


**Government of Jersey – Health and Community Services
Health and Community Services Board - PART A Public
HCS Board Committee**

Main Hall, St. Paul's Centre

10 February 2020 14:30 - 10 February 2020 17:00

AGENDA

#	Description	Owner	Time
	Health and Community Services Board - Meeting in Public - 10 February 2020		
1	Welcome and Apologies		
2	Declarations of Interest		
3	Service Users Story Verbal - for information	TBC	
4	Professional's Story Pressure Ulcer Taskforce	Geoff White and Aisling Adams	
5	Minutes of the previous meeting Minutes of 13 January 2020  HCS Board PART A Minutes - 13 January 2020- P... 7		
6	Matters Arising and Action Log		
7	Chairs Report	Report	
8	Director General's Report	Director General	
9	View from the Bridge Ruth Brunton - Verbal Bronwen Whittaker - Verbal James Le Feuvre - no report	Partner Organisations	
10	Jersey Care Model Verbal - Assurance	Group Managing Director	
11	Estates Update (Aviemore)	Robert Sainsbury	
12	Performance Report as at 31 January 2020	Andrew Cartr	
13	Committee Report - Management Executive Paper - assurance	Director General	

#	Description	Owner	Time
14	<p>Committee Report Quality Performance and Risk</p> <p>Paper - Assurance</p> <p> QPR JAN 2020 RN.docx</p>	Rose Naylor and Q&P Chair	21
15	<p>Committee Report - Finance and Modernisation</p> <p>Paper - Assurance</p> <p> HCS Board February 20 Public Part v1 - Finance R...</p>	Lauren Jones and F&M Chair	25
16	<p>Committee Report - People and Organisational Development</p> <p>No report</p>	Darren Skinner and POD Chair	
17	<p>Matters to be Escalated to the Board</p> <p>Digital Risk</p>	Robert Sainsbury	
18	<p>Any other business notified</p> <p>Verbal</p>	Chair	
19	<p>Date of Next Meeting</p> <p>The next meeting of the Main Board will take place on 10 February 2020 in St. Paul's Centre, 3.00 p.m. - 5.00 p.m.</p>		
20	Meeting Closed		

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Health and Community Services Board – (Public Part A)
Notes of meeting on Monday 13 January 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
	Steve Pallett	QP&R Committee Chair	SP
	Jeremy Macon	POD Committee Chair	JM
	Caroline Landon	Director General	CL
	Robert Sainsbury	Group Managing Director	RS
	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
	Emelita Robbins	CEO – Jersey Hospice	ER
	Isabel Watson	Head of Social Care and Chief Social Worker	IW
	Judy Foglia	Quality and Governance Lead - Family Nursing and Home Care	JF
	Sean Pontin	Jersey Alzheimers Association	SP
	Dr Nigel Minihane	Primary Care Body (attended from 3.00 p.m.)	NM
In Attendance:	Karen Pallot	Executive Assistant	KP
	Mark Richardson	Ministerial Assistant	MR
	Louise Journeaux	Communications	LJ
	Andrew Carter	Governance and Performance Analyst	AC
	Duarte Vieira	Respiratory Nurse Specialist	DV
	Karen Hughes	Respiratory Nurse Specialist	KH
	Nicola De Jesus	PALS Manager	NDJ
	Lorna Pirazolo	Member of the public – patient story	LP

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 15.00</u></p> <p>Welcome and Apologies</p> <p>Apologies were received from Mr Patrick Armstrong (Group Medical Director), Ruth Brunton, (CEO Brighter Futures) and Bronwen Whittaker (CEO Family Nursing and Home Care – Judy Foglia deputising).</p> <p>The Chair welcomed everyone to the meeting and wished them all a Happy New Year.</p>	

