

Health and Community Services (HCS) Board (the Board) – (Public Part A)
Notes of meeting on Monday 14 September at 2.30 p.m. – 4:40 p.m.
St Paul's Centre, Dumaresq Street, St Helier, Jersey

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| Present: | Richard Renouf (Chair) | Minister for Health and Community Services | RR |
| | Sam Lempriere | Governance Performance Analyst (for items 1 – 9 only) | SL |
| | Hugh Raymond | Assistant Minister / F&M Committee Chair (for items 1-10(a) only) | HR |
| | Steve Pallett | Assistant Minister / QP&R Committee Chair (for items 1-10(a) only) | SP |
| | Patrick Armstrong | Group Medical Director (from 2.50pm onwards) | PA |
| | Caroline Landon | Director General | CL |
| | Gary Kynman | Associate Managing Director | GK |
| | Rose Naylor | Chief Nurse (from 2.45pm onwards) | RN |
| | Patricia Tumelty | CEO – Mind | PT |
| | Isabel Watson | Head of Social Care and Chief Social Worker | IW |
| | Martyn White | Director of Communications | MWH |
| | Adrian Noon | Associate Medical Director for Primary Care | AN |
| | Andrew Mitchell | Associate Medical Director/Chief Clinical Information Officer (for items 1-4 only) | AM |
| | Bronwen Whittaker | CEO, Family Nursing and Home Care (FNHC) | BW |
| | Ruth Brunton | CEO Brighter Futures | RB |
| <i>(jointly referred to as the “Board”)</i> | | | |
| In Attendance: | Emma O'Connor | Board Secretary | EOC |
| | Mark Richardson | Ministerial Support | MR |
| | Martin Warnette | Intermediate Care Manager | MWA |
| Minutes: | Aimee Maskell | AM to PM Secretarial Services | |

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

| No | Agenda Item | Action |
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| 1. | Welcome and Apologies – RR welcomed everyone to the meeting and introductions were made around the table. RR reminded the Board that the meeting was being filmed and therefore asked them to speak clearly for the purpose of the recording. | |
| | Apologies were noted as follows: Anne Robson (AR) Interim Human Resources Director Jo Poynter (JP) Associate Director Modernisation Robert Sainsbury (RS) Group Managing Director Lauren Jones (LJ) Head of Finance Business Partner Sean Pontin (SP) CEO Jersey Alzheimer's Association Jeremy Macon (JM) Assistant Minister HCS | |
| 2. | Declarations of Interest – No interests were declared. | |
| 3. | Professional's Story – MWA provided the Board with an update on the Covid 19 Testing Programme and a copy of his presentation is annexed hereto and forms part of these minutes. | Annex |
| | Questions were invited during and after the presentation and RR sought clarity on the longitudinal studies which have been taking place. MWA explained that this relates to the testing of a sample of 10k residents in order to identify who may have had Covid without suffering any symptoms. | |
| | <i>RN joined the meeting.</i> | |
| | MWA expressed his gratitude to the staff working on the testing programme. He noted that they were motivated, supportive and professional and reported that he had received significant positive feedback regarding the service, particularly on the reassurance it is | |

