

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 13 January 2020
St Pauls Centre 14:30 – 17.00

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

		WHO	PAPER VERBAL	INFORMATION ASSURANCE DECISION	TIME
1	Welcome and Apologies	Chair	VERBAL	INFORMATION	2.00
2	Declarations of Interest	Chair	VERBAL	ASSURANCE	
3	Service User Story		VERBAL	INFORMATION	2.05
4	Professional’s Story – Respiratory Nurse Specialist Team	Duarte Vieira	PRESENTATION	INFORMATION	2.15
5	Minutes of the Previous Meeting 28 October 2019	Chair	PAPER	DECISION	2.30
6	Matters Arising – Action Tracker	Chair	PAPER	INFORMATION	
7	Chair’s Report	Chair	PAPER	INFORMATION	2.35
8	Director General’s Report	Director General	VERBAL	INFORMATION	2.45
9	View from the Bridge (Partner Organisations)				2.55
10	Jersey Care Model <ul style="list-style-type: none"> • Update on Roadshow • PWC • Stress Testing 	Group Managing Director		INFORMATION	3.55
11	Estates Update (Aviemore)				4.05
12	Performance Report	Group Managing Director	PRESENTATION		4.10
13	Committee Report – Management Executive	Director General	VERBAL	ASSURANCE	4.20

14	Committee Report – Quality and Performance and Risk	Rose Naylor and Q&P Chair		PAPER		ASSURANCE	4.30
15	Committee Report – Finance and Modernisation	Steve Mair and F&M Chair		PAPER		ASSURANCE	4.40
16	Committee Report – People and Organisational Development	Darren Skinner and POD Chair		PAPER		ASSURANCE	4.45
19	Any Other Business	Chair		VERBAL		DECISION	4.55
20	Date of the Next Meeting 10 February 2020 15.00 – 17.00 St Pauls Centre					INFORMATION	5.00
21	Meeting Close						

END OF DOCUMENT

Report Title	
Finance and Modernisation Committee Report – Assistant Minister Hugh Raymond	
Author(s) and Sponsor	
Author(s):	Steven Mair
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 9th December 2019. 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 focus of the meeting was upon the modernisation programme. The final accounts are being prepared to the Government’s planned deadline of the 31 January and that we are currently on track to achieve that. This will represent the earliest close that the GoJ has ever achieved and will allow the financial position for all Departments, including HCS, to be reported shortly thereafter, subject to the audit. • As part of the development of the Jersey Care Model a significant engagement programme is underway. This includes engagement with the public, Government Ministers, Primary Care and other Partner organisations. Engagement events have taken place in each parish. Partner organisations are being encouraged to enter into a “Partnerships of Purpose” with HCS. • An update was provided relating to the progress being made relating to the development of an Intermediate Care pathway, considering best practice, needs analysis, service design and associated enablers (training, contractual arrangements). • A report on patient access and waiting times was received, this outlined the work being undertaken to validate the waiting list, and to make improvement in the specialities where patients are experiencing extended waiting times. • The committee received an update on the Digital Programme. Schemes range from major systems being introduced or replaced to smaller service improvements. Highlights are the introduction of electronic prescribing and availability of electronic discharge summaries are nearing live status, Radiology imaging procurement is underway and the process to secure an Electronic Patient Record system has begun. • 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. Two groups have been put in place these relate to Diabetes and Mental Health. • Efficiency savings targets will be a key feature for 2020 as will developing the pipeline of schemes for 2021 and beyond. <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 for 2019 and 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	
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.)							

	A	B	C	D	E	F	G	H	I	J
1	HEALTH AND COMMUNITY SERVICES BOARD PART A IN PUBLIC - ACTION TRACKER									
2										
3										
4										
5	Meeting Date	Agenda Item	Action	Officer	Exec	By When	Progress report	Action Agreed	Action Closed Date	Status
6										
7										
8	08/07/2019	10	Bring back Board ToR for review Dec 2019	Director General		01-Dec	Action not due until Dec			OPEN



Health and Social Security Scrutiny Panel review of Jersey Care Model – Mind Jersey response

1.0 Background

Mind Jersey is the island's leading mental health charity. Every year we help hundreds of islanders by providing family/carer and peer support, residential accommodation and a growing number of services for children and young people. The charity welcomes the opportunity to contribute to the latest Scrutiny review. It was actively involved in the development of the earlier Mental Health Strategy in 2016/17 and continues to work constructively – albeit at times as a critical friend – with Health and Community Services (HCS).