	<p>The Chair informed all present that the HCS Board will continue to meet monthly and in public (Part A). However, there will be occasions in which the HCB Board will meet in private (Part B) but only on occasions where patient confidentiality or commercial sensitivity requires the Board to meet in private.</p>	
<p>2.</p>	<p>Declarations of Interest</p> <p>No conflicts of interest were declared</p>	
<p>3.</p>	<p>Service User Story</p> <p>The Board welcomed and introduced themselves to Mrs Lorna Pirazolo</p> <p>The key areas Lorna talked about was: -</p> <ul style="list-style-type: none"> • Opportunities for Early Diagnosis particularly where there is family history • Clinical Nurse Specialists role in supporting patients • Psychological support for patients and families • Parking for Cancer Patients and need for ease of access to the Hospital oncology department • Difficulties in navigating Services to Support People with Cancer <p>Lorna described the relationship with all of her care professionals, particularly her oncologist and expressed her gratitude for their support.</p> <p>The Director General acknowledged that we do not provide routine genetic testing to families with a genetic predisposition and this is something that HCS should consider</p> <p>The Chief Nurse informed the Board that Lorna is working closely with Nicholas Dodds (Associate Medical Director for Clinical Support Services and Cancer) to develop a Cancer Strategy for Jersey.</p> <p>The Chair thanked Ms Pirazolo for giving up her time to come and share her experience.</p>	

4. Professionals Story – Respiratory Nurse Specialist Team

Duarte Viera, together with Karen Hughes presented to the Board the Respiratory Nurse Specialist Team’s vision for the future and how this will fit into the Jersey Care Model. This was presented to the Management Executive Committee on 27 November 2019. The main points to note: -

- The Team comprise 2.5 FTE nurses with specialist skills in managing chronic respiratory diseases. The Team has a caseload of 500 patients and will meet a patient up to five times per month to help prevent admission.
- The Respiratory Team is promoting self-management to help keep the patient at home while receiving appropriate treatment. This helps to reduce hospital admissions for patients.
- The Respiratory Nurse Specialist Team comprises 2.5 FTE concentrating on in-patients. They want to reach patients before they need admission. Jersey has 2000 patients who will incrementally join their caseload. The Team would like to improve their education and training across Primary and Secondary Care. They are involved in primary care but not prevalent in Secondary Care and their aim is to create an “In Reach” Service whereby they would review patients. They want to collaborate with the digital team to provide early support and increase their involvement with the Rapid Response Team.
- To prevent patients being readmitted after one month, the Team would like to review patients two weeks after discharge to discuss a treatment plan.
- Jersey Care Model – the team run clinics at the hospital but would like to move some of their activity into GP surgeries and the wider community.
- Investment in digital technology. They are working with the Digital Team on a respiratory patient facing app.
- To enable the team to achieve their aims will require financial resources for digital technology and two additional respiratory nurses. A business case has been prepared.

The Board thanked the Respiratory Nurse Specialist Team on an excellent presentation on their vision for the future aligned with the Jersey Care Model.

5.	<p>Minutes</p> <p>The Minutes of the meeting held on 28 October 2019 were taken as read and approved.</p>	
6.	<p>Matters Arising and Action Log</p> <p>The Board noted that there were no Matters Arising</p> <p>The Board reviewed the Action Log.</p> <p>Action: Executive Assistant to re-distribute Terms of Reference</p>	KP
7.	<p>Chairs Report</p> <p>The Chair gave a verbal update on the work he has been involved with since the last meeting as follows:-</p> <ul style="list-style-type: none"> • Government Plan – Amendments debated in the States and the Plan adopted. Funding coming in to support HCS projects. • Jersey Care Model – Feedback from the engagement sessions around Parishes has been very supportive. Members of the public shared their stories, and these have been helpful and valuable, and HCS would like to do another series of public meetings on the progress of the Jersey Care Model. • The Health and Social Security Scrutiny Panel will be reviewing the Jersey Care Model. • The PWC Health Planning Team have started stress testing the Jersey Care Model and their work will be completed in March and their report will be shared. • Planning applications for Clinique Pinel have been passed and now waiting on a firm timetable for completion. • The Chair has had interesting meetings with the Parent Carer Forum and attended a conference on Justice and Autistic Persons. • Attended a conference with Health Ministers in Dublin to discuss our Alcohol and Drugs Strategy. • Visit to the former St. Martin’s School to see how its being repurposed with the possibility of creating a community health centre/hub. 	

