HEALTH AND COMMUNITY SERVICES – BOARD MEETING IN PUBLIC – PART A

The next meeting of the Health and Community Services Board (Part A) in public will be held 28 October 2019 St Pauls Centre 15.00 – 17.00

(Deputy Richard Renouf – Minister for Health and Social Services - Chair

		AGENDA					
			WHO		**PAPER VERBAL**	**INFORMATION ASSURANCE DECISION**	
1		Welcome and Apologies	Chair		VERBAL	INFORMATION	
2		Declarations of Interest	Chair		VERBAL	ASSURANCE	
3		Service User Story – Yvonne Turmel – Social Care	TBC		VERBAL	INFORMATION	
4		Professional's Story – Social Care Prevention and Intervention	TBC		VERBAL	INFORMATION	
5		Minutes of the Previous Meeting 30 September 2019	Chair		PAPER	INFORMATION	
6		Matters Arising – Action Tracker	Chair		PAPER	ASSURANCE	
7		Chair's Report	Chair		VERBAL	INFORMATION	
8		Director General's Report	Director General		VERBAL	INFORMATION	
9		Jersey Care Model - Update	Group Managing Director		VERBAL	INFORMATION	
10		BREXIT Preparedness - Update	Group Managing Director		VERBAL	ASSURANCE	
11		Committee Report – Management Executive	Director General		PAPER	ASSURANCE	
12		Committee Report – Quality and Performance and Risk	Rose Naylor and Q&P Chair		PAPER	ASSURANCE	
13		Committee Report – Finance and Modernisation	Steve Mair and F&M Chair		PAPER	ASSURANCE	
14		Committee Report – People and Organisational Development	Darren Skinner and POD Chair		NO PAPER	ASSURANCE	
15		Any Other Business	Chair		VERBAL	INFORMATION	
16		Date of the Next Meeting 25 November 2019 15.00 – 17.00 St Pauls Centre				INFORMATION	
17		Meeting Close					

Health and Community Services Board (Public Part A)
Notes of meeting on Monday 30 September at 3.00 p.m.– 5.00 p.m.
Lower 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
	Steve Pallett	Q&P Committee Chair	SP
	Caroline Landon	Director General	CL
	Jeremy Macon	POD Committee Chair	JM
	Robert Sainsbury	Group Managing Director	RS
	Rose Naylor	Chief Nurse	RN
	Darren Skinner	HCS HR Director	DS
	Steven Mair	Group Finance Director	SM
	Dr Nigel Minihane	Primary Care Body Representative	NM
	Bernard Place	Board Secretary	BP
	Adrian Noon	Associate Medical Director Primary Care	AN
	Emelita Robbins	CEO – Jersey Hospice	ER
	Sean Pontin	CEO - Jersey Alzheimer's Association	SP
	Bronwen Whittaker	CEO – Family Nursing and Home Care	BW
	Ruth Brunton	CEO Brighter Futures	RB
In Attendance:	Karen Pallot	Executive Assistant	KP
	Mark Richardson	Ministerial Assistant	MR
	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
	Meeting Formalities – Meeting Started at 15.00	
1.	**Welcome and Apologies** Apologies were received from John McInerney, Group Medical Director and James Le Feuvre, CEO Mind.	
2.	No conflicts of interest were declared	
3.	**Patient's Story** The Chair welcomed Mr. John Medway and thanked him for attending the Board to share his experiences. Mr Medway has been a patient at the General Hospital for over 30 years and has observed that nursing	

has changed over the years in that Nurses have been upskilled and taking on the role of junior doctors and the time spent with patients has been eroded. Mr Medway recently attended Day Surgery and observed the following:-

- Day Surgery staff under pressure to get through the theatre list.

- The friendly rapport between patient and nursing staff no longer exists as nursing staff are so busy. Lack of compassion and empathy to those patients sitting alone, waiting nervously for their operation.

- To receive attention, the patient can press a buzzer (patients are reluctant to do this) or to try and catch a nurse or doctor on the ward.

- On discharge, should a patient experience any complications they are instructed to contact the ward or Accident and Emergency Department, whereas in the past patients would remain in wards until they were stabilised.

The Chair thanked Mr Medway for sharing his experience and that staff should remember the importance of personal care.

The Director General thanked Mr. Medway for sharing his story as it is valuable to receive feedback in order that HCS can look at different ways to make changes.

The CEO for Family Nursing and Home Care asked Mr Medway if at night time there a Community Nurse was available to call on, would he have felt more assured going home from Day Surgery in that he could have had someone that could come to his home and given professional input and support you if required.

Mr Medway welcomed the suggestion of a nurse attending the home should there be complications rather than having to either call a doctor or A&E at night.

The Chair commented that plans are in place for this service and HCS are looking to the Government Plan for funding care in the home.