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| | providing those travelling to Jersey. This was echoed by RR who noted that he has also received positive feedback about how the testing team have “done the Island proud” by getting travellers through Jersey’s borders efficiently and in a positive and friendly way. | |
| | RR queried whether it was proposed to resume longitudinal testing and MWA advised that whilst this was being considered, a date has not yet been agreed. However, AN reported that this was discussed in a meeting he attended earlier today and it was hoped that it would be possible to resume it within the next four weeks by which time it is anticipated that the number of visitors requiring testing will have decreased. This was welcomed by RR who stressed the importance of being able to track the potential spread of the virus within the Island. | |
| | There being no further questions for MWA, RR thanked him for the work he has undertaken since March in leading the Covid Testing Programme team. | |
| 4. | Digital – AM provided the Board with an update on the Digital Strategy for Health and a copy of his presentation is annexed hereto and forms part of these minutes. | Annex |
| | <i>PA joined the meeting.</i> | |
| | RR thanked AM for his presentation and invited any questions or comments from the Board. CL welcomed the map of Jersey included in AM’s presentation clearly showing that HCS will have the ability to do things remotely which she suggested is very positive for the Jersey Care Model (JCM). IW added that it will also be helpful for the community to be able to information share and AM stressed that patients having control of their data will also be helpful. | |
| | HR sought clarity around the budget for the Digital Strategy and AM advised that 15% of the hospital’s budget is allocated to digital. He reported that whilst Covid has accelerated some spending in this regard, digital changes are continuing to be made and digital projects are still moving forward despite delays caused by Covid. | |
| | CL noted that RR is working to ensure this piece of work can be progressed as part of the government plan and RR confirmed that it was a key part of the government plan. | |
| | RR queried whether the third sector organisations were involved in the Digital Strategy and AM confirmed that regular meetings take place between them and he suggested that engagement is good. He added that there is a pathway in place to ensure progress is made and explained that the digital team are trying to avoid organisations/departments purchasing software and then approaching them to install it. A register of software has therefore been created which currently includes 300 different types of software and AM expressed the hope that this can be reduced to 200. | |
| | This was welcomed by RR who noted that the JCM will require engagement from other organisations and AM reported that there are strong links between primary and secondary care in the Island which will also help as well as the network geographic in Jersey. | |
| | RB queried how and when AM will know if the Digital Strategy has made a difference to patients (as opposed to providing more of the same services with different technology) and stressed the importance of reporting in this regard. AM suggested that improved technology could give health professionals back the gift of time, noting that every decision they make should make a patient live longer, feel better or improve their outcome. He added that it could also lead to cost savings which could be reallocated to helping others and reassured the Board that measures will be put in place to ensure there are improvements. However, whilst he acknowledged that measuring mortality was very difficult, it would be possible to do this efficiently and, by way of example, he referred to the improvements made in respect of drug mismatching following implementation of electronic prescribing (EPMA). | |

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| | IW suggested that the ability to measure hospital admissions would be a way to highlight improvements and AM advised that there was no measure in place for this currently. However, SL was working on providing this through data analysis. | |
| | BW confirmed that although FNHC feels involved in the Digital Strategy, they have faced challenges using Teams and would welcome some support in this regard. She added that although AM and his team were working on a huge agenda to improve technology, some patients are very grateful to see health care professionals. She therefore stressed the importance of ensuring the use of technology and face to face visits are balanced to ensure patients do not feel isolated, especially those who are cared for within the community. This was acknowledged by AM. However, he stressed the importance of agreeing who the right person is to go out and see those type of patients, noting that they may not necessarily be a nurse and that a different type of support could be provided. | |
| | CL acknowledged that she had assumed that Jersey did not have an issue in terms of people feeling isolated. However, she reported that at nearly every meeting, someone talks about their need to talk with someone. She therefore expressed the hope that this will be addressed through the engagement which will take place on the JCM and new hospital. BW advised that FNHC also learnt about this during Covid, particularly when people had worked from home and then felt scared to go out. She added that some patients want to see health professionals in person as they are their only point of contact through the day. | |
| | PT highlighted the value of peer support and lived experience for adult mental health and noted that MIND has valuable data around hospital admissions which could be provided to AM. However, she stressed the importance of taking the opportunity to build the importance of non-professional and peer/lived expertise (and the outcomes around them) into the JCM and new hospital. AM agreed that data was key and suggested that if patients can collate their information as part of the JCM, it will enable proper support to be provided. | |
| | PT offered to support AM as required. However, she reiterated the difference that peer/lived experience support can make and stressed the importance of finding ways to implement this. CL added that patients' views must be sought and acknowledged that not all the HCS forums had patient representation on them yet. | |
| | SP welcomed the exciting and progressive Digital Programme. However, he noted that it was quite extensive and queried whether the Island currently has the right skills to deliver it. AM confirmed that the Island does have the sufficient skill set to deliver the programme, noting that Jersey has very good tech organisations who have already stepped up to support HCS' Digital Strategy. He added that Digital Jersey have delivered a significant part of the Strategy to date and are able to provide resource if it is not available within HCS. | |
| | Collaboration with Digital Jersey was welcomed by SP. However, he queried how it was proposed to address the technical skills gap within primary care and amongst other health professionals within a short period of time and AM reassured the Board that a workstream was in place around this. He stressed the importance of everyone having digital competency and advised that benchmarks would be established in this regard. He added that this was a standing agenda item at weekly meetings and stressed the importance of investing in training and electing digital champions from various wards/departments within HCS when the new electronic patient record (EPR) is launched to ensure optimum value is gained from it. | |
| | There being no further questions for AM, RR thanked him for his time, and he left the meeting. | |
| 5. | Minutes – The Board reviewed the minutes of the previous meeting held on 8 th June 2020, a copy of which were circulated with the agenda and IT WAS RESOLVED to approve the same. | |