<p>8.</p>	<p>Director General's Report</p> <p>The Group Managing Director provided a verbal update the main points as follows: -</p> <ul style="list-style-type: none"> • Jersey Care Model – Thirteen engagement sessions were held around Parishes and 600 persons attended. PWC (Health Planners) are currently examining the Care Model and their report is expected to be available by April 2020. • Isabel Watson has taken up the post of Chief Social Worker and Head of Social Care. • Finance – we have a small surplus at year end and this has been returned to the States Treasury. HCS have agreed our Budgets for 2020, which will be distributed across HCS. HCS recognise that we have a challenging Cost Improvement Plan for the next year but are confident that this will be delivered. The work HCS are doing internally is demonstrating significant opportunities where we can use money in a more effective way to deliver care to patients. • At the end of 2019 HCS celebrated the achievements that have taken place over the last year the Director General thanked all colleagues and the Executive Team for their hard work and dedication over the past year. 	
<p>9.</p>	<p>View from the Bridge (Partner Organisations)</p> <p><u>Mind Jersey</u></p> <p>James Le Feuvre, CEO Mind Jersey presented to the Board a paper on Mind's views on the Jersey Care Model which was presented to the Health and Social Security Committee Scrutiny Panel.</p> <p>The main points noted: -</p> <ul style="list-style-type: none"> • Public perception of Mental Health has improved in the Community and public are being encouraged to seek help. • Mind are working together with CAHMS raising mental health awareness in schools. • Lack of focus from Public Health on obesity, alcohol and exercise. Change of function should be high priority. • Helpful if Mind had a list of GP expertise or interest in Mental Health for patients to access. • Lack of recognition of family carers. Carers feel ignored but they are a huge resource to HCS regarding care packages. 	

Encourage families to work with HCS. Carers Partnership Group are working to introduce a Carer's Law.

- Volunteers be trained to support end of care and those bereaved by suicide. Sign posting and advice to families on how to access financial support, and approach schools/employers. This can be achieved by upskilling local staff – stable workforce.
- Need for strong campaigns such as Smoking Cessation can make a sizeable difference and would like to see a strong focus on specific areas such as Gambling.
- The Minister for Mental Health informed the Board that HCS are about to launch a Health and Wellbeing Strategy. The Strategy will at all areas we need to link together, Social Security, Education and Mental Health. Road mapping Mental Health services for the public to gain access. Social prescribing and looking at alternative ways to treat patients that need low-level mental health interventions.
- SPPP bringing a paper to Corporate Strategy Board around some of the primary health functions and where it should sit within HCS. HCS accept they need to do more around Public Health.

Primary Care Body

Dr Nigel Minihane provided a brief update from the Primary Care Body as follows:

- Primary Care Body are scrutinising the Jersey Care Model and will report back.
- Dr Minihane has been actively involved in the “In Reach Project” whereby GPs are working with primary and secondary care to look at what levels of care is needed for the patient.
- One practice looking at a social prescribing project
- Increasing access to diagnostics - this project ready to progress. Model was agreed and this to be taken forward with Dr Noon.

Jersey Alzheimer's Association (JAA)

Mr Sean Pontin, CEO updated the Board as follows: -

- 2020 marks the 10th Anniversary of Jersey Alzheimer's Association and they will be running events to raise awareness.

- Conversations have taken place over the past few months about the Jersey Alzheimer's Strategy and its coming into fruition. The first meeting takes place in a couple of weeks with a number of professionals representing areas to contribute and as well as work in capturing peoples own lived experiences.
- In 2019 JAA launched Dementia Awareness Training. 48 countries signed up to it. The training involves asking people to commit 45 minutes to learn five key things about dementia patients. Over the past 12 months this has been rolled out to 380 people.
- JAA will be partnering with the Parish of St. Helier who have committed 180 of their staff to come through dementia framework process.
- Moving forward, JAA are looking at ways to support people's needs early on post diagnosis and are looking at developing a different kind of service for the future by taking some of their service out of commission from the care end and focussing on post diagnosis support. This fits nicely with the Jersey Care Model in supporting people for longer in a better way that suits them in the community.

Family Nursing and Home Care (FNHC)

Judy Foglia updated the Board as follows: -

- FNHC have been requested to prepare a report on Jersey Care Model to the Health and Social Security Scrutiny Panel.
- FNHC have now registered with Jersey Care Commission and have received certification, which is proudly on display
- Jersey Care Commission undertook a review in December and they have a final report which was positive and has been shared with the organisation.
- HCS have extended the contract with FNHC for a period of 12 months.
- Child and Family Service are working very hard on the Children's Plan.
- There are some slight concerns that are on the Risk Register re vacancy posts for health visitors and FNHC are in the process of recruiting. There is no risk to service but workload to existing staff has increased.