The Chief Nurse commented that Mr Medway's experience really illustrates the changes in profession over several years and, whilst changes in surgical techniques have advanced the way people work and changes to the nursing profession as in making it an all graduate profession. One of the things that absolutely must stay fundamental to nursing is the ability to care for people with compassion. The staff in the Day Surgery Unit will receive Mr Medway's feedback this will be shared widely in respect to learning and training.

The Chief Nurse thanked Mr. Medway for taking time out to meet the Board and that it is important to listen to patient experiences.

4.	**Professional's Story**	
	The Chief Nurse introduced Mr Geoff White, Head of Professional Practice – Island Wide NMH Lead. Mr White informed the Board of an initiative that has been running for the past four years but more concentrated over the past two years namely the Jersey Nursing Assessment Accreditation System (JNAAS) which used in all patient areas across HCS. The system was developed in conjunction with the Royal Salford NHS Foundation Trust. The aim is to run JNAAS across the Island and this work has already included working with our health care partners, HM Prison La Moye, Family Nursing and Home Care and Jersey Hospice.	
	The aim is to provide assurance of care. The visit is a snap shot review of pain management, infection control and end of life management.	
	To provide an assurance around all aspects of care delivered in the form of an unannounced snap shot review. The system is managed by the Island's Chief Nurse and is led by the Practice Assurance Team and 14 core care standards are measured. These are for example, pain management, environmental and patient safety, end of life care, nutrition and hydration, infection control, communications and medicines management.	
	Voice of the patient and their relatives form an integral part of the assessment and staff are also interviewed as part of the process together with a wide range of documentation such as patient notes.	
	Each ward is scored using a traffic light system where deficits are identified and corrected using an action plan when required. This system is fully supported and ongoing with unannounced visits to ensure standards are maintained. Results are fed back to the Quality and Performance Committee and then to the Board.	
	The Chair asked if the process was validated externally. Mr White explained that the evidence based standards are benchmarked against Royal Salford Hospital and Care Commission. The process has been very favourable and has shown more immediacy if we do have a problem and a more efficient way of managing some of the issues that we have.	
	The Group Managing Director update the Board that in addition to JNAAS there is the Quality and Performance Committee, myself, Chief Nurse and the Group Medical Director also have monthly meetings and with all our Care Group leadership teams consisting of Lead Doctor, Lead Nurse, Allied Health Professional and General Manager and in that forum that we also do the deep diving into what the JNASS assessment is reporting. JNASS is a very effective mechanism tool.	

	Senator Steve Pallett enquired as to how nursing staff at Orchard House have been working with the Practice Assurance Team to improve standards. Geoff White explained that the Practice Assurance Team have been working at Orchard House for the past year and more intensively during the past six months. After the first JNAAS review it flagged several issues in terms of red standards and immediately it triggered a response for the Practice Assurance Team to work proactively with that team who were under a lot of pressure at that time. The Practice Assurance Team met fortnightly with the Orchard House nursing team to look at their action plan and helping them to network and link with the wider organisation. Unannounced visits continue, and the staff welcome the support and are providing solutions to some of the issues they are facing. Dr Minihane enquired as to how this would support the community. Mr White explained that HCS are currently working with Salford Hospital to look at a Community Accreditation Framework, which is currently in development stage.	
5.	**Minutes** The Minutes of the meeting held on 8 July 2019 were taken as a true and accurate record.	
6.	**Matters Arising and Action Log** The Board Secretary led the Board through the action tracker, the main points discussed as follows:- 08/08/2019 - Signpost' patients to access support following breaking of bad news At the last Board Meeting an outpatient suggested that patients would benefit from a nurse special support after bad news has been broken. HCS have appointed a PALS Manager (Patient Advisory Liaison Services) to follow up with patients following the delivery of bad news, managing Feedback (Complaints, Comments and Compliments) and learning from complaints that will inform service improvement and development. The PALS is in its early development and actions will come back to the Board. The Board agreed the Action Tracker.	
6.1	**Terms of Reference – Management Executive Committee**	

	The Board received the Terms of Reference for Management Executive Committee for assurance. The Board noted and agreed the Terms of Reference for assurance.	
6.2	**Terms of Reference – Risk Committee** Senator Pallett led the Board through the Risk Committee Terms of Reference. The Terms of Reference were taken to the Risk Committee for approval. Some minor amendments considered, and membership extended to include Head of Estates Management. The Board noted and agreed the Terms of Reference for assurance.	
6.3	**Terms of Reference – Quality and Performance Committee** Senator Pallett led the Board through the Quality and Performance Committee Terms of Reference. The Terms of Reference were taken to the Quality and Performance Committee for approval. Some amendment to the wording and membership. Senator Pallett explained that it is a large Committee of 20 members, but it is important that all clinical areas are covered. The Chief Nurse apologised for not including the list of Committee groups that report into Quality and Performance Committee. **Action:** List of Committees to be taken to the Management Executive Committee. The Board noted and agreed the Terms of Reference for assurance.	**RN/CH**
6.4	**Terms of Reference – Finance and Modernisation** The Chair of the Finance and Modernisation Committee led the Board through the Finance and Modernisation Terms of Reference and informed the Board that the Finance and Modernisation Committee look at the modernisation and financial aspects of the Government Plan and Hospital funding. Finances to 31 August are on target and hopefully this will continue. Challenges facing the Committee will be property management. The Board noted and agreed the Terms of Reference for assurance.	
6.5	**Terms of Reference – People and Organisational Development** Deputy Macon and the HR Director led the Board through the People and Organisation Terms of Reference. Key additions to the Terms of Reference is the inclusion of Trade Union representation. The Board noted and agreed the Terms of Reference for assurance.	
7.	**Chairs Report**	