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| 6. | Matters Arising and Action Log – RR took the Board through the Action Log, a copy of which had been circulated with the agenda and the following was noted: | |
| (a) | HL to identify a resource from outside to allow HK to work with DS to create Island Strategy – Superseded. | |
| (b) | HL to work with HR to get a better result with joint participation from our partners, Care Federation, CYPES, key workers etc. to create Island-wide Workforce Strategy – EOC provided an update and IT WAS RESOLVED to carry the action forward. | EOC |
| (c) | Deputy Director of Primary and 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 re-engage with others – EOC provided an update and IT WAS RESOLVED to carry the action forward. | EOC |
| (d) | IW to work with PT in relation to the whole family life cycle system – IT WAS NOTED that this was a work in progress, and IT WAS RESOLVED to carry the action forward. | IW/PT |
| (e) | Director General and Ministerial Support to prepare a response to the points raised by UNICEF and the discussion that followed – IT WAS RESOLVED that RR and CL would carry this action forward. | RR/CL |
| 7. | Chair's Report – RR provided the Board with an update which he noted was focussed primarily on Covid. He reported that Jersey had achieved containment of the spread of the virus mainly due to the good teams in place across the Island's whole health care service and he thanked them for all their hard work to date. | |
| | IT WAS NOTED that the Covid cases which have been picked up are largely from inbound travel. RR reported that, fortunately, the Island was not seeing a great deal of community spread as those who are infected have been able to isolate. | |
| | RR confirmed that the current policy is to keep the borders open for the well-being and economic recovery of the Island and Islanders. However, given the recent reports from overseas and the winter approaching, an increase in infection results could occur. That said, if the Island can control the infection it does not anticipate having to make any changes in policy. Therefore, all efforts are being put into containing the infection and targeting measures accordingly. However, should the position change specific, appropriate measures will be taken, rather than putting the whole Island back into lockdown. | |
| | RR acknowledged the various teams who have worked very hard over the last few months and who are tired heading into winter. He stressed the importance of ensuring that the responsibilities around Covid do not only rest with a few, and that it should be an all Island effort to contain the virus. He highlighted that although no one is currently in hospital with the virus, it was too early to say it was not an issue and not follow the measures still in place. He reminded the Board that the Island must avoid reaching the "peak" previously discussed which could lead to the General and Nightingale Hospitals being full. | |
| | RR acknowledged that the all Healthcare providers are making great efforts in returning to BAU and thanked them for this, particularly as they were already facing pressures with staffing and waiting lists which Covid has made even more complex. | |
| | RR advised that he will shortly be lodging the JCM for States' debate and endorsement and expressed the hope that it will be supported when put to a vote. | |
| | RR acknowledged the disquiet from some people about how the JCM may affect their relationship with their GP and he advised that he would seek to reassure them that the JCM was not looking to nationalise the GP service in the Island. However, whilst he accepted that it was important for people to retain the personal connection they have with their GPs and that the GPs have a crucial part to play in managing peoples' conditions and working with secondary care professionals, HCS would like to work with them differently as part of the JCM. | |