- Last year District Nursing Services were remodelled and aligned to clusters and FNHC conduct regular reviews with the Teams to see how that is working and feedback has been positive, and work is being done to look at the feasibility of a 24-hour service.
- Rapid Response – FNHC have been involved in piloting “In Reach” and this has been successful.
- Working on Workforce Planning. Looking at different ways of working.
- Pressure Ulcers – Tissue Viability Nurse has been part of the island wide task force to reduce incidence of pressure injury.
- Currently looking at Strategy and Service Improvements and will be meeting teams and a report will follow.
- Child and Family Services – positive working with CYPES.

Jersey Hospice Care (JHC)

- JHC have provided a response to the on the Jersey Care Model to Health and Social Security Scrutiny Panel.
- 10 years ago, JHC were supporting less than 170 patients and for 2018 over 1300. This shows a step change within the Organisation functions across the wider health system. In particular since 2014, when JNHC entered into an Agreement with the Government which included extending care to all cancer patients which are around 60% of the people we support. What has come with that Agreement is strategic leadership working much more closely with partners across the whole system and reflects the work done by JHC that sits with the ambitions of the Jersey Care Model and has reduced the number of people dying in hospital. From an organisational perspective that change in the strength of the JHC has demonstrated very clearly, they are supportive of the Jersey Care Model
- Palliative Care – JHC feel that moving forward it is absolutely vital that all stakeholders involved in patient care are committed to working together and not in silos. There has been a significant number of patients who have not received services from the whole system. JHC have been concerned about the lack of accountability across the system. In December 2019, JHC were reviewed by the Care Commission and the report was positive. However, it is very frustrating to be part of a system where there is no accountability, we are not seeing any

	<p>changes following the creation of the Care Commission and JHC feels that this must stay high on the Agenda.</p> <ul style="list-style-type: none"> • Jersey Care Model - JHC are eager to see road map going forward following the report of the Health Planners. • Rapid Response - FNHC and Jersey Hospice have been working together and feedback has been positive. <p>The Chief Nurse informed the Board that during Quarter 1, HCS will be rolling out JCAAS in other Community Care Organisations.</p>	
10.	<p>Jersey Care Model</p> <p>The Group Managing Director provided a brief update as follows: -</p> <ul style="list-style-type: none"> • The HCS Team attended thirteen engagement events held around Parishes and 600 persons attended. Feedback and key themes will be fed back to the Health Planners and the Health and Social Security Scrutiny Panel. • The Group Managing Director expressed his thanks to the voluntary sector partners for their support at events. • PWC (Health Planners) are currently stress testing the Model and a report will be brought before the Board. 	
11.	<p>Estates</p> <ul style="list-style-type: none"> • Aviemore - three of the four patients have been found suitable placements. HCS are optimistic that they will find a placement for the fourth patient. • 70% of the electrical changes were underway by 10 January on the ground floor. 30% of the works upstairs have been completed. 	
12.	<p>Performance Report</p> <p>The Governance and Performance Analyst presented to the Board a presentation on the Performance Report as at 31 December 2019. The main points to note: -</p> <ul style="list-style-type: none"> • There were 49 births in Maternity a 39% reduction on the previous month. • The Department had a slight increase 4, 3rd Degree Perineal tears (8.2%), however a 2.6% improvement on the previous 	