	The Chair gave a verbal update on the work he has been involved with since the last meeting as follows:-	

The Chair gave a verbal update on the work he has been involved with since the last meeting as follows:-

- Government Plan. Meetings have taken place before the summer recess and the Chair expressed his thanks to the officers for providing information. The Chair and Assistant Ministers have attended a Scrutiny Hearing. States Debate in November.

- Jersey Care Model – HCS will be presenting the new Care Model to the Political Oversight Group (POG) on 3 October, subject to approval it will then be taken to the Council of Ministers.

- Mental Health Services – substantial developments have been made in setting up a Listening Lounge and the formation of a Crisis Intervention Team.

- Mental Health Estates - Planning application has been submitted for acute works at Clinique Pinel.

- The Chair met with the Care Federation to discuss the new Care Model and they expressed their concerns about workforce pressures, recruitment, training and upskilling staff resources.

- Brexit – preparation plans for day 1 no deal is underway.

- The Chair recently met with members of the Deaf Community to fully understand their needs and inadequate pathways. HCS are proposing to recruitment a Community Liaison Officer for the Deaf is out to advert. The Community Liaison Officer will work within the community and HCS are upskilling social workers to meet their social care needs.

8. **Director General's Report**

The Director General (CL) provided a verbal update, the main points as follows:-

- Jersey Care Model – presentations have been rolled out to all staff, GP surgeries and 3rd Sector Providers. CL expressed her thanks to those who participated. The Jersey Care Model will be taken to the Political Oversight Group on 3 October 2019.

- Target Operating Model (TOM) – restructuring internally and is expected to be completed by end of December.

- Commissioning Framework – Jo Poynter has been appointed to the post of Assistant Management Director of Modernisation.

	• Governance Structure – continues at pace, this is our second Board Meeting. • Efficiencies Plan – HCS are working on this.	
9.	**Jersey Care Model** The Group Managing Director informed the Board that the Jersey Care Model is progressing well and will be presented to the Political Oversight Group (POG) on 3 October 2019. Subject to approval it will be taken to the next meeting of the Council of Ministers.	
10.	**BREXIT Preparedness** The Group Managing Director provided a verbal update on plans undertaken by HCS in preparation for a Day 1 No Deal Brexit. The main points to note as follows:- • Supply Chain – weekly calls with NHS UK. Jersey is part of the UK arrangements however due to Jersey's geographical location, contingency plans are in place in case of disruption by freight or ferry. HCS are confident that they have the necessary supply of medical supplies in the event of any disruption. • There have been concerns around short shelf life medicines such as insulin. Jersey has negotiated air freight routes to ensure preparedness. • Workforce supply, UK NHS are heavily reliant on EU nationals who will be part of the supply chain to Jersey. There are plans around how we will manage this which links into the Strategic Brexit Operational Group. HCS are confident that EU nationals employed by HCS are Island residents. Post Brexit should EU nationals decide not to reside in UK or Jersey this will affect the temporary supply chain and we will need to re-purpose staff. • The Chief Pharmacist has been working with all pharmaceutical suppliers around stock available to pharmacies and has been stress testing this for many months.	
11.	**Estates Report** No Estates Report – verbal update. The Group Managing Director provided a verbal update on HCS Estates the key areas to note:-	

	The Risk Committee has committed to providing full estates a risk stratification in terms of our pressing needs across the Estate. We have extensive plans across our Mental Health in patient areas.

HCS have challenges around the Learning disability facilities and our home care provided facilities and the back log maintenance requirement to the Jersey General Hospital which is quite significant. A full report will be presented to the Risk Committee for ratification by the Chair.

The Estates Team will be bringing a full report of the risks and the mitigating plans to address these and will be ratified by the Chair of the assurance committee and brought to the Board.

Senator Pallett asked for assurance that Orchard House and La Chasse projects are going ahead, and that funding is available for both.

HCS have already committee to both programmes. Orchard House has been realigned to Clinique Pinel and the Government Plan and we are at the planning stage. La Chasse is in progress and we are confident that for all our in-patient units within Mental Health they will have the environmental changes that they need and for our out-patient community facing services in La Chasse that will also be fit for purpose. La Chasse ready by mid-2020 some services will commence before then. In the meantime, mental health staff will operate from La Bas Centre. | |
| 12. | **Committee Report – Management Executive**

The Director General led the Board through the report.