The level and extent of consultation and engagement with the senior team from HCS has been both consistent and most welcome. So, too, is the high level of commitment and priority given to investment in mental health where we have long campaigned for it to be afforded parity of esteem.

Public recognition of the importance of mental health is a major step forward and demonstrates how much perceptions have changed over the last few years.

One in four of Jersey's population, and one in ten of children and young people, are currently experiencing some form of mental health problem. Half of all mental health problems have been established by the age of 15, rising to 75% by the age of 24. It has been estimated that only a third of the people who need it actually access any kind of support and, when they do, they don't always get what they need – there is a long way still to go.

There is an urgent need to improve life expectancy in people with mental ill health by redressing the inequality between mental and physical health, not least through the development of targeted screening and health promotion programmes.

Changing the way in which islanders can access services, with more of them being provided in the community and addressing sometimes long waiting times, are also key priorities to be welcomed in the proposed new model of care.

2.0 Is the Jersey Care Model is appropriate for the Island?

The major thrust of the model is to promote the transfer of services into the community where islanders can access care closer to home. This is a significant and very welcome objective; but it is one that will need to be backed up by considerable investment in existing and additional services, whether provided directly by the Government or through third party charities and agencies.

It could be that some of this resource will become available from 'unpacking' the hospital, but there can be little doubt that new and additional resources will be required, not least in the transition phase when there will almost certainly be double – running costs.

The model quite properly confirms the overwhelming evidence that prevention and early interventions can make all the difference, whether in adult (18-65), older people (65+) and most obviously in children and young peoples' services. This approach applies equally to securing and maintaining good physical and mental health. 'Nipping things in the bud' before they escalate can reduce suffering, save resources and take some of the escalating pressure off secondary services.

The challenge will arise in securing and allocating funding for this priority, where it will compete with many other demands and where some of the dividends will only become apparent years down the line – well beyond the usual four year political cycle.

3.0 How will the model be delivered and by whom?

Genuine partnership working will be essential if the model is to work. This must involve primary care providers and most obviously General Practitioners. There is considerable scope for other professionals – including Pharmacists, Dentists, Community nurses and Social care providers as well as third sector partners – to do much more away from traditional in and outpatient settings.

Genuine multi-disciplinary teams, working out of integrated primary care hubs or surgeries, could transform how significant volumes of care can be delivered away from the hospital.

With encouragement GP's could become part of enlarged clinical teams that span the primary and secondary care sectors where they could be attached to given specialities. General practitioners with special interest (GPwSI), working in collaboration with practice nurses also linked to key hospital specialists and departments, could provide an invaluable resource in the community. There needs to be a renewed focus on delivering care predicated on the skills and experiences that professionals possess rather than the uniform they might be wearing.

Mind Jersey would be delighted if, in each of the larger primary care practices, there were a number of GP's with interest and expertise in mental health working collaboratively with Community psychiatric nurses (CPN's).

Most islanders, quite rightly, have high regard for their GP's. But if they are living with a chronic or long term condition accessing these services as readily and as often as they should can be a real challenge.

There is a pressing case for this most vulnerable group of islanders, often living in relative poverty, to be afforded preferential access to primary care services without undermining the existing system of co-payments.

Changes in how GP's operate, and are funded, will be crucial and potentially the most complex issue to resolve. There can be little doubt that delivery of the model will require a realignment of at least some of the resources currently held in the Health Insurance Fund (HIF). Securing these changes will take time and the ability to overcome some long term and previously entrenched resistance.

4.0 The implications of the model on the delivery of health services.

Mind Jersey is supportive of the proposed model. It will require significant changes in how and where key personnel are deployed, the tasks they may be required to undertake and how they are managed. But in a small island, with a strong sense of community and a vibrant voluntary sector, it should be possible.

Mind Jersey is proud of the Family and Carers service it currently offers. Carers are given practical and emotional support, including representation in multi-disciplinary meetings and yet carers – and not just those supporting loved ones with poor mental health – are seldom heard and can often be ignored by health and social care professionals. We believe that service users and their families should be much more closely involved in the design and delivery of services.

The charity is an active member of the Carers' Partnership group and helped drive the development of the Carers' strategy and we continue to campaign strongly for the introduction of a local Carers' Law.