	<p>year. The TRI will be conducting a deep dive review into performance and a report and action plan will go to the Care Group and then to the Quality Performance and Risk Committee in January.</p> <ul style="list-style-type: none"> • 48% of deliveries were by C-Section. The Chief Nurse, Medical Director and Group Managing Director have commissioned an analysis of this by the Care Group Tri. • The Outpatient first appointment waiting list as at 31 December 2019 was 9176 patients (unvalidated) on the list, a 1% reduction on the previous month but 11% increase compared to 2018. 37% of these patients have been waiting less than 90 days. • Emergency Department – 3170 attendances during December, a 4% increase on the previous month. There were 675 emergency admissions, 10% increase from previous month. • Occupancy at Orchard House has decreased as average length of stay and the total number of admissions and the percentage of patients with a length of stay less than 60 days all decreased in December 2019. • % of discharges before midday is a new metric on the Quality and Performance Report, that will require a RAG rating. Currently 15.9% in December 2019. • Tooth extractions in children have seen a reduction in line with the target set. • No MRSA in 2019. • 13 C-diff cases. <p>The Board noted the report.</p>	
<p>13.</p>	<p>Committee Report – Management Executive</p> <p>No report – verbal update by Director General</p>	
<p>14.</p>	<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>Risk Register</u> – reviewed at Management Executive Committee and it was agreed that all risks be included on the one DATIX Risk Register by March 2020. 	

	<ul style="list-style-type: none"> • <u>Serious Incident (SI) Reports</u> – all SIs are allocated reviewers and progress has been made to complete the outstanding investigations. SI Huddles take place post incident which enable teams to identify immediate learning and actions taken. <p>The Chair of the QPR informed the Board that an update report on Serious Incidents will be taken at the next Committee meeting.</p> <ul style="list-style-type: none"> • <u>Safeguarding Partnership Board Adult Safeguarding Review</u> – an update on progress against recommendations relevant to HCS was provided by the Interim Director of Social Care. • <u>Mental Health Improvement Board Improvement Plan</u> – The Associate Medical Director for Mental Health presented the Mental Health Improvement Plan to the Committee and a focussed improvement plan for Orchard House. The Chair of QPR expressed his thanks to the senior management team, Care Groups and staff at Orchard House for the efforts they have taken to improve level of care to patients and environment for safety of staff and will provide more information to Board in due course. <p>The Board noted the report.</p>	
<p>15.</p>	<p>Committee Report – Finance and Modernisation</p> <p>The Chair of the Finance and Modernisation Committee introduced Ms Lauren Jones, Head of Finance Business Partnering HCS to the Board. The report was taken as read and the main points to note: -</p> <p>Due to year end process with the auditors the December 2019 Finance Report will be taken to the next meeting.</p> <ul style="list-style-type: none"> • <u>Jersey Care Model</u> – significant engagement programme underway. Partner organisations are being encouraged to enter into a “Partnership of Purpose” with HCS. • <u>Digital Programme Schemes</u> – major systems being introduced are: - <ul style="list-style-type: none"> ○ Electronic Prescribing ○ Radiology – imaging procurement underway ○ Electronic Patient Records • <u>Task and Finish Groups</u> were initiated across the HCS. They are targeted action groups to enable rapid improvements to take place where required. Two groups have been put in place and these relate to Diabetes and Mental Health 	

	<ul style="list-style-type: none"> • <u>Efficiency Savings Targets</u> – key feature for 2020 as well as lots of work to developing schemes across HCS for 2021. <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 presented a report following the meeting held on 9 December 2019.</p> <p>Key points to note:-</p> <ul style="list-style-type: none"> • <u>HR metrics and data</u> – issues around the transfer between two systems been resolved and key information is now available to the HR Director and HR Business Partners by way of an interactive dashboard. • <u>Workforce Strategy</u> – work is progressing to draft an initial strategy which will align with the developing Government of Jersey People Strategy and this will be completed for circulation at the next POD Committee. • <u>Health and Wellbeing</u> - We have recruited a Head of Allied Health Professionals and Wellbeing who will work with the HR Director to develop a Wellbeing Strategy for the Department. • <u>Liberate</u> will be conducting short presentations to staff in January as part of work ahead of a survey that will assist in its delivery of training as part of the DIFERA programme. • <u>Virtual College</u> – will be rolling out Corporate Induction programme. <p>The CEO of Jersey Hospice raised concerns regarding the process followed in relation to nursing pay and Terms and Conditions which has an impact on other organisations outside of HCS.</p> <p>Action: Director of HR to meet with CEO of Jersey Hospice.</p> <p>The Board noted the report.</p>	<p>DS/ER</p>
<p>17.</p>	<p>Any Other Business</p> <p>The CEO of Jersey Hospice informed the Board that JHC are working on commissioning outcome collectives it would be useful to have collective data throughout the community providers that will be reporting to this Board</p>	

	Action: AC to link in with CEO of Hospice and Mind.	AC
18.	Date of Next Meeting The next meeting takes place on 10 February 2020 at St. Paul's Centre.	

