

Health and Community Services Board – (Public Part A)
Notes of meeting on Monday 8 June at 2.30 p.m. – 17:00 p.m.
4th Floor, Peter Crill House, St. Helier and via Teams

Present:	Richard Renouf (Chair)	Minister for Health and Community Services	RR
	Steve Pallett	(QP&R Committee Chair)	SP
	Patrick Armstrong	Group Medical Director	JM
	Caroline Landon	Director General	CL
	Jeremy Macon	POD Committee Chair	JM
	Michelle West	Associate Managing Director	MW
	Jo Poynter	Associate Manager Director - Modernisation	JP
	Rose Naylor	Chief Nurse	RN
	Darren Skinner	HR Director	DS
	Lauren Jones	Head of Finance Business Partnering HCS	LJ
	James Le Feuvre	CEO – Mind	JLeF
	Patricia Tumelty	CEO Mind (Designate)	PT
	Emelita Robbins	CEO – Jersey Hospice	ER
	Isabel Watson	Head of Social Care and Chief Social Worker	IW
	Martyn White	Director of Communications	MW
	Adrian Noon	Associate Medical Director for Primary Care	AN
	Judy Foglia	Quality and Governance Lead, Family Nursing and Home Care	JF
Ruth Brunton	CEO Brighter Futures	RB	
In Attendance:	Karen Pallot	Executive Assistant	KP
	Mark Richardson	Ministerial Support	MR
	Martyn White	Director Communications HCS	MW
	Andrew Carter	Governance and Performance Analyst	AC

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

		Action
1.	<p><u>Meeting Formalities – Meeting Started at 2.30 p.m.</u></p> <p>Welcome and Apologies</p> <p>The Chair welcomed Ms Patricia Tumelty, newly appointed Chief Executive Officer for Mind (Jersey) and Mr Martyn White, newly appointed Director of Communications for Health and Community Services to the meeting.</p> <p>Apologies were received from Hugh Raymond (F&M Committee Chair) Robert Sainsbury (Group Managing Director), Sean Pontin (Jersey Alzheimer’s Association) and Bronwen Whittaker (CEO Family Nursing and Home Care – Ms Judy Foglia deputising).</p>	

<p>2.</p>	<p>Declarations of Interest</p> <p>No conflicts of interest were declared</p>	
<p>3.</p>	<p>Professional's Story</p> <p><u>Nightingale Hospital</u></p> <p>Dr Simon Chapman (Associate Medical Director for Secondary Unscheduled Care) and Ms Irene Campbell (Manager – Resuscitation Services) gave a presentation on the Nightingale Hospital. The key areas to note were: -</p> <p>In preparation for peak activity of COVID-19, an extra 600 beds needed to be found and HCS looked at three options regarding increased bed requirement: -</p> <ul style="list-style-type: none"> • Restructure what we had locally. • Third sector/community residential nursing homes • Utilise one of the hotels on the Island • Utilising the Ministry of Defence to build a field hospital. <p>A paper was put together exploring the above options and what the impact would be in terms of staffing, achievability and deliverability within the Island context.</p> <p>The field hospital was the option chosen and a small group was charged to do a scoping exercise to look at what that would deliver, how it will be utilised and whether it was feasible in terms of meeting the Island's objectives.</p> <p>On 3 April 2020, the Field Hospital Project Team was formed, and were tasked to build a 180 bedded field hospital that would be fully operational and constructed rapidly. The Nightingale Hospital would be a wing of the Jersey General Hospital and fully aligned to government politics and governance.</p> <p>Over a 7 – 10-day period, 180 staff were inducted for the Nightingale Hospital to run two shifts on a 30 bedded ward. Consideration was given to the different skills that would be required, including medical prescribing, fire awareness. Training took place as a multi-disciplinary team. All staff received wellbeing checks and over 200 volunteers were trained as Health Care Assistants (HCAs).</p> <p>On 5 May 2020, the keys of the Nightingale Hospital were handed over to Health and Community Services and the official opening took place on 11 May 2020.</p>	

The start date was to be 12 May 2020. It was suggested to the Senior Management Team to run a variety of simulations to stress test the Nightingale before admitting live patients. The SMT gave its approval for staff and volunteers be released to participate in the scenarios on 13 and 14 May. This was to be a big undertaking over a 30-hour period.

100 staff were involved to create a fully functional unit.