The main points to note:-

- HCS Risk Register – Risks scored 16 and above are reviewed by the Management Executive Committee brought by the Chair of the Quality and Performance Committee. The Risk Register will be taken to the Board in November

Action: HCS Risk Register to be taken to the next meeting.

- Ebola – The Director of Infection Prevention Control presented a report on the unfolding Ebola risk. Assurance was received that processes are in place and that staff are trained and aware of actions to be taken if presented with a case.

- Quality and Performance – The Governance and Performance Manager fed back a Patient Tracker List (PTL) in which teams will proactively manage patient waiting lists. The PTL will provide more comprehensive information about patients on the waiting list and will demonstrate when they will be seen. The PTL is currently being validated and is expected to be ready as | **RN/JMcl** |

	a business tool by January 2020. The Director General hopes to bring the report to the Quality and Performance Committee in November showing how many patients we have waiting and where they are on their journey and when we intend to see them, and we plan to bring this to Public Board in February 2020. Dr Minihane asked if the PTL be triaged. The Director General informed the Board that the current PTL is being triaged so that patients on the waiting list are seen in a timely manner and this is happening. Ongoing when we deliver appropriate waiting lists for patients this will be triaged, and we hope to do that as we move through the new Model of Care in cooperation with Family Nursing and GPs. The Board noted the report.	
13.	**Committee Report – Quality and Performance** The Chief Nurse led the Board through the report which was taken as read. Key areas to note:- The report covers two Committee Meetings held since the Board met. • Arm's Length Organisations – a paper was received in September which outlined the progress of an assurance framework that provides a line of sight to the Quality and Performance Committee on those services commissioned by or provided for HCS by non HCS organisations. The paper will provide a stop gap between the new Commissioning Framework. • Safer Staffing – in the light of media reports, the Chief Nurse informed the Board that HCS have developed a Safe Staffing Report on staffing levels around HCS. HCS has 200 vacancies across the entire workforce not just the Hospital. At the time of the report there are 74 vacant nursing posts. HCS has 54 nursing students in the system and several nurses returning to nursing through a nursing practice course. HCS have developed two new systems, e-rostering that moves nurses around wards by care need and Safe Care that allows nurses to input information on how ill their patients are and the level of care needed for each patient. The Chair enquired if nurses could be moved around wards. The Chief Nurse explained that only those with appropriate skills will to move around to other wards and those competent with the necessary training. New nurses on a 1 year training programme will work on medical and surgical wards for a period of six months.	

	The Chair of the Quality and Performance Committee confirmed that he has challenged reports brought before the Committee and has received assurance that work is being done. • Retinal Screening – another report will be presented to the next Quality and Performance Committee Meeting. • Risks – each month something comes up. Patient care is paramount, some triggers but nothing to report to Board at the current time. • Patient Safety – updated report will be brought to the Quality and Performance Committee in October. The Director General informed that Board that patient safety is taken seriously and will continue to be so. The Board noted the report.	
14.	**Committee Report – Risk** The report taken as read. The Chief Nurse informed the Board that the report reflects two Committee Meeting since the Board met. The Committee is strengthening and aligning the HCS Risk Register with the new Target Operating Model and Care Groups. The Management Executive Committee is proactively challenging the Risk Register. There is an inter connectivity with the HCS Risk Register and the Government Risk Register. The Director of Risk and Audit attended the last meeting and provided an update. The Chair of the Risk Committee informed the Board that there are Health and Safety issues around Estates and the Committee is waiting on a report. However, there is nothing to raise at the Board at present and that it be assured that HCS are proactively looking a risk across the whole organisation. The Board adopted the report.	
15.	**Committee Report – Finance and Modernisation** The Finance Director led the Committee through the Finance and Modernisation report and noted the following:- • Forecasting showing a slight underspend and on budget for month eight. • The Financial Risk Register is being prepared. • Efficiency programme is progressing. • HCS are working closely with Internal Audit who provide further assurance by testing our financial systems and bringing in modernisation and digital models such as the Care Model, working with contractors and partners and mental health improvements.	

