | |
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| 14 | Acute Medicine | Action |
| <p>Dr Adrian Noon, Chief of Service for Medicine in attendance for this item.</p> <p>HMT asked AN if the action plan has timescales attached. CT responded this is the correct and the Royal College of Physicians (RCP) suggested timescales within the report.</p> <p>ACTION: The action plan and timescales to be included in the next report (December 2023).</p> | | |

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| 15 | Maternity Improvement Plan (MIP) Workstreams | Action |
| <p>Dr David Hopkins, Chief of Service for Women, Children and Family Care in attendance for this item.</p> <p>The paper details an update on the progress of the Maternity Improvement Plan (MIP). THE MIP is a comprehensive plan that considers all recommendations made by external reports and best practice reports from the UK. The plan is progressing at pace.</p> <p>Culture remains a significant issue and it is recognised that there is a need for cultural change, particularly regarding stronger multiprotection working. Several options for external support are being explored to support culture improvement.</p> <p>An ambitious programme of multi-professional training has been developed and started. There is a focus on skills and drills training to ensure that the teams are working well together for the management of emergency situations.</p> <p>The development of the metrics to monitor maternity services continues.</p> <p>PA extended his thanks to Dr Hopkins and his leadership team for the progress made with the MIP. There is a greater confidence in the amount of progress that is being made.</p> <p>HMT gave his thanks for the report and suggested that the format is used as a model for other reports.</p> | | |

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| 16 | Infection Prevention and Control (IPAC) Audit Improvement Work | Action |
| <p>Staff that receive their flu / covid vaccination out with HCS are not recorded in the HCS data, so it is unknown what percentage of the workforce is vaccinated against flu / covid. However, data at end-Oct 2023, the flu vaccination rate has increased to 25% (from 13.4%) and covid vaccine uptake has increased to 24% (from 12%). The team continue to offer the vaccinations across the HCS sites.</p> <p>HMT asked if there is benchmark data for the vaccinations and does HCS have a target?</p> | | |

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| ACTION: HMT asked JM if HCS can set a target (recognising that any target may be debatable) and secondly, can HCS obtain any intelligence about how many staff have been vaccinated in primary care settings (Dec 2023). | |
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| 17 | Safeguarding Report (Verbal) | Action |
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| | <p>AW provided a verbal summary of current position. The Adult Safeguarding function for Jersey sits with HCS Adult Social Care and there has been a 47% increase in referrals since beginning of 2022 with no resultant budget / capacity increase. The team is small and stretched and consequently reports to AW on a regular basis to provide assurance that referrals are being managed.</p> <p>The general manager for Adult Social Care intended to carry out an audit on the outcomes following safeguarding interventions using the Making Safeguarding Personal Framework. HCS is not in a position to do this today however, the audit will be completed by the end of 2023 for presentation to the Board in February 2024.</p> <p>ACTION: The Safeguarding Audit results to be presented to Board in February 2024</p> <p>Noting the 47% increase, AH what number does this represent. AW responded that during Q1 and Q2, 200-220 referrals were received, leading to an end of year forecast of approximately 900 referrals. However, in the absence of a Care Act, the legislative framework in Jersey is very different from the UK and the referrals differ. However, a large percentage of the referrals do not result in further investigation. In addition, a large percentage of referrals related to vulnerability and self-neglect.</p> <p>In response to AH's questions, AW confirmed that the increase in referrals will be due to increased awareness of safeguarding issues.</p> | |

| 18 | Board Timetable 2024 | Action |
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| | <p>The dates of the next meetings confirmed as,</p> <ul style="list-style-type: none"> • Wednesday 6th December 2023 • Thursday 25th January 2024 <p>The timetable for 2024 / 2025 will be uploaded to the website this afternoon.</p> | |

| 19 | Questions from the Public | Action |
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| | <p>Question 1</p> <p>Why are the 'social' rooms at the end of each ward which were historically available to all patients well enough to get themselves up and move around, not available for patients to use whilst waiting for their meds so that the beds they had been occupying could be utilised for patients on the waiting list?</p> <p>Answer 1</p> <p>As part of the work undertaken to improve patient flow, clinical teams are requested to complete the prescriptions as soon as there is an estimated date of discharge (EDD), however, this requires further improvement.</p> <p>There are initiatives regarding discharges, particularly those leaving hospital in the morning or using patient transport at a specific time.</p> <p>There are only two wards with day rooms, Beauport Ward and the Surgical Floor. The potential of a Discharge Lounge is being explored as part of the HCS Winter Plan 2023 / 2024. However,</p> | |

HMT clarified that where there are social rooms available, these can be used by the groups of patients being referred to in the question.

The use of community pharmacies to fulfil hospital prescriptions is complex and has been explored by HCS previously, however, it is not financially viable. CG noted this is an example of how systems have not been designed to support the patient.

ACTION: HMT requested a paper explaining where all the delays occur in the discharge process, including hospital pharmacy versus community pharmacy.

Question 2

Noting the £5million waiting list funding, why can care not be outsourced from international settings?

Answer 2

HMT noted this has in part been answered through the agenda and there is a significant procurement issues in Jersey. The Board has requested a paper on the procurement process i.e., what are the factors that mean HCS is failing to spend the money allocated to recover the waiting lists.

Question 3

Referring to personal experience, it was noted that there seems to be a number of wasted appointments (due to lost notes, lack of results etc.) and could this be contributing to the length of the waiting lists?

HMT suggested that PA / JM speak directly to the member of public to address the specific issues raised and establish what lessons HCS can learn. CG offered to speak to the person concerned to understand her experience of care and suggested that these issues are examples of those that NEDs should be focussing on.

ACTION: JM / PA to contact member of public to discuss concerns raised.

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| MEETING CLOSE | Action |
| Date of next meeting: Wednesday 6th December 2023 | |