Whilst it is understood that significant additional investment made in the primary care and voluntary sector needs to be carefully monitored and allocated, as part of a more rigorous commissioning process, care must be taken to ensure that this process is proportionate and not burdensome, especially in regard to smaller charities where investment in infrastructure has been modest and their capacity to engage in complex data collection and reporting is limited.

5.0 The potential impact on patients in respect of quality of service provide and any financial implications.

The new model has real potential to transform how, where and by whom care can be delivered. Improved access and reducing waiting times are understandable and laudable ambitions. But they must not be delivered at the expense of quality. They also need to be delivered at no additional direct cost to patients in an environment where it is very likely that the existing system of co-payments will need to be maintained. This will require some new thinking about how patients with chronic or long term conditions (diabetes, COPD, persistent mental illness) who should be seen more regularly and consistently can gain access to enhanced primary care without incurring additional expenditure.

6.0 Possible effects on the current and future health sector workforce

Securing and retaining a stable, well qualified and motivated workforce – be it deployed in the public, private or charitable sector – will be fundamental to the success of the proposed model. Whilst managing change can be challenging, it is likely that a significant proportion of the workforce may welcome the opportunity to develop new or extended roles and work as part of much stronger multi-disciplinary teams that span the current primary/secondary divide.

With an ageing population and increased longevity there can be little doubt that the number of health and social care workers, wherever they are deployed, will need to increase significantly.

The potential to recruit and potentially retrain local residents as health and care workers should be a real priority. There will also be a need to continue to secure input and expertise from further afield. Securing these workers – in a highly competitive market – and housing them in an environment where immigration is often a hot political issue, will be a challenge.

Commitment to the continued professional development of staff to keep them up to date, provide them with new and additional skills and also to retain them will be essential.

7.0 The proposed Jersey Care Model in the context of the future hospital and other health facilities on the Island.

Whilst securing a stable workforce is paramount, equal priority will need to be attached to providing an attractive and appropriate environment in which they can perform their tasks. It is also acknowledged that much of the current health estate is in need of significant and urgent investment and this is never more so than in relation to existing mental health facilities. Inevitably this will take time, and will need to be phased, but it is very important in the drive to provide a new hospital – and the significant capital investment that this will require – that mental health requirements are not forgotten.

Mind Jersey believes strongly that these services should be co-located, wherever the final site is agreed, on a single health campus. Investment will also need to be made, on a basis yet to be determined, in some of the primary care facilities if they are to accommodate additional activity and larger multidisciplinary teams.

8.0 We need a whole community approach to secure effective delivery of the plan

Whilst the Government of Jersey, and HCS in particular, has prime responsibility for delivering this plan, neither can do it alone nor in isolation. A new spirit of partnership and co-operation is required and Mind Jersey is committed to work constructively with the statutory services, and other partners, to implement many of these priorities. All Government departments should have one eye on wellbeing when making decisions.

There's little point in investing very significant sums in health and community services – to help people when they are unwell – if, at the same time, we are not working hard to make sure that everyone has a safe place to call home and that they are supported in their places of work or in school through the promotion and maintenance of good physical and mental health and wellbeing.

Initiatives, such as social prescribing, have real potential in helping shift at least some focus away from the medical model which is still all too prevalent in Jersey. Partnership working with Jersey Sport, as an example, in the promotion of healthier lifestyles could bring significant improvement to many islanders' mental health and sense of wellbeing.

This means that the Government of Jersey needs to bring together a cross-governmental strategy that involves all organisations providing services to Islanders. This should include sustained investment in prevention and early interventions delivered through strategic partnership with the voluntary and community sector where there is often latent talent, experience and capacity.

Only when we truly accept that all areas of our lives are impacted by and can affect our mental health, and start looking at all of this as part of one picture, will we really get to grips with one of the most pressing issues of our time.

9.0 About Mind Jersey

Mind Jersey is a small and independent local Mental Health charity affiliated to Mind UK. Its vision is of a society that promotes and protects good mental health for all and treats people with experience of mental distress, fairly, positively and with respect. The charity provides support and help so that people can take control of their mental health and live full lives.