	The Chair requested an update on e-prescribing. The Associate Medical Director for Primary Care informed the Board that an on-line training package and the Associate Medical Directors (AMDs) are making sure that medical staff have received training which will be piloted over the next two months on two of the wards to iron out any issues and will be rolled out in the second quarter of 2020. HCS are also piloting on-line X-ray requests in one surgery and in the 2nd/3rd Quarter of 2020 there will be an online blood service from General Practices to JGH Laboratory and the results will be sent direct to GPs. The Chair for Quality and Performance enquired about Internal Audit. The Director of Finance informed the Board that internal audit is purely at risks to the finance system. Dr Minihane enquired about Long Term Care (LTC) Fund is there money coming in as the media are reporting that the LTC Fund is running out. Deputy Macon, in his capacity as Minister for Social Security informed the Board that the Fund went through the Actuarial Review and the funding proposals will run out in 2013. There is a Government Plan Proposition to increase levels dependent upon calculation of taxes, the LTC will become more sustainable in the future. The Chair of Quality and Performance asked the Finance Director if there is income coming from Charitable resources. The Finance Director informed the Board that there is £600,000 contribution towards a scanner but will require confirmation. The Board adopted the report.	
16.	**Committee Report – People and Organisational Development** The HR Director briefed the Board on the key points of the report from the People and Organisational Development Board as follows:- • <u>HR Metrics and Data</u> – States wide IT issues have been resolved and key HR data is now available. • <u>Health and Wellbeing</u> – Resources have been put into Trauma Risk Management Programme that will be rolled out to the States of Jersey staff alongside Mental Health First Aider and Awareness Training. HCS has recruited a Clinical Psychologist to support staff and setting up Resilience Training to staff. • HCS are working closely with Liberate about Employer status around inclusion.	

	• HR Risk Register – workforce pressures will be recorded on Risk Register and will include changes in legislation, skills risk, sickness, absenteeism and revalidation. • Workforce Strategy will be delivered at the end of the year. The Board noted the report.	
17.	**Progress on Board Assurance Framework** The Board Secretary presented a paper in conjunction with the Committee Chairs. A Workshop was held to pull together the strategic objectives of the assurance framework but due to challenges during the summer period there has been a delay and more likely to be at the end of the year. The Chair explained that the Assurance Framework is a continuing piece of work and the Board look forward to a future update.	
18.	**Comptroller and Auditor General's (CAG) Reports Recommendations Tracker and Schedule** The Board Secretary informed the Board that there is now a Tracker which has been developed by Internal Audit. HCS will provide audited evidence against each of the recommendations. The Chair asked who will be feeding information into the tracker. The Board Secretary informed the Board that it will be a whole range of people recording governance changes such as theatres, private practice, and governance by way of Assurance Committees. The tracker relates to all government departments across the States. The Chair of People and Organisational Development Committee asked if the tracker would be available on-line. The Board Secretary informed the Board that summaries of key indicators will be presented to the Board and following sign-off from the Centre we will share it publicly on our website. The Board noted progress report.	
19.	**Progress Report on establishing Clinical Governance arrangements including changes in the Quality and Safety Care Group.** The Chief Nurse updated the Board on the new Target Operating Model developed at the Risk and Quality and Performance Committee to implement the CAG report. Care Groups had support to manage separated to two core functions.	

	• Quality and Safety Team – changing the culture, driving forward learning lessons from audit and structure reviews to provide a more transparent approach when things go wrong in our Services. • Risk and Governance Team – main responsibility to provide assurance and to support the Care Group Lead in the delivery of clinical governance responsibilities. We are starting to align people in that team to the Care Groups so that they can provide information in a timely way through feedback, complaints, and to update and maintain the risk register for each Care Group. The Board noted the report.	
20.	**Merger of the Risk and Quality and Performance Committees until December 2019 and draft Terms of Reference.** The paper outlines some of the challenges and realised Quality and Performance. The Chief Nurse explained that it was realised at Quality and Performance and Risk Committees there was some duplication and identified some gaps in finance representation. The new Government Structure aligned with Care Group cross over best thing to do. The Board noted the paper and agreed the merger for a period of six months and then review.	**RN/JMcl**
21.	**Meeting Reflection** • Period of transition however we are making good progress. • Hope to share more information to Board. • Communicate papers to staff through Monday Message. • New Care Model – very positive • Would like to hear of a Carer's or Social Care story. • More information of what is going on in the Community. • Children and Young Persons stories. • Going forward to invite members of the private sector to join the Board.	
22	**Any Other Business notified** The Chair thanked Mr. Bernard Place for stepping up as Board Secretary and would like to wish him every success for the future.	
23.	**Date of Next Meeting** Date of the Next Meeting takes place on Monday 28th October 2019. St. Paul's Centre.	

| | Meeting closed 14.30. | |

	Meeting Date	Agenda Item	Action	Officer	Exec	By When	Progress report	Action Agreed	Action Closed Date	Status
			HEALTH AND COMMUNITY SERVICES BOARD PART A IN PUBLIC - ACTION TRACKER							
8	30/09/2019	12	HCS Risk Register - risks scored 16 above to Board in November	Chief Nurse		25-Nov				OPEN
9	08/07/2019	10	Organogram for groups reporting into committees	Board Sec	BP	Sep 16 2019	MEX, Risk and Q&P have received paper describing groups reporting into Risk and Q&P	Board Committees now	Sep 30 2019	OPEN
10	08/07/2019	10	Bring back Board ToR for review Dec 2019	Board Sec	JMcI	01-Dec	Action not due until Dec			OPEN