Volunteer patients/relatives, additional support services, such as portering, ambulance, bed management, nursing and domestic staff all created a fully functioning unit for a period of 24 hours. 12 scenarios capturing all standard operating procedures were scripted into story boards. The scenarios were acted out by volunteer patients/relatives and admissions to the Nightingale Hospital were staggered throughout the day; closing with a full site fire evacuation the following day. During this period all staff were fully immersed into the scenarios. A variety of tests were carried out as close to reality as possible, diagnostic equipment tested and samples were sent to JGH. G4S security were also tested including the fire evacuation.

Learning from the scenario: -

- All agreed that it was a valuable exercise.
- Emphasis on the dedication, value and professionalism of all staff involved.
- Domestics, catering and medics were exemplary and a vital chain in the delivery of patient care.
- 450 individual pieces of feedback were received.

Themes from feedback received were: -

- Temperature control.
- Layout of rooms and areas.
- Radios/telephones.
- Noisy environment.
- Positioning of staff.

Next steps;

On 24 June staff will be revisiting the site to do further testing. The facility will be deep cleaned, and any facilities issues will be managed by Facilities Management.

HCS will be stress testing systems and incorporate any learning from this into the operational framework (Standard operation procedures (SOP), MDT training/education and Jersey Care Model (JCM)).

Learning from COVID will bring lessons forward to the New Hospital

The Chair thanked Dr Chapman and Ms Campbell.

4.	<p>Minutes</p> <p>The Minutes of the meeting held on 11 May 2020 were taken as read and approved.</p>	
5.	<p>Matters Arising and Action Log</p> <p>The Board noted that there were no Matters Arising</p>	
6.	<p>Chair's Report</p> <p>The Chair gave a verbal update on the work he has been involved with since the last meeting: -</p> <ul style="list-style-type: none"> • The Chair has been more involved in States business than usual as HCS is answering many COVID related questions. • In Committee debate to discuss returning to normal in Jersey. • Major discussions are taking place on how to safely reopen ports. • Pilot (screening) with Blue Island flights. Passengers are given the choice of testing up to three times whilst in Jersey or quarantine on arrival. If the pilot is successful Jersey will look to expand this service when air travel services resume. • Hospital beginning to re-open services. HCS are running a TV media campaign to inform the public how the hospital will receive patients and to reassure them that they will be kept safe. 	
7.	<p>Director General's Report</p> <p>The Director General provided a verbal update on the main priorities:</p> <p>Last week saw the return of elective activity and 100 patients have been seen.</p> <p>COVID has had an impact on our waiting times, however we have continued to see urgent patients and are working through the elective lists.</p> <p>Working on 'new normal' service delivery, how we will be delivering services going forward. We hope we will be working more closely with our GP colleagues in a very different way as we have seen significant gains from working collaboratively together as one organisation. We are working closely with our Medical Director, Associate Medical</p>	

	<p>Director for Primary Care and colleagues within primary care to move this forward.</p>	
<p>8.</p>	<p><u>View from the Bridge (Partner Organisations)</u></p> <p><u>Jersey Alzheimer's Association</u></p> <p>In the absence of the CEO, the Chair read the main points from feedback received from JAA.</p> <ul style="list-style-type: none"> • Challenges for JAA have very much been about finding the right way to engage with a client group which is not necessarily technologically confident or have an impairment that make technology difficult to use. For people with dementia, not only understanding technology but how they perceive and experience it can be very different. That said with perseverance we have two successful groups running via zoom supporting carers and giving volunteers, people with dementia and family members the opportunity for a virtual catch up. I describe it as 'beautiful chaos' but it's worth every second. Carers are finding our support invaluable both in general terms and to navigate available services. • Carers are struggling and persons with dementia are not being adequately signposted. <p>HCS acknowledged that they had not considered isolation effect on carers and patients and are now building on their relationship with Jersey Alzheimer's Association.</p> <p>The Associate Managing Director for Modernisation informed members that contact had been made with the CEO about progress on the Dementia Strategy.</p> <p>The Head of Social Care and Chief Social Worker informed the Committee that the Principal Social Worker (Adults) had contacted Jersey Alzheimer's following media publication and concerns around the Memory Clinic.</p> <p><u>Mind Jersey</u></p> <p>Mr James Le Feuvre introduced Ms Patricia Tumelty, who will be taking over the role of Chief Executive Officer at the end of June.</p> <p>The key areas to note: -</p> <p>The media have been in contact about what Mind are doing for Carers Week.</p> <ul style="list-style-type: none"> • Mind have continued using technology and meeting some clients whilst keeping within guidelines and social distancing. 	