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| 8. | Director General's Report – CL reported that focus was being placed on BAU and recovery, albeit that BAU was now slightly different due to Covid. She noted that HCS waiting lists have recently been published so that patients are aware of when they will be seen and she advised that data being collated by SL highlights the pressure on HCS due to waiting lists which have grown since the GPs returned to BAU. | |
| | The Board noted that processes are in place to work through the waiting lists appropriately. CL added that out-patient remote working is being discussed although she accepted that some patients prefer face to face appointments. | |
| | IT WAS NOTED that mental health and social care are very busy, and CL reported that she recently visited Orchard House and welcomed the positive feedback she received from some of the patients there. CL acknowledged that Orchard House had made significant improvements. | |
| | CL referred to the job planning which was being led by PA and scheduled to take place over the next three months. CL reported that further work was required in respect of complaints. She acknowledged that HCS was not responding to these in a timely or appropriate manner and suggested monitoring this via the Quality Performance and Risk Committee. | |
| | IT WAS NOTED that a significant issue recently highlighted by PWC was the importance of HCS implementing work force plan and CL therefore stressed that HCS start re-engaging with all providers across the island. | |
| | CL thanked all teams within HCS for their ongoing efforts in the delivery of care during the pandemic. | |
| 9. | Performance Report – SL provided the Board with a summary of the data included in the Quality Performance and Risk Report dated August 2020. He advised that the data shows a return to BAU and that out-patient and theatre waiting lists have grown. However, he confirmed that these are being monitored using tools HCS already has in place, theatre timetables and the installation of remodelled booking function. | |
| | IT WAS NOTED that theatres were closed in August for maintenance and annual leave which led to reduced pre-operative testing and SL advised that this is reflected in the figures. SL reported that theatres have now reopened, and private and public activity is being managed via a new list broker function. As noted by CL above, SL added that progress has been seen in Mental Health and Social Care, particularly around Orchard House, full details of which are included in the Report. | |
| | SL acknowledged that many departments were affected by Covid. However, they were now starting to return to BAU, and he anticipated that the position would be more stable by the end of the year. | |
| | CL provided further detail on some specific data included in the Report. She noted that Maternity have faced some challenges around volume of c-sections and induction. A clinical review has been commissioned. Furthermore, Paediatrics had some management challenges and are working with clinical leadership to ensure these are addressed. | |
| | RB sought an update on how adult mental health services, in particular Jersey Talking Therapies (JTT), were operating and IW reported that JTT had a huge waiting list coming out of lockdown. It has therefore been agreed to increase resources. In addition, it is hoped that the private sector would be able to help reduce the waiting list. | |
| | AN updated the Board following a meeting with JTT last week and confirmed that there was no longer a waiting list for level 1 and 2 referrals as these would be undertaken by private providers. He advised that a discussion also took place about how to reduce the waiting list for level 3 and 4 referrals and consideration was given to working with primary care in this regard to establish a process whereby referrals are not required and patients can self-refer with a view to being able to access care earlier. In summary, he noted that | |

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| | JTT's waiting lists for low level work had dramatically dropped whereas work was ongoing with primary care on how to deal with their waiting lists for high level work. | |
| | IW noted that during lockdown direct referrals had been received by Mental Health via safeguarding without patients having to go through their GP and she suggested that this was a positive outcome from Covid. | |
| | Referring to the outsourcing of the level 1 and 2 work to private providers, GK advised that a tender process was currently being put together for this which would be issued as soon as possible. IT WAS THEREFORE RESOLVED that IW would provide a further update at the next meeting. | IW |
| | IT WAS NOTED that the Ambulance Service had experienced some issues meeting their 15-minute target and AN suggested that this was mainly due to the pressure they face during Summer when there is an increase in the number calls they receive. This was echoed by CL who reported that good work was taking place within this service. | |
| | CL reported that ED are starting to return to normal and are busy, noting that patients are feeling comfortable about coming into the Hospital again. However, she noted that there are some challenges with emergency discharges whereby they are struggling to discharge patients prior to 12pm. | |
| | CL acknowledged that some areas remain "red" in the dashboard which forms part of the Report. However, she noted that significant improvements have been made since the dashboard was prepared in the second quarter when all areas were red. | |
| | There being no questions for SL on the Performance Report, he was thanked for his time and left the meeting at 3.50pm. | |
| 10. | <u>View from the Bridge (Partner Organisations)</u> | |
| (a) | FNHC – BW reported that FNHC were returning to BAU, albeit with reduced capacity for adult services, due to social distancing requirements. She advised that rapid response services were facing some challenges with seconded staff and it has been necessary to shut some services on re-enablement. However, she noted that she was working with RS and JP to resolve this prior to winter pressures. | |
| | BW advised the children and family service had nearly returned to BAU with services running at reduced capacity. She added that virtual clinics were welcomed by clients. Therefore, following discussion, changes were made in response to this. Furthermore, the immunisation programmes and dressing clinic had re-started. | |
| | The Board noted that whilst some FNHC staff were initially anxious about returning to work post-lockdown, all staff are now back (with the exception of a small number) and resource is expected to be at full capacity from November for the first time in 12 years. | |
| | IT WAS NOTED that FNHC has been focussing on and engaging with the Children's Commissioner's on their "Voice of Children" campaign. | |
| | As noted above, FNHC had some difficulties accessing "Teams" during lockdown and BW stressed the importance of resolving this in the event of a second wave of Covid. She added that it would also be helpful to have a "map" of HCS' current workstreams, together with detail of how they feed into each other and IT WAS RESOLVED that CL would ask Hilary Lucas to provide the same. | HL |
| | BW reported that home care remains a challenge across the whole health sector as it is hard to attract staff. However, whilst this continues to be difficult, FNHC are recruiting. She added that funding is also a concern, given that FNHC is unable to hold its usual fund-raising events and she suggested that the impact of this will be seen in 2021 by all charities. | |
| | HR advised that he and SP were required to leave the meeting at 4pm to attend a consultation meeting on the new hospital (on which he agreed to provide the Board with | |