Report Title

QUALITY AND PERFORMANCE COMMITTEE REPORT

Author(s) and Sponsor

Author(s):	Rose Naylor Chief Nurse
Sponsor:	Senator Steve Pallet - Committee Chair
Date:	10 th February 2020

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 meeting which has taken place since the HCS Board last met. The date this meeting was held, 29th January 2020.

Narrative this Committee covers the combined agendas of two previous Committees, the Quality and Performance Committee and the Risk and Audit Committee. The following agenda topics were discussed:

HCS Risk Register New risks added scoring above 16 were discussed at the Committee. These related to the estate in connection with the regulation of care law specifications and the physical environment, IT risk connected to transfer of servers from one building to another site, storage for pharmacy stock and confirmation that the Brexit risks are now incorporated into the main risk register.

Estates update on key issues –full funding for backlog maintenance is in the process of being confirmed, further work with another housing provider to secure accommodation for LD services, notification to the Committee that one of the boilers at the Laundry has broken down, currently using the back up boiler. A business continuity plan in place.

Serious Incident Report -this is an area of focus for the Committee specifically in relation to the time taken to complete serious incident investigations.

The report received provided assurance that the position was improving due to the following measures

- 20 staff trained in incident investigation which has helped to address the gap in medical staff trained.
- Agreed by AMDs that staff are given prioritised time to undertake investigations
- All cases allocated including those with independent reviewers
- SI Huddle learning now included in the QPR report

It is expected that at the time of the next report the situation will have improved further and the backlog significantly reduced. It was recognised that a significant focus and work had been undertaken to improve the position.

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

- Maternity performance- C-Sections, and audit third degree perineal tears. All of these are on the increase, the team are undertaking a review of cases and will report back to the QPR in the next meeting. A 39% reduction in the number of births compared with previous month.
- Patient Tracker List – there is now a working group reviewing this work and they are meeting weekly to validate the work. AMDs have approved the process and the work to date. An agreed validation process has been developed with clinical input and oversight. The process has been piloted with ophthalmology , booking approach to be clinically determined, it is anticipated that the modelling will be rolled out across all departments.

- Bed occupancy and length of stay at Orchard House has decreased during December.
- Emergency Department attendances a 4% increase on previous month with a 10% increase on emergency admissions
- Percentage of discharges before lunch has been added to the QP report as a new metric – currently cica 16% discharges happen before lunch
- No MRSA bacteraemias in 2019
- 13 CDIif cases in 2019
- Tooth extractions in children have reduced.

Safe Staffing -the safe staffing report for nursing and midwifery was provided for information. The report, validated by the Lead Nurses, provided assurance in relation to shifts covered. The fill rate on shifts covered are averaged out in the report. Further detail was requested concerning ICU shifts in December. This will come back to a future QPR meeting.

Safeguarding Partnership Board Adult SCRs x 2 – A verbal report was given concerning 2 adult serious case reviews recently completed by the SPB. At the time of the meeting a decision about publication hadn't been made so the reports were not able to be shared at this time. A further update and action plans will come to future QPR Committee, along with a safeguarding assurance framework for HCS.

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

An update was given on those areas reviewed since the last Committee meeting these included:

- Orchard House is rating as Amber at the time of the Committee meeting – actions are included in the Orchard House improvement plan
- Maternity rated as red at the time of the Committee meeting – this was the first review since the initial pilot of the standards in maternity. Actions will be included in an improvement plan which will come to next QPR once presented to MEX.
- SCBU rated as amber – this was the first time they had been assessed, an action plan being developed. Progress against this will be monitored through the Care Group Governance arrangements with Executive Tri oversight at the performance reviews.
- Intensive care unit achieved green status overall however were served an improvement notice for one element of a standard relating to medication. This has been immediately actioned and will be subject to unannounced visits before the notice is lifted.
- Emergency Department achieved green status – this is the second time
- Oak Ward regained green status after dropping to amber during 2019 on a previous visit

A discussion followed about expanding the remit of the assessments to incorporate all of those who contribute to care, assurance was given that currently all those in the clinical area at the time of the assessment are included in the process, doctors, AHPs, domestics, porters etc.. it was recognised that the name doesn't reflect an assessment of care. This is going to be reviewed along with ensuring that all functions supporting quality and safety are working in an effective and integrated way, this is being taken forward by the Medical Director and the Chief Nurse.