- Discussions with Mr Paul McGinnety, Deputy Director of Primary and Community Pathways about an option involving a potential donor who wanted to help to develop a project (not business as usual). A group involving Mind, Salvation Army, Silkworth, Recovery College and LV exploring four possibilities in relation to the recovery and provision of support to the 65+ persons in isolation to give them the confidence to reengage into the public.

Challenges for people retaining their employment when the Government support is withdrawn or phased out and there is an expectation that there will be more unemployment. Mind are looking at ways to support people during this phase.

Child support for essential workers, psychological support if not already obtaining support from HCS. Perhaps there is a requirement for more counselling skills for interventions.

Deputy Director of Primary and Community Pathways will be contacting the potential donor to advance the group.

- Moving on from discussions around risks and outcomes from COVID, Patricia Tumelty (PT) invited members to comment on how we can map out with colleagues the different ages and stages across the family life cycle, and to look at what challenges and resources we have available across the sector to ensure people do not fall through gaps.

The Head of Social Care and Chief Social Worker offered to link in with Ms Tumelty as she has been working closely with The Chief Social Worker for Children’s Services as they have recognised that there is a huge link with mental health and the whole family life stage system.

- Carers week - focussing on young carers supported by “My Time” which is project established by the Jersey Youth Service. One of the events planned is a virtual party on the evening of 11 June 2020, involving quizzes, games, etc. and there will be several social media posts going out to promote this.

Brighter Futures

Staff are working remotely holding virtual meetings with families and welfare door stop checks to the most vulnerable. BF have a comprehensive Risk Assessment Plan in place working on a phased return for the new normal, this will be reviewed and changed regularly whilst adapting to services.

Plans are in place for staff returning, ideally beginning with smaller groups if possible and more direct face to face work. Phased return of some year groups to school, however it is difficult for parents who

have children off school to have confidential (significant) conversations. BF are looking to extend working hours, for example meetings in person/virtual when children are in bed.

Staff responded to the immediate crisis during the emergency response phase, but BF are very conscious that continuing this level of support indefinitely is not sustainable for the future. They are also supporting Staff wellbeing in order that they do not suffer resilience and compassion fatigue. It is important that staff remain well to continue their work and support for their families.

Staggered return of staff. Maximum of 1/3 staff in at any one time to enable social distancing. Plan to space people out only when need arises, otherwise most staff will continue working from home.

Jersey Hospice Care (JHC)

JHC community provision - Since the last meeting JHC have been working on a broader piece of work with the Associate Managing Director for Modernisation and this has been positive.

JHC have a vacant consultant post and in the meantime are looking at getting some GP sessions in to cover.

Bereavement/emotional support services put in place during the first phase of COVID with Macmillan are continuing and JHC are looking to continue working closely together in the long term – another good example of ongoing collaboration to support Islanders.

Last week was Volunteers week and the opening of the shop in St. Ouen. Volunteers are keen to return to Hospice which has been wonderful. JHC did a lot of celebrating of volunteers with other organisations and have embraced those on the retail side of the organisation.

Online telephone calls have been successful, more relaxed and convenient to patients.

Business as usual slowing resuming in those areas where JHC had stopped services although continued to see patients throughout, in-patient unit has been operational. Out-patient services delivery will change. Digital consultations have worked well and will now review previous face-to-face sessions to offer a wider choice of access.

JHC have several staff who have underlying health conditions and are struggling with the notion of coming back and reintegrating back into the workforce; JHC are providing support. JHC are supporting staff who have worked within the inpatient units who are exhausted and not able to leave the Island to recover.