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| | an update thereafter). However, prior to his departure, he provided a brief update on budgets. He thanked the Finance Team for their hard work during Covid and reported that a full breakdown would be provided at the end of September. | LJ |
| | <i>SP and HR left the meeting.</i> | |
| (b) | Jersey Hospice Care (JHC) – Apologies received. | |
| (c) | Jersey Alzheimer’s Association (JAA) – Apologies received. | |
| (d) | Brighter Futures (BF) – RB welcomed how well BF’s staff adapted during lockdown and throughout the Covid crisis and noted that with adaptation some services continued to be operational throughout lockdown. She reported that BF was now back to BAU, albeit with some minor amendment, such as reduced group sizes. However, more groups have been offered to offset this and, going forward, to meet the mental health and well-being needs of families, more support will be offered in this area. | |
| | RB reported that BF is focussing on children and adults in trauma and ensuring there is resilience in place in the event of a second wave of Covid / an increase in the number of referrals across the Island. | |
| | IT WAS NOTED that BF’s Operations Manager has been involved in the pre-natal pathway over the last 12 months and RB advised that whilst this is making slow, but steady progress, she stressed the importance of focus also needing to be placed on clients’ socioeconomic issues as well as their mental health concerns. | |
| | The Board noted that BF offered groups during the summer holidays in addition to normal to cater for the needs of families and BW reported that due to an increase in referrals, going forward, some groups were already full. Therefore, they could be over capacity if this pattern continues. | |
| | RB advised that BF’s new website had now been launched and includes details of some extra programmes. She reiterated that BF is working with the Children’s Commission on their “Voice of Children” campaign which focusses on very young (under four years old) children given that they only tend to hear the voice of the parents for this this group of children. | |
| | RB echoed BW’s concerns regarding charities’ inability to fund-raise. She agreed that this will be a significant issue for those charities who rely on funding from events or trust funds and receive little by way of government funding and suggested that there was a risk that some will be unable to continue to operate. | |
| | RR sought further detail in relation to the pre-natal pathway work and the focus on socioeconomic factors and RB explained that if issues such as poor housing or low income are not addressed, it will not be possible to address someone’s full mental health. She suggested that concerns such as not being able to remain in current accommodation or whether accommodation is fit for purpose could trigger or add to mental health issues and RR noted that this was particularly relevant to recent States’ discussions and expressed disappointment that it had not been possible for the Assembly to agree on a way forward in this regard and stressed the importance needing to do this as a government. | |
| | RB suggested that no progress can be made to improve a patient’s mental health, without first addressing their concerns around self-isolation. BF staff are therefore focussing on this. They are also working with parents who gave birth during lockdown and anyone who has been detached from their families, children or parents during the pandemic to try and improve relationships which may have deteriorated and reconnect them again. RB suggested that no progress can be made to improve. She added that BF is prioritising any children born in the last six months but that all clients are now receiving at least two one-to-one support sessions now that these are allowed. | |

