

Health and Community Services Board – (Public Part A)
Notes of meeting on Monday 10 February at 2.30 p.m. – 17:00 p.m.
Main Hall, St Paul’s Centre, St. Helier

Present:	Richard Renouf (Chair)	Minister for Health and Community Services	RR
	Hugh Raymond	F&M Committee Chair	HR
	Patrick Armstrong	Group Medical Director	JM
	Caroline Landon	Director General	CL
	Michelle West	Associate Managing Director	MW
	Rose Naylor	Chief Nurse	RN
	Darren Skinner	HR Director	DS
	Lauren Jones	Head of Finance Business Partnering HCS	LJ
	James Le Feuvre	CEO – Mind (attended from 3.00 p.m.)	JLeF
	Emelita Robbins	CEO – Jersey Hospice	ER
	Isabel Watson	Head of Social Care and Chief Social Worker	IW
	Stephen Bull	Programme Manager	SB
	Ruth Brunton	CEO Brighter Futures	RB
In Attendance:	Karen Pallot	Executive Assistant	KP
	Mark Richardson	Ministerial Support	MR
	Louise Journeaux	Communications	LJ
	Andrew Carter	Governance and Performance Analyst	AC
	Geoff White	Associate Chief Nurse - Professional Practice – Island Non-Medical Prescribing Lead	GW
	Aisling Adams	Senior Nurse – Quality and Practice Assurance	AA

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 everyone to the meeting.</p> <p>Apologies were received from Steve Pallett (QP&R Committee Chair), Jeremy Macon (POD Committee Chair), Robert Sainsbury (Group Managing Director), Dr Nigel Minihane (Primary Care Body), Sean Pontin (Jersey Alzheimer’s Association) and Bronwen Whittaker (CEO Family Nursing and Home Care).</p>	

2.	<p>Declarations of Interest</p> <p>No conflicts of interest were declared</p>	
3.	<p>Service User Story</p> <p>Due to travel disruption the Service User Story was postponed to April 2020.</p>	
4.	<p>Digital Update</p> <p>The Programme Manager gave a short presentation on the Jersey Digital Care Journey. The main points to note:-</p> <p><u>Systems Integration</u></p> <p>An integration layer is now in place enabling HCS to connect together new systems. The E-prescribing project is reliant on that to feed data from our hospital system into the Pharmacy system and is soon to connect our laboratories to primary care. It will also be able to send out a discharge message from the hospital to primary care.</p> <p><u>Electronic Prescribing System (EPS)</u></p> <p>Two wards have been piloted. The Clinician issues a prescription, the Decision Support software will then run a check on the drugs prescribed against drugs already prescribed to the patient. The system then links into stock control and wards. Discharge medication to primary care will roll out in a few months. Electronic Prescribing went live two weeks ago and will be rolled out throughout the hospital. Mental Health will also be using the system.</p> <p>The Chair thanked Stephen Bull for a very informative and interesting presentation.</p>	
5.	<p>Professionals Story –</p> <p><u>Island-Wide Pressure Point Prevalence Audit</u></p> <p>The Chief Nurse welcomed and introduced Geoff White (Associate Chief Nurse - Professional Practice – Island Non-Medical Prescribing Lead) and Aisling Adams (Senior Nurse – Quality and Practice Assurance) to the Board. The Chief Nurse informed the Board that the Island Wide Pressure Point Prevalence Audit was a piece of focussed work undertaken following two Serious Case Reviews. The presentation had been taken to the Quality Performance and Risk Committee and the Chair had expressed his wish that this be taken to the Board as a good example of excellent use of our resources.</p>	

The Senior Nurse – Quality and Practice Assurance gave a presentation on the Pressure Ulcer Taskforce and Prevalence. The key areas to note:-