HEALTH AND COMMUNITY SERVICES BOARD - ACTION TRACKER									
Audit of Completed Actions									
Meeting Date	**Agenda Item**	**Action**	**Officer**	**Exec**	**By When**	**Progress report**	**Action Agreed**	**Action Closed Date**	
08/07/2019	3	Signpost' patients to access support following breaking of bad news	PALS	RS	Sep 30 2019	PALS Officer has now been appointed and patients experience and patient engagement	This action better owned by Chief Nurse and PALS	Sep 30 2019	CLOSED
08/072019	6	All actions tracked to completion and closure	Board Sec	BP	Continuous	Action trackers established for Board and Committees	Ongoing governance BAU therefore close action	Sep 30 2019	CLOSED
08/07/2019	11	Update Sep Board on BAF progress	Group Med Director	BP	Sep 30 2019	Report to Board Sep 2019	Board Paper Sep 2019	Sep 30 2019	CLOSED
08/07/2019	13	FNHC CEO to share experiences of care regulatory process when available	CEO FNHC	BW	Sep 30 2019	Up date when available	Close action as could form agenda item on regulation of care when appropriate	Sep 30 2019	CLOSED

Report Title
QUALITY AND PERFORMANCE COMMITTEE REPORT

Author(s) and Sponsor	
Author(s):	Rose Naylor Chief Nurse
Sponsor:	Senator Steve Pallet - Committee Chair
Date:	18th October 2019

Executive Summary

Purpose the purpose of this paper is to provide the HCS Board with an update on the matters considered by the Quality, Performance and Risk Committee in the one meeting which has taken place since the HCS Board last met. The date this meeting was held, 18th October 2019.

Narrative this Committee now covers the combined agendas of two previous Committees, the Quality and Performance Committee and the Risk and Audit Committee. The Committee has met on one occasion and has considered the following agenda items.

HCS Risk Register – the Risk register was reviewed in real time during the meeting, the use of the register is becoming more embedded in the organisation, evidence of which was explained in the meeting.

All risks 16 and above were highlighted at the meeting, with a specific focus on new risks added since the previous meeting.it was agreed that the threshold for review of risks at this meeting be set at 15 and above as these are those risk rated as red.

Risk register children's services In relation to risks involving children, all risks scoring 12 and above will continue to be reviewed at this meeting. A risk profiling exercise is currently being undertaken between HCS and CYPES. This work will be reviewed at the joint Children's Governance Oversight Group later this month and will come back to the Committee in November.

Quality and performance report tabled at the meeting. Key aspects of the report were discussed ,these related to the following aspects:

Patient tracking lists and outpatient appointments. A data cleansing exercise has been undertaken to ensure that the patient tracking list is an accurate representation of patients waiting. This work will progress over the next 4 weeks.

Stranded patients -22% increase in the number of stranded patients to date this year. These are patients who have remained inpatients, with length of stay of over 7 days. This will be monitored and a further update will be provided next month.

Orthodontic waiting times were discussed. A separate patient tracking list has been produced detailing the wait for outpatient appointment wait for treatment/fixing and total patients receiving active treatment At present the time to first outpatient appointment is reported on the HCS website, currently 163 days, at this stage if treatment is required the patient goes onto a pending list for awaiting treatment/fixing the current wait is greater than 1800 days. Overall the patients journey on this pathway can be up to 4 years 9 months, and can exceed this timeframe. this is attributed to a significant long standing issue recruiting an Orthodontist..

Dental extractions in under 18 years old – on trajectory to achieve the target set to reduce the number in year.

Mental health inpatients - Bed occupancy in Orchard House has increased – this will be monitored.

New metrics reported on:

length of stay Robin Ward and Length of stay in maternity. No RAG rating yet set for these yet, these will be agreed at the Care Group Performance Reviews.

Mental health Improvement Plan update – the model of care is being developed for mental health and there is a team away day later this month to develop further.

The Listening Lounge has been launched.

Refurbishment work on Orchard House is progressing and team are waiting for confirmation of the start date for the work on Clinque Pinel.

Arms length organisations assurance reporting framework – a paper was received in September which outlined the progress of an assurance framework that provides a line of sight to the Q+P on those services commissioned by or provided for HCS by non HCS organisations. It was recognised that the new commissioning framework will include this requirement however there needed to be an interim arrangement until this was in place. An example was provided from one main provider to the Committee. Work to be further developed on this report to include context, actions and assurance, with a request for a further report brought back to the November Committee.

Safe Staffing -The Chief Nurse and Associate Chief Nurse presented the safe staffing report for nursing and midwifery. The report, validated by the Lead Nurses, provided assurance in relation to shifts covered.

Issues to note include a slight increase in agency use this month, driven predominately by vacancies.

Jersey Nursing Assessment and Accreditation System – a detailed update was provided:

19 assessments completed to date during 2019. These include Mental Health Wards, General Hospital Wards, Maternity, Robin Ward (children) and Jersey Hospice Inpatient Unit.