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| | CL acknowledged that Covid has been a life changing event for children and sought details of the work BF was undertaking in this regard. RB reported that whilst BF was doing what it can with those who are being referred, she acknowledged that some were really struggling. She noted that health visitors were unable to carry out face to face visits during lockdown but that they were aware that some situations were getting worse, noting that whilst they may have coped under normal circumstances, Covid had been the “final” straw for them. However, she advised that the Children and Family Hub has helped with this and now visiting is back to normal she suggested that this will also help, as will the GPs now they are back seeing their patients. | |
| | The Board noted that BF staff have noticed changes in some children on their return to creche and, by way of example, BW explained that they have lost their developmental skills. She added that whilst some children have benefited from lockdown, others have not. | |
| | RN asked RB and BW whether the different working environment during lockdown and increased concerns about the families and children they care for had any impact on the emotional wellbeing and stress of their staff and BW reported that some FNHC staff have accessed TRiM and noted that they have all been offered counselling. She added that staff do worry that they may miss something when they are unable to see their clients face to face which may lead to them becoming more risk adverse. As a result, FNHC increased its safeguarding and clinical supervision during lockdown. | |
| | RB advised that the BF management team also provided extra support for their staff, noting that they were working different hours to normal. However, she welcomed their resilience, particularly as they have also been required to deal with their own concerns around Covid and she stressed the importance of continuing to make them aware of how important they were to the organisation. | |
| (e) | MIND – PT reported that she has been liaising with Paul McGinnety with a view to obtaining stories of people’s experience of mental health during lockdown/the Covid pandemic and it has been arranged for MIND to present at the next “Closer to Home” event in this regard. She advised that 500 responses have already been received following MIND’s request for stories. She suggested that this was very positive in such a short space of time and noted that the key themes were financial concerns and issues around home schooling. She also provided the Board with some of the quotes which have been received and advised that it is proposed to work with MWH to create a booklet in which the stories will be shared and she expressed the hope that this will help to reduce the stigma around mental health. | |
| | The Board noted that some people experienced their first experience of depression or anxiety during lockdown and PT stressed the importance of using their stories as an opportunity to get messaging out. She advised that key messaging would focus on providing reassurance that financial and supportive “safety nets” are available and signposting to all agencies. | |
| | PT advised that she was working with IW on producing a map setting out what support is available for specific age groups. She added that the importance of nature was referenced frequently during lockdown. MIND is therefore looking at what it can do to help people with their recovery in this regard. | |
| | As noted above, PT welcomed the positive response to MIND’s request for stories of people’s mental health experiences during lockdown in such a short space of time and expressed the hope that this indicates the opportunity to obtain more stories, noting that more examples are needed from the black and minor ethnicity groups. | |
| | IT WAS NOTED that MIND’s Children and Young People Service Coordinator continued to work with fifty to sixty children during lockdown using Zoom. However, whilst this service is now returning to BAU, there is a waiting list. Therefore, the service is trying to | |

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| | see as many people as it can via the schools and through groups or courses by way of early prevention. | |
| | PT reported that adult services are pushing to develop peer support. She noted that whilst this was currently something that was currently under resourced, it was an opportunity for those with lived experience to offer support. | |
| | IT WAS NOTED that the carers group had restarted which PT suggested was very positive. She therefore advised that this was something MIND would support going forward. She added that mental health first aid courses were ongoing, and MIND were working with Chamber of Commerce and Jersey Finance Limited around these to ensure people recognise when someone is not okay. | |
| | PT reported that, working closely with the House of Hope in the UK, MIND is involved in the development of a digital directory. She explained that the purpose of this is to help people find available support closest to them. | |
| | IT WAS NOTED that there has been an increase in calls to the helpline with more calls talking about suicide intent. PT therefore expressed an interest in how the suicide strategy was progressing, noting that this was an ongoing challenge for staff working on the helpline. RS to provide an update at the next meeting. | RS |
| | PT noted that MIND is also unable to fund raise at the current time. She therefore stressed the importance of arranging sign off of MIND's SLAs as soon as possible to enable budgets to be agreed. | |
| | The Board noted that MIND was working with JTT on their redevelopment (as discussed above) and PT suggested that MIND was well placed to provide support with their level 3 and 4 referrals and were looking forward to working with them on the same. | |
| | RR welcomed the significant development of MIND in recent years. Referring to PT's earlier comment, he queried who at HCS would be able to provide an update on the suicide strategy and IT WAS RESOLVED that IW would ask Dr Miguel Garcia-Alcaraz to provide an update for the next meeting. CL added that as lead director, RS would provide an update at the next HCS Board. | RS |
| | MWH advised that a communication strategy was being put together with Mental Health to ensure that services are signposted appropriately. He acknowledged that although gov.je includes details of all available services, the strategy will provide a website where they can be found all in one place. He noted that 10 th October 2020 was world mental health day and it was therefore proposed to launch the website on this day with other communications around mental health to follow thereafter. | |
| | CL referred to the pilot taking place with primary care whereby mental health support is being provided within practices and AN advised that the three practices participating in the social prescribing pilot (working with Lee Bennett (LB)) were all doing very good work. This was echoed by CL who noted that she had recently received positive feedback on the pilot from a GP. RR suggested that if the pilot was working well, consideration should be given to rolling it out to all practices and, with this in mind, IW proposed that consideration be given to inviting LB to present to the Board on the pilot at the next meeting. | |
| 11. | Committee Report – Quality Performance and Risk – The Board reviewed the Quality Performance and Risk Committee Report a copy of which was circulated with the agenda. The Report was taken as read and RN confirmed that there were no items which required escalation. However, reference was made to the risk register section of the Report and EOC provided the following updates: | |
| (a) | Lapsed MAYBO Certification – IT WAS NOTED that this would be reviewed by Treasury within the coming weeks. | |