Health and Community Services Board – (Public Part A)
Notes of meeting on Monday 28 October at 15:00 – 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	Q&P Committee Chair	SP
	Jeremy Macon	POD Committee Chair	JM
	Robert Sainsbury	Group Managing Director	RS
	Rose Naylor	Chief Nurse	RN
	Darren Skinner	HR Director	DS
	Pamela Hobbs	Head of Finance Business Partnering HCS	PH
	James Le Feuvre	CEO - Mind	JLeF
	Emelita Robbins	CEO – Jersey Hospice	ER
	Helen Sargeant Dar	Interim Director for Social Care	HSD
	Jo Poynter	Associate Managing Director for Modernisation	JP
	Ruth Brunton	CEO Brighter Futures	RB
In Attendance:	Karen Pallot	Executive Assistant	KP
	Mark Richardson	Ministerial Assistant	MR
	Sam Lempriere	Informatics Manager	SL

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 Caroline Landon (Director General), Dr Nigel Minihane (Primary Care Body Representative), Bronwen Whittaker (CEO Family Nursing and Home Care), Sean Pontin (CEO Jersey Alzheimer’s Association and Steven Mair (Group Finance Director) - Pamela Hobbs deputising</p> <p>The Chair welcomed everyone to the meeting.</p>	

2.	<p>Declarations of Interest</p> <p>No conflicts of interest were declared</p>	
3.	<p>Service User Story</p> <p>The Board welcomed and introduced themselves to Yvonne Turmel.</p> <p>Ms Turmel gave the Board an overview of her condition following a road traffic accident and her experience with services over the past 35+ years.</p> <p>Aspects of her experience which she brought to the attention of the Board related to her experience of care packages that supported her to have care in her own home, which she had initially been able to self-fund as she was working fulltime, the impact of changes to her physical needs which affected her ability to work fulltime and resulted in her going into a nursing home. Her experience with a home care agency. Her experience with services off island and finally her ability to ultimately return to employment with a package of care.</p> <p>Ms Turmel was complimentary about the medical treatment she received over the years and grateful for the support she has received from the Social Care Team.</p> <p>The CEO for Mind commented that her bravery and positivity is an inspiration to others and in retirement suggested she may consider becoming an advocate for Social Care by sharing her experiences and advice to other groups. Moving forward, the Jersey Care Model medical support will be available to those wanting to live independently.</p> <p>Ms Turmel explained that her sister swims to raise money to support people with spinal injuries she explained that the monies will be used to purchase equipment and adaptations to accommodation and would like to see new builds to include accessibility for wheelchair users.</p> <p>The Chair thanked Ms Turmel for giving up her time to come and share her experience.</p>	
4.	<p>Professionals Story – Social Care Prevention and Intervention</p> <p>The Interim Director of Social Care introduced Jacqui dos Santos, Social Care Assistant and Louise Shaw, Social Work Assistant (Adult) to the Board.</p> <p>Jacqui and Louise are two months into a 12 month secondment into Social Care Prevention. Jacqui explained that it was identified that a number of referrals requesting social work assessments with care packages could be managed through prevention and intervention.</p>	

Their role is split into a client case load of 55 service users. Work with Closer to Home and look at asset mapping services within our Community. The role is aligned with the strategic direction of the Jersey Care Model and promotes wider sustainable third-sector offerings as well as existing community centres and supporting client choices.

They are currently seeing an increase in the 30 – 50 year old age group who are experiencing similar problems, through homelessness, long-term unemployment, addiction, mild learning difficulties. By getting to know the needs of their clients and working in partnership with charities, parish volunteers and social enterprises, they have been able to help many clients to access services whereas in the past they would have looked to Social Worker support through the care system.

There are many clubs and associations which offer the same but do not link in with each other. Jacqui and Louise have identified opportunities for organisations to share volunteers and transport.

They have been actively working with some third sector partners such as Call and Check, Your Store, Age Concern, Good Companions and more recently Enable Jersey to work together to support those suffering from isolation, loneliness, mobility issues, language barriers, transport and accessibility to buildings. Examples are:-

- Call and Check (postal). Call and check will contact client and signpost missed hospital appointments, assist with mobility problems, arrange client transport, appointments and language service.
- Your Store – grocery enterprise – it has extended its services to include telephone service and payment acceptance. On line forms/hearing and sight impaired assistance and has agreed to deliver goods at social clubs.
- Age Concern and Good Companions share social clubs and use minibus. Older men have been encouraged to get involved in social engagements following the loss of a loved one. Age Concern is considering holding small cooking sessions for men to learn new skills.

Louise has been working closely with older adults who are no longer supported by their families, or their families have moved to the UK and are relying on Community Services. Those people lead very isolated lives, not knowing their neighbours. They have lost the confidence to create their own wellbeing by stepping out of their comfort zone and meeting new friends and new connections.