JNAAS is very positively received by nursing staff as a supportive framework for continuous improvement. Support is given to wards on areas of improvement.

Orchard House demonstrating improvement progress against the JNAAS/AIMS standards.
Maternity completed their first assessment areas of good practice identified and areas requiring improvement and they are working proactively through an improvement plan. A further update on progress will be provided when they are next reviewed in 3 months time.
Robin Ward completed their first assessment and achieved a green rating on the standards.

There are currently no improvement notices in place.

Patient Experience : An update was provided regarding the current status of complaints handling (feedback) in the department and the proposals to improve how we respond to feedback as part of the whole patient experience strategy.

Serious Incident Report -progress has been made on some of the outstanding investigations however more work needed to be done to clear a backlog. SI huddles take place post incident which enable the teams to identify immediate learning and actions to be taken, this needs to be shared with Q+ P as part of assurance of learning.
Recognised that more investment needed in quality and safety team to support some of the immediate pressures and the longer term strategy for quality and safety.

Q+S to bring forward a business case to the next Management Executive in November and for this to be revisited at November Committee.

Mortality Report .

Perinatal Mortality Tool - Paper presented by Womens, Childrens and Family Care Group proposing the introduction of a perinatal mortality review tool, which will introduce a review of all deaths either perinatally, or post natal if a baby dies within 28 days following care in SBCU. This was agreed by the Committee.

Structured judgement reviews – Paper provided the Committee with further information on implementation and roll out.

Infection Prevention and control report – update on key matters under review which provided assurance to the committee.

Diabetic Retinal Screening Service – update and assurance on progress. Report received at Committee, providing progress on the implementation of a quality assured retinal screening programme for patients with diabetes. This report provided a summary update on the actions taken.

The full project plan will come to the Committee in November including appendices.

Radiation Protection Annual Review the management of radiation protection and laser safety within the General Hospital was commended in relation to the management both from a corporate and clinical governance perspective

CAG Report update on governance recommendations - A paper was provided for information that has been submitted to the Public Accounts Committee (PAC) which is meeting on Monday evidencing the changes made within HCS to the governance framework.

Health and Safety Report -Received for information and will be discussed in more detail at the next meeting

Brexit Readiness plan update - Assurance provided to the Committee on planning and contingency measures. Post Brexit risks identified and on risk register, these relate to inflated staffing costs specific to locum and agency, recruitment issues relating to EU staff and potential inflationary pressures. Each risk is mitigated as far as is practical at this stage and reviewed on a regular basis.

Estates Risk Report - The Committee received an update on the essential work on the Aviemore property. A comprehensive set of papers was provided that gave assurance on routine checks on properties in relation to fire, water management and asbestos.

Key Issues to Note – no matters identified at the October QPR to be escalated to Public Board

Recommendations
The Board is asked to **NOTE** the Report
Impact upon Strategic Objectives
The strategic objectives for HCS are to be determined
Impact Upon Corporate Risks
None to note in this report
Regulatory and/or Legal Implications
There are no specific regulatory or legal implications arising from this report.
Equality and Patient Impact

There is no equality or patient impact arising from this report.						
Resource Implications						
Finance		Human Resources		IM&T		Estates	
Action / Decision Required						
For Decision		For Assurance	√	For Approval		For Information	
Date the paper was presented to previous Committees						
Outcome of discussion when presented to previous Committees/MEx						

Report Title
Finance and Modernisation Report – Assistant Minister Hugh Raymond

Author(s) and Sponsor	
Author(s):	Steven Mair
Sponsor	Hugh Raymond

Executive Summary

Purpose

This is an Executive Summary which details the work of the Finance and Modernisation Committee held on 14th October 2019. The purpose of the meeting being to provide assurance to the Board in respect of the financial management and the modernisation programmes for Health and Community Services.

Key Issues to Note

- At the previous meeting held in September, nine financial risks had been identified, these have now been updated into the Datix system and will be reported as part of the corporate risk register for HCS. (risks included financial management resource, full cost recovery, delivering the financial targets including the efficiency savings)
- The financial position for HCS for month 9 was presented, there is a marginal underspend at the end of September, with a forecast year end underspend of £147k, the efficiency programme has seen some excellent achievement in 2019, although there is some forecast underachievement, the related schemes remain relevant, continue to be progressed and will come to fruition in 2020. In respect of the Capital expenditure steps have been taken to seek to roll forward any slippage into 2020.
- The Committee received a report regarding the delivery of the Efficiency Programme for 2019. For 2020 the Efficiency programme has been categorisation into Operational Excellence, Commercial and Customer and Modern Workforce, the importance of ensuring alignment between the HCS strategy, the Jersey Care Model and the efficiency plan was emphasised.
- The Committee received a report which outlined the timetable over the next six months for the eleven key programmes and projects which are under the modernisation umbrella. This timetable was welcomed and will guide the priorities and planning.
- The Jersey Care Model was the first of the modernisation programmes the committee received an update upon, the report outlined the progress to date, consultation and the associated risks and mitigations. These were discussed in some detail providing the committee with assurance that the model was being progressed in accordance with good practice in terms of governance.