- Based on the recommendations from a serious case review surrounding pressure ulcer prevention in September 2019, an Island-wide taskforce group was formed by the Chief Nurse. The taskforce group consisted of representatives from HCS, Family Nursing and Home Care, Jersey Hospice and Care Federation. Part of the action plan was to complete an Island-wide point prevalence study.
- This study was undertaken on the 22nd October 2019 to establish how many people were affected by pressure ulcer damage on that particular day using a simple evidenced-based audit tool adapted from Healthcare Improvement Scotland. 1179 people were reviewed and 65 were identified with pressure ulcer damage.
- The findings from the study gave a prevalence percentage of 5.5 % of people affected by pressure ulcer damage on that day. The latest benchmark on NHS Benchmarking Forum was 8% based in community hospital and it is re-assuring that Jersey fell below these averages. Jersey still needs to do work around education, assessment and care planning to reduce this.
- The Tissue Viability Nurse Team, consisting of four nurses working in different organisations, will now form part of the review team for all JNAAS reviews for 2020, supporting collaborative working. They are also working with JNAAS on a joint education programme in conjunction with the Safeguarding Partnership Board.
- The Taskforce continues to meet.

The Chair congratulated GW and AA on an excellent piece of work.

6.	<p>Minutes</p> <p>Subject to minor amendments the Minutes of the meeting held on 13 January 2020 were taken as read and approved.</p>	
7.	<p>Matters Arising and Action Log</p> <p>The Board noted that there were no Matters Arising</p> <p>The Board noted there were no Actions outstanding.</p>	
8.	<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"> • Access to primary care for financially vulnerable patients – debated in the States. HCS will be bringing in measures to address this and have advised the Assembly that work is ongoing. Later in the year HCS will identify groups that we may be able to support. The Chair, in conjunction with the Council of Ministers and the Social Security Minister will decide on a proposal to take to the States. • Assisted Dying – discussions around the Island whether this should be introduced. There are lots of considerations around this sensitive subject - ethical, legal and regulatory issues. <p>During a recent trip to Dublin, the Chair met the Health Minister for Ireland, and he confirmed that they too had contentious issues such as abortion and same sex marriages. They created a Citizens Jury (a panel comprising members of the public who will discuss the issue, answer questions from an independent advisory panel and speak to expert witnesses from all sides) which took the heat out of the argument and was able to help with decision making. The Chair plans to bring this to Jersey.</p> <ul style="list-style-type: none"> • Jersey Care Model – HCS are waiting on the report from Health Planners. • The Health and Social Security Scrutiny Panel will be holding a public hearing on the Jersey Care Model on 13 February 2020. • The Chair has been involved in the Health and Wellbeing Strategy led by Senator Pallett. The Strategy is in its final stages and will be taken to the Council of Ministers and then presented to the States Assembly. 	

	<ul style="list-style-type: none"> The CEO of Brighter Futures asked if the Wellbeing Strategy will incorporate children's health and wellbeing and will it consider the high-level support around CAMHS work and redesign work i.e. that pathway from early intervention and prevention and whole system approach. The Chair confirmed that the Strategy has been co-designed with CAMHS and presented to the Quality Performance and Risk Committee on 4 December 2019. 	
8.	<p>Director General's Report</p> <p>The Group Managing Director provided a verbal update on the main priorities as follows: -</p> <ul style="list-style-type: none"> Patient Tracker List (PTL) – HCS is committed to getting waiting times correct for patients and ensuring that the offer we give to patients is one that is competitive with the private offer on the Island about choice of surgeon and environment. As at 1 April 2020 HCS will be able to provide a list showing details of where the patient is in the system and when they will be seen. The Director General, Chief Nurse and Group Managing Director visited hospitals in Europe and UK and came back completely enthused about what is possible for Jersey and what a great opportunity there is to build a health campus for Islanders. JCM – being stressed tested by PWC Health Planners and HCS is looking forward to receiving the report. Task and Finish Groups led by the Modernisation Team under the stewardship of Deputy Hugh Raymond concentrating on Diabetes and Maternity. Governance Framework – the Group Medical Director and Chief Nurse have been working on this. 	
9.	<p>Group Medical Director's Report</p> <ul style="list-style-type: none"> Coronavirus Update – initial test results on a patient admitted over the weekend were negative. HCS is well prepared in case of further developments and are following advice from WHO and NHS England. HCS is focusing on containment and are advising the public to self-isolate. A helpline is available and more detailed information can be found on the gov.je website. 	
10.	<p>View from the Bridge (Partner Organisations)</p> <p><u>Brighter Futures</u></p>	