Orchard House Improvement Plan: a very detailed improvement plan was provided for information and taken as read. There are regular monitoring touch points with the team from the Exec Tri and a regular update with the Chair of QPR and the DG for oversight.

Mental health Improvement Plan update – provided for information and assurance.

A significant amount of work is happening in Mental Health and the plans will continue to be reported into the Committee for assurance.

The Improvement Plan is also monitored by the Mental Health Improvement Board

Infection Prevention and control report - Cases of flu are reducing

Coronavirus update – an emerging picture at the time of the report. The DIPC updated the Committee on the response work in Jersey to date.

Island wide pressure ulcer prevention taskforce update – an update was given on the work of the taskforce in relation to policy and practice development aligned with safeguarding and clinical best practice.

A presentation was given on the results of the island wide point prevalence audit on pressure ulcer incidence which used an evidence based audit tool adapted from Healthcare improvement Scotland. 1179 patients were reviewed on the 22/10/19 as part of the audit and a total of 65 pressure ulcers were identified.

The overall findings gave a 5.5% prevalence compared with the NHS benchmark forum average of 8%. Whilst this demonstrates Jersey is not an outlier the work of the taskforce will focus on reduction of this prevalence further.

The Chair asked for the presentation to be shared with HCS Board at the next meeting in February.

Key Issues to Note – no matters identified at the December 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							
To note the estate risk in relation to buildings and regulation of care law standards.							
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 Committee Report – Assistant Minister Hugh Raymond	
Author(s) and Sponsor	
Author(s):	Hilary Lucas / Lauren Jones
Sponsor	Hugh Raymond
Executive Summary	
<p>Purpose</p> <p>This is an Executive Summary which details the work of the Finance and Modernisation Committee held on 27th January 2020. The purpose of the meeting being to provide assurance to the Board in respect of both the financial management and the modernisation programmes for Health and Community Services.</p> <p>Key Issues to Note</p> <ul style="list-style-type: none"> • The final accounts and reports have been prepared and submitted to C&AG and the Auditors. This is one month in advance of last year's submission. • The position as at end 2019 was reported as a pre-audit underspend of £35k. Underspends in some areas of staffing and a strong income performance in the year offsetting the main cost pressures for agency and medical staffing and drug expenditure along with the expected efficiency underachievement. • Jersey Care Model (JCM); an update was provided on the engagement events that are taking place a significant engagement programme is underway with Clinical Senates, across the Care Groups, to provide oversight to the JCM review and ongoing, established overall clinical/professional leadership. PWC have now been engaged to deliver the Strategic Outline Case (SOC) for the JCM, working with HCS colleagues, which is due in the first week of April. • A update on patient access and waiting times was received, outlining the work undertaken to date to validate the waiting lists across Care Groups. Diabetes, Podiatry, Dietetics, Ophthalmology and Gastroenterology are in progress and a list of patients with potential to be closed within the system, or pathway changed, will have clinical approval prior to any action being taken. • The committee received an update on the Digital Programme. Electronic prescribing is now live across a number of areas and implementation will continue across HCS. Electronic discharge summaries are nearing live status enabling more effective integration with Primary Care. Radiology imaging procurement is underway and the business case to secure an Electronic Patient Record system is currently being written. • Efficiency savings targets remain a key feature for 2020. Work has already started on the development of the pipeline of schemes for 2021 with an outline plan due by the end of March 2020. • Task and Finish Groups were initiated across the HCS portfolio by the HCS Executive team during November 2019. These are targeted action groups to enable rapid improvements to take place where required. Four groups are now in place relating to Diabetes, Retinal Screening, Maternity and Mental Health. <p>Conclusions, Implications and Future Actions Required</p> <p>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 enabling functions. The committee will continue to provide rigour; to ensure that the functions contribute effectively to the delivery of the HCS objectives (as set out in the Government Plan for 2020-2023).</p>	
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.)							