	<p>Louise and Jacquie have been working with the older adults in putting together a care package to enable them to learn life skills, become more sociable and independent.</p> <p>The Chair thanked Jacqui and Louise for presenting their work.</p>	
5.	<p>Minutes</p> <p>Subject to a minor amendment, the Minutes of the meeting held on 30 September 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 noted the Action Log.</p>	
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. The Chair and Assistant Ministers have attended Scrutiny Hearings and that there will be Propositions and Amendments around funding primary care coming in for debate. • Jersey Care Model – States Members and Media briefing took place earlier today and feedback has been positive. The Chair thanked the CEOs of Mind, FNHC and Jersey Hospice for their support in appearing in the video. Next step - public briefings at Parish Halls. • Mental Health Week – Launch of the Listening Lounge. Planning applications for Clinique Pinel have been lodged. • Non-Medical Prescribing legislation final amendments have been made that enables prescribing across the entire system. • Law introduced to formally transfer responsibility for legislation relating to Children’s Services from the HCS Minister to the Children and Housing Minister. 	
8.	<p>Director General’s Report</p> <p>The Group Managing Director provided a verbal update on the Target Operating Model and informed the Board of recent key appointments:-</p> <ul style="list-style-type: none"> • General Manager for Women, Children and Family Care • General Manager for Unscheduled Care 	

	<ul style="list-style-type: none"> • Head of Midwifery/Associate Chief Nurse • Lead Allied Health Professional for Mental Health. The Mental Health senior team is now complete. • Head of AHPs/Wellbeing lead 	
9.	<p>Jersey Care Model</p> <p>The Group Managing Director provided a verbal update as follows:-</p> <ul style="list-style-type: none"> • The Jersey Care Model received approval from the Political Oversight Group and the Council of Ministers. It was taken to the Health and Social Security and Future Hospital Scrutiny Panels (joint presentation) and overall the feedback was positive. Briefings to States Members and Media were held earlier today. • HCS is appointing health planners to begin testing and analysing the model for a period of three to four months. • As part of the analysis, the Team will be developing a Labour Market Strategy. • Primary Care, Members of the public and Voluntary and Community Sector Partners will be involved in creating a better prevention care model. 	
10.	<p>BREXIT Preparedness</p> <p>The Group Managing Director presented two papers on plans undertaken by HCS in preparation for a Day 1 No Deal Brexit.</p> <p>The Chair questioned whether in the event of a no deal in January, the Department will come under pressure from people requiring admission to hospital that would coincide with flu pressures. The Group Managing Director explained that the Flu Vaccine programme is underway should provide more good cover.</p>	
11.	<p>Committee Report – Management Executive</p> <p>No report - meeting was cancelled. Full report will be available at the next meeting.</p>	
12.	<p>Committee Report – Quality, Performance and Risk</p> <p>The Chief Nurse led the Board through the report which was taken as read.</p>	

The Committee now covers both agendas of the previous Committees, the Quality and Performance and the Risk and Audit Committee. The Committee has met on one occasion and the key areas to note:-

- Risk Register - the Committee is working on the Risk Register and it will be presented to a future meeting.
- Jersey Nursing Assessment and Accreditation System (JNASS) – more areas have been reviewed. Orchard House demonstrating improvement against standards. The Maternity Unit completed its first assessment and some areas require improvement and they are working proactively through an improvement plan. Robin Ward completed its first assessment and achieved Green rating on standards. The Board was given assurance that there are no improvement notices in place.
- Comptroller and Auditor General's Report. HCS presented a report on progress to the Public Accounts Committee. Feedback was positive.
- Serious Incident Investigations –The Committee has agreed that the Associate Medical Directors should bring a Business Plan to the Management Executive Committee for further investment to speed investigations.

The Chair of Quality, Performance and Risk expressed the Board's appreciation to Mr Geoff White regarding the work with colleagues to date at Orchard House which has been well received by staff.

Radioactive Protection Review – The Radiology Team received an excellent report from the Review. The Board expressed its thanks to the team.

Performance Report

Waiting Lists – The Patient Tracker List will require a lot of validation over the next 5 – 6 weeks. Data cleansing had highlighted issues for example, the orthodontic waiting list included some patients who were no longer on waiting list. There were difficulties in recruiting. Additional capacity is being sought in the commercial sector.