	<p>Ruth Brunton, CEO Brighter Futures (BF) gave a verbal update and the main points were:-</p> <p>2019 was a very busy year with positive outcomes on parental wellbeing, resilience, confidence and capacity to cope. BF is working with parents on developing their children’s social, emotional, communication and physical skills. BF has seen a significant increase in the number of self-referrals alongside referrals from professionals.</p> <p>BF has trained clients just before discharge in the hope of them becoming parent champions to signpost other parents about services available and to promote community resilience.</p> <p>BF has piloted some wellbeing support for first time pregnant mums in liaison with Women’s Children’s and Family Care Group to encourage first time mums to come in if they are feeling anxious about being a parent, and this has been successful.</p> <p>Multi agency work with Children’s and Young People’s plan, Best Start Partnership, Children’s Cluster, Right Help, Right Time Pathway redesign and Closer to Home.</p> <p>Most recently BF is exploring the possibility of social bridging finance and what that might look like working with the Government of Jersey going forward.</p> <p>The CEO for BF is concerned that the Commissioning Manger, originally part of HCS, has been moved across to CYPES and there is a feeling that there is now a disconnect in moving from one silo to another and it would be helpful if there could be connectivity between the two services.</p> <p>Action: Interim Director for Modernisation to link in with the CYPES to discuss cross-government commissioning functions.</p>	HL
10.	<p>Jersey Care Model</p> <ul style="list-style-type: none"> • The Focus Groups have started. All Care Groups have been invited to attend two Focus Groups. The first session started last week - this is an opportunity to stress test some of the work that was previously done around activity that may be able to be done in a different environment, and to identify areas that have been missed. • A Clinical Senate has been established with partner organisations and multi-professional group of clinicians to provide assurance and oversight. It is hoped that this will develop into something bigger for the future beyond the JCM. 	

	<ul style="list-style-type: none"> • Primary Care – engagement with GPs has been positive and there has been expressions of interest to join the Senate. GPs are keen to work with Allied Health Professionals to run a primary care service. • PWC is providing regular updates. There have been lots of ideas feeding into our modernisation programme. • PWC met with Women, Children and Family Care Group and there was much discussion around how to deliver care in a much better way. 	
11.	<p>Estates</p> <ul style="list-style-type: none"> • Aviemore - repairs to property on schedule to be completed by the end of February and within budget. There is one resident waiting for an appropriate placement. 	
12.	<p>Performance Report</p> <p>The Governance and Performance Analyst presented to the Board a presentation on the Patient Tracker List as at 31 January 2020. The main points to note: -</p> <ul style="list-style-type: none"> • Outpatients - there are 9535 patients on the list, waiting for their first appointment. • The list has been validated and there are gaps in our demand and capacity. Top of the list is Ophthalmology. We have commenced our modelling for Ophthalmology and the list has been validated. 946 is a genuine figure and HCS is going to address the capacity issues within that Service. • The longest wait is for a dental patient with an appointment for mid-March. A Workshop has been scheduled to look at dental outpatients and community screening for children. 35 dentists will be attending, and data will be shared to get an understanding of what needs to be done. 	
13.	<p>Committee Report – Management Executive</p> <p>Director General gave a verbal update of the meeting held on 5 February 2020. The main agenda items discussed were:-</p> <ul style="list-style-type: none"> • Patient Tracker List • Governance Framework and how we are reviewing it. • Hospital Car Parking 	