Family Nursing and Home Care (FNHC)

	<ul style="list-style-type: none"> • FNHC have continued business as usual as much as possible by increasing risk assessments. Capacity has been reduced in clinics and vulnerable patients have been prioritised. • Rapid Response – business as usual. The re-enablement staff from HCS have worked well and moving forward will be working closely with Associate Managing Director for Modernisation on the new Community Hub. • Communications with clients via virtual meetings have worked well. Within Child & Family, FNHC have changed the way in which they work with them. • Restarting the Immunisation programme and children's assessments. • FNHC are looking at the Restorative Framework for Community Services for Child and Family that NHS England has put together. • Staff – initially reluctant to work from home but have got used to this way of working. Looking at a seven day a week rota which will reduce numbers. • Challenges around the dressing's clinic. FNHC have stopped a lot of the patients coming in but now wish to resume this service and are very conscious about how to manage this with social distancing. • Working from home there have been issues with IT server and moving forward this needs to be made more secure. • Plans in place in case of second COVID wave. • Staff have adapted well, offering staff some external support regarding resilience. Initially, there was staff anxiety around COVID and PPE. 	
<p>9.</p>	<p>Jersey Care Model</p> <p>HCS have received the Review back from PWC and have shared with the Political Oversight Group, Council of Ministers and Scrutiny. The report will shortly be shared across all organisations and then preparations for the public facing document in September to coincide with the debate in the Assembly.</p>	
<p>10.</p>	<p>Performance Report</p> <p>The Governance and Performance Analyst led members through the Quality and Performance Report as at 31 May 2020.</p>	

	<p>The key areas to note: -</p> <ul style="list-style-type: none"> • Now seeing increased activity around services. The Emergency Department (ED) and Urgent Treatment Centre (UTC) back up to normal activity levels but with 66% going through UTC. • Waiting lists for out-patients continue to decrease as we have moved to telephone consultations. • In patient waiting list, HCS have seen a 24% increase. • HCS are gradually increasing elective activity whilst keeping within infection control guidelines and maintaining patient safety. • Essential theatre maintenance over August. Theatres will be closed for two weeks. 	
<p>11.</p>	<p>Committee Report – Quality Performance and Risk</p> <p>The Chief Nurse led members through the Quality, Performance and Risk Committee report. The key areas to note: -</p> <ul style="list-style-type: none"> • In readiness for COVID-19, a temporary Gold, Silver and Bronze command and control structure provided governance assurance around decision-making. • The Quality, Performance and Risk Committee was reconvened on 1 May 2020 and the Risk Register was reviewed; two COVID related risks were added. • Presentation around Tier 4 services at CAMHS – a detailed update was given on the temporary arrangement for children and young people requiring Tier 4 inpatient service during Covid-19. This was done by repurposing part of a section at Greenfields and named Meadow View. HCS and CYPES worked together to stand this service up as part of COVID emergency response. • System wide capacity plan for COVID 19 – a paper which outlined Island wide bed occupancy available for a “worst case” scenario. The plan describes the triggers which would lead to the unlocking of system, relating to inpatient demand, ICU capacity, oxygen supply and staffing. • Ethical Framework – shared with the Committee for information. The framework based on published national guidance and guidance from UK critical care networks developed during 	

	<p>previous pandemic planning. The paper had been through consultation, ratified and presented to the Emergency Council.</p> <ul style="list-style-type: none"> • Nightingale Hospital project arrangements – update given on the Nightingale Hospital Project which covered timeline from inception to operational build. • Infection Control update report with key metrics provided for Jan-March 2020. • PPE Update – it was recognised at the outset of Jersey’s emergency response to COVID 19 that issues accessing supplies caused a pressure point at the start of COVID. A PPE cell was established and a standardised request process for 200 organisations around the Island was established. • Adult Social Care Q1 Report – a comprehensive report from Adult Social Care which covered aspects of incidents, complaints, regulation of care, care adult programme, policy and pathway activities. Work now being built on to provide a Family Hub. 	
<p>12.</p>	<p>Letter from UNICEF</p> <p>The Chair shared a letter dated 28 May 2020 from UNICEF.</p> <p>The Chair invited members to comment. The main points considered were: -</p> <ul style="list-style-type: none"> • There are several parents able to pay for primary care so how do we balance that with those who are not able to. • Disproportionate amount of families requiring support not just financial but psychological and physical. • JCM – PWC doing costing model to provide free healthcare and the financial impact to the Island. This work will be completed by end of June 2020 and then begin consultations with GPs. • Cost benefit analysis. • Nominal charges. • Costs around missed appointments. • Not penalising children whose parents have medical debt. • If HCS contract GPs over a period with fixed tariffs charges will be levied. <p>The Director General and Ministerial Support will prepare a response.</p>	

13.	Any Other Business The Chair thanked Mr Le Feuvre for all his hard work and commitment over the years and wished him the best of health and happiness on his retirement.	
14.	Date of Next Meeting The next meeting takes place on 13 July 2020 at St. Paul's Centre.	