Conclusions, Implications and Future Actions Required
Both the Finance and Modernisation functions are key enablers to the direct care business provided by HCS, it is fundamental that there is alignment between the direct service provision and the enablers. The committee will continue to provide rigour; to ensure that the functions contributed effectively to the delivery of the HCS objectives (as set out for 2019 and in the Government Plan for 2020-2023).

Recommendations

The Board is asked to NOTE the Report FOR DISCUSSION

Impact upon Strategic Objectives

The HCS modernisation agenda its development, implementation as well as provision of financial support and financial control are fundamental to the delivery of the strategic objectives at ministerial, one government and departmental level.

Impact Upon Corporate Risks

Potential risks are identified as part of the monthly monitoring report and the management team and Ministers assess and consider them							
Regulatory and/or Legal Implications							
This report allows the Department to comply with the Public Finance Law and professional standards							
Equality and Patient Impact							
By maximising the resources available within the constraints of public expenditure limits and ensuring that they are used in a cost effective manner the Department's finances support patient care. In addition any changes to the finances such as through the efficiency programme are assessed and signed off by the Medical Director and Chief Nurse to ensure a full quality impact assessment is undertaken							
Resource Implications							
Finance	#	Human Resources		IM&T		Estates	
Action / Decision Required							
For Decision		For Assurance	#	For Approval		For Information	**#**
Date the paper was presented to previous Committees							

Audit and Risk	Finance and Modernisation	People and Organisational Development	Quality and Performance	Management Executive Team

Outcome of discussion when presented to previous Committees/Mex
Relevant Board Committees, which considered the report, should be identified as should their decision (E.G endorsement/recommendation to the Board, assurance received etc.)

Report Title	
People and Organisation Development Report	
Author(s) and Sponsor	
Author(s):	Darren Skinner
Sponsor:	Deputy Jeremy Maçon
Date:	22 October 2019
Executive Summary	

Purpose

The purpose of this paper is to provide the People and Organisational Development Committee with an overview of work undertaken, and to update the Committee on progress since the previous meeting which took place on 16 September 2019.

HR Metrics and Data – The POD Committee is asked to note that HR metrics and data is now available via the application Power BI and this application has now been provided to all HR Business Partners who will be able to share the information with their respective business areas. Licences are currently limited, however with the roll-out of MS O365 licences will be available to Care Group Tri's in the future. HCS are currently working with the HR Systems team in order to reconfigure the system to our new Care Group structure as information is currently configured to the old structure (HSSD).

Workforce Planning – POD is awaiting confirmation that finance colleagues have updated People Link with the validated data from the exercise undertaken to rectify the issue with budgeted establishment inaccuracies. Once the final exercise has been completed around administrative staff validation, we will have a complete 'as is' establishment.

HR Risk – The DATIX system has now been updated with all HR associated risks, which reflects a completed overview of all 'HR associated' risks.

Health and Wellbeing – Resilience training is in the process of being delivered to HCS staff, with further sessions booked for November 2019 and January 2020. Work is underway with Liberate to commence the initial scoping and survey of staff prior to the detailed work required to introduce training to staff.

HR Staffing – the People Services department will commence its TOM shortly and aim to have its consultation completed and implemented by January 2020. This will ensure that HCS is fully staffed with its HR requirements. A Senior HRBP has joined the team and we have identified temporary support to maintain a full establishment to support the new structure.

Key Issues to Note

- HR metrics are now available to all HRBPs and work is in progress to reconfigure the People Link system for the new HCS Care Groups.
- HCS is the only department to have validated its budget v actual headcount and is now able to commence its workforce plan with accurate data
- The DATIX system has been updated with all HR risks
- Training for staff on resilience is now being delivered (October, November 2019 and January 2020)
- Work with Liberate is now commencing with a scoping exercise to deliver equality and inclusion training for staff commencing January 2020

Conclusions, Implications and Future Actions Required

There is still work to be undertaken in establishing key sub groups to the POD Committee and the membership of these groups now need to be established in order to take forward the key elements of work.

Recommendations

The Board is asked to **NOTE** the Report							
Impact upon Strategic Objectives							
The strategic objectives for HCS are to be determined							
Impact Upon Corporate Risks							
None to note in this report							
Regulatory and/or Legal Implications							
There are no specific regulatory or legal implications arising from this report.							
Equality and Patient Impact							
There is no equality or patient impact arising from this report.							
Resource Implications							
Finance		Human Resources	✓	IM&T		Estates	
Action / Decision Required							
For Decision		For Assurance	✓	For Approval		For Information	✓
Date the paper was presented to previous Committees							
Audit and Risk		Finance and Modernisation		People and Organisational Development		Quality and Performance	Management Executive Team
				22 October 2019			
Outcome of discussion when presented to previous Committees/MEx							