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| (b) | Midwifery Staffing – The Board noted that a review was currently taking place which will include midwifery staffing. | |
| (c) | On Island Capacity for Processing COVID Swabs – The Board noted that this had now been reviewed by Ivan Muscat and the risk had been reduced to 10. | |
| (d) | Retinal Screening Programme Potential Impact on Patients – IT WAS NOTED that a formal update on how work on this programme is progressing had been requested by the Quality, Performance and Risk Committee. | |
| | RN suggested that whilst the Report reflects some of the disruption to BAU during the emergency phase of Covid, it also highlights some positive areas of improvement, in particular serious incident reporting. | |
| | RN welcomed the improvement in JNAAS reporting and advised that whilst assessments had now resumed, they were slightly different post-Covid, noting that the care group will now receive thematic reviews to take forward which has been well received. | |
| | IT WAS NOTED that work is ongoing in respect of complaints and progress has been made in relation to the number of staff accessing training with approximately 1k receiving training on the same since it was launched. However, CL advised that it was still proving difficult to meet the turnaround times and it has therefore been agreed to have a monthly focus on complaints performance until an improvement is seen, noting that all leads are aware of this. | |
| | RR welcomed the fact that complaints were being addressed, noting that an improvement was required in this regard. He suggested that particular focus be given to communication, noting that the calls he receives are from people who have been unable to get answers at an early stage and therefore feel driven to make a formal complaint. He added that once complaints are made, HCS do not appear to be addressing them quickly enough or meeting the dates by which a response has been agreed. He advised that whilst he has no concerns about complaints being received, he stressed the importance of ensuring they are dealt with appropriately and that complaints feel reassured of the process which is being undertaken. | |
| | CL reported that significant safeguarding activity took place during lockdown across all partnerships and agencies and she stressed the importance of HCS continuing to work with them going forward. | |
| | RR sought an update on the back log of serious incidents and RN advised that she was comfortable that HCS had addressed the previous back log, noting that there were currently no serious incidents in a backlog position. | |
| 12. | Committee Report – People and Organisational – The Board Reviewed the People and Organisational Committee Report, a copy of which had been circulated with the agenda and CL summarised the same. She advised that the main issue for escalation related to the workforce plan and acknowledged that the Assistant Minister was frustrated by the lack of progress in this regard. However, she confirmed that a substantive HR Director had now been appointed and was due to start on Monday 28 th September 2020 and their primary priority would be to start work on the workforce plan and provide the Board with an update on the same in December. | |
| 13. | Any Other Business | |
| (a) | Second Wave Covid – GK confirmed that operational planning was underway in the event of a second wave of Covid. | |
| (b) | Brexit – GK advised that Brexit was also being discussed and as the UK were unlikely to have a deal in place with the EU prior to 31 st December 2020, HCS are working on an exit plan based on previous, 2019, discussions, a brief of which he hoped would be available by November. | |

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| 14. | Date of Next Meeting – IT WAS NOTED that the next meeting was scheduled for 12 th October 2020 at 2.30pm. | |
| | There being no further business to discuss the meeting was closed at 4.40pm. | |