14.	<p>Committee Report – Quality Performance and Risk</p> <p>The report was taken as read. The mains points to note: -</p> <ul style="list-style-type: none"> • <u>Serious Incident (SI) Reports</u> – there has been some movement and continued progress in the coming months. 20 staff have been trained in incident investigation. The AMDs have agreed that staff are given prioritised time to do the investigations. All cases have been allocated. Feedback from huddles are captured in the reports. The Chair recognised the amount of work that has been put into completing SIs. • <u>Quality and Performance Report – Maternity Performance</u> – focused work on the Maternity Improvement Plan and this will be taken to the Quality Performance and Risk Committee and then to the Board • <u>Staffing Report</u> – Further details was requested concerning data on ITU staffing. The redeployment of staff around areas ensured that patients were not put at risk. The Care Group is doing a deep dive and a report will be taken to Quality Performance and Risk Committee. Overall bed occupancy remained stable. • <u>JNAAS</u> – update on newer areas. SCBU had their first JNAAS Assessment and was rated Amber. An action plan is being developed. The Chief Nurse and Group Medical Director are doing work around practice assurance to incorporate all of those who contribute to care. • <u>Safeguarding Partnership Board Adult SCR's</u>. A verbal report was given concerning two adult serious case reviews. At the time of the meeting a decision about publication had not been made. A further update and action plans will come to the Quality Performance and Risk Committee along with a safeguarding assurance framework for HCS. <p>The Board noted the report.</p>	
15.	<p>Committee Report – Finance and Modernisation</p> <p>The report was taken as read and the main points to note: -</p> <p><u>Finance</u></p> <p>Final accounts have been prepared and submitted for final review to audit and then to the auditors, Deloitte.</p>	

	<p>£35k underspend for 2019 mainly due to staffing. There are some medical staffing areas that are difficult to recruit permanently to.</p> <p>No month one as its early in the year. Month two will be reported to the next Finance and Modernisation Committee meeting and then to the Board.</p> <p><u>Modernisation</u></p> <ul style="list-style-type: none"> • Digital – continued work on the Jersey Care Model • There are four Task and Finish programmes currently running to enable rapid improvements to take place when required. • Update on the PTL work that the team is leading on. • Now we are in the new financial year it is about monitoring the efficiency programme and the delivery of themes that we have identified. • Internal dialogues across HCS Executive Team about the type of financial information that is available to teams. • Room rate – The Modernisation Team is looking at the report to examine money being spent by each of the Care Groups moving forward in order to have informed conversations around monetary variances and to challenge how they can manage their savings moving forward. <p>The Board noted the report.</p>	
<p>16.</p>	<p>Committee Report – People and Organisational Development (POD)</p> <p>The HR Director informed the Board that there is no report as the first meeting for 2020 takes place on 12 February.</p> <p>The Interim HR Director updated the Board as follows:-</p> <ul style="list-style-type: none"> • <u>Workforce Strategy</u> – work being done looking at workforce projections for the future in conjunction with the Jersey Care Model and Our Hospital Project. The HCS Strategy report will be presented to the next POD. • The CEO Jersey Hospice Care enquired as to why JHC has not been involved in the Island Wide Strategy. The Interim HR Director explained that he is not able to do the whole Strategy as he is currently working on the HCS Strategy. Once PWC has reported, HCS will move across to the new model. <p>The Board questioned why spend time on an HCS Strategy when we can look for resources to create an Island-Wide Strategy.</p>	

	<p>Action: HL to identify a resource from outside to allow HL to work with DS to create Island Strategy.</p> <p>Action: 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.</p>	<p>HL/DS</p> <p>DS/HL</p>
17.	<p>Any Other Business</p> <p><u>Matters to be Escalated to the Board</u></p> <p>Digital Risk</p> <p>The Programme Manager informed the Board that Government IT had planned to migrate the GoJ data centre away from Cyril Le Marquand House to Five Oaks and despite assurances from IT that there would be little or no impact to HCS, Pharmacy and other areas within the Hospital experienced issues resulting in a system break down. The Board can be assured that no patient came to harm. This has been placed onto our Risk Register because as we develop more digital systems we need to have a robust support system in place.</p> <p>Action: The Risk Register will come to Board in April</p>	<p>RN/EOC</p>
18.	<p>Date of Next Meeting</p> <p>The next meeting takes place on 9 March 2020 at St. Paul's Centre.</p>	