There has been an increase in the number of patients over 7 days. Social Care and Chief Nurse are working with the home care providers to bring forward a plan to address some of the issues across the sector which is impacting across the whole system as demand outstrips supply. A working group has been set up Chaired by Helen Sergeant Dar.

	<p><u>Mental Health</u> – increase in occupancy. Decrease in length of stay. Occupational Therapist now working there so should see occupancy going down.</p> <p>The Board noted the report.</p>	
13.	<p>Committee Report – Finance and Modernisation</p> <p>The Chair of Finance and Modernisation welcomed and introduced Ms Pamela Hobbs, Head of Finance Business Partnering HCS to the Board.</p> <p>The report was taken as read. Head of Finance Business Partnering led the Board through the main points of the report as follows:-</p> <p>The Financial position as at month 9 is showing a £147k underspend.</p> <p>Some Capital underspend will be carried forward and will be spent in 2020.</p> <p>The Board noted the report.</p>	
14.	<p>Committee Report – People and Organisational Development</p> <p>The HR Director informed the Board that the meeting was cancelled however the work of the Committee has continued.</p> <p>Key points to note:-</p> <ul style="list-style-type: none"> • Resilience Training has started, and all places have been filled. Further sessions booked for November 2019 and January 2020. • Workforce Strategy – draft to be developed during December. • HCS is working with Liberate to deliver equality and inclusion training in the New Year. <p>The Board noted the report.</p>	
15	<p>Any Other Business</p> <p>There was no other business.</p>	
17.	<p>Date of Next Meeting</p> <p>The Board agreed that there will be no meeting in December. The next meeting takes place on 13 January 2020 at St. Paul's Centre.</p>	

Report Title

People and Organisation Development Report

Author(s) and Sponsor

Author(s):	Darren Skinner
Sponsor:	Deputy Jeremy Maçon
Date:	9 December 2019

Executive Summary

Purpose

The purpose of this paper is to provide the People and Organisational Development (POD) Committee with an overview and update of work undertaken since the last POD Committee meeting, which took place on 11 November 2019, the meeting on 21 October 2019 was cancelled due to the number of committee members being unavailable. The November meeting could not proceed as the number of attendees and absence of the chair meant that the Committee was not quorate. The Director General has mandated that where members are unable to attend, their reason for absence is noted and that they ensure a deputy is sent.

HR Metrics and Data - The POD Committee noted at previous meetings the lack of key HR information available to the business as a result of system issues following the transition from HRIS to the new people information system 'People Link'. Most of the issues have now been resolved and key information is now available to the HR Director and HR Business Partners by way of an interactive dashboard.

HCS has requested that urgent work is undertaken on the system in order to align the new Care Group structure so that meaningful data can be extracted and analysed to assist Care Groups in their performance reporting. The roll out of e-rostering continues and is in line with the project plan implementation. Significant data of areas now on e-roster is assisting with safer staffing and optimisation of resources.

Workforce Planning – Work will commence in December to draft an initial workforce strategy, which will align with the developing Government of Jersey People Strategy, and this will be completed for circulation at the January POD Committee. Further work is required in respect of a work around department wide skills analysis to assist in developing a workforce that is fit for the future and the Jersey Care Model.

Brexit - Messages to staff in relation to settled status in light of BREXIT has been sent to staff across HCS., to address concerns raised in previous meetings in relation to BREXIT. A specific risk in relation to staffing has now been logged on the risk register.

Health and Wellbeing – TRiM practitioner training has been delivered and the department now has a significant number of TRiM Practitioners who can be deployed to support staff, and this is working effectively as is overseen by a TRiM Co-ordinator.

Resilience training has been delivered with significant uptake across the department and has been well-received. Further sessions are planned for January 2020.

We have now appointed a Head of AHPs and Wellbeing, who will work with the HRD to develop a Wellbeing Strategy for the department, and this work will commence in January 2020.

Liberate will be conducting several short presentations to staff in January 2020 as part of work ahead of a survey that will assist in its delivery of training as part of the DIFERA programme.

Virtual College - the department will be developing an HCS specific area to compliment the work being undertaken as part of the corporate induction programme, and this will incorporate work around the statutory and mandatory training requirements. A meeting with key stakeholders is due to take place w/c 9/12/19

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. The establishment of an education, learning and development and a workforce sub-committee is now essential to drive the work forward. Key representatives from each Care Group are required to assist in developing this important 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	x	IM&T		Estates	
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Action / Decision Required

For Decision		For Assurance	x	For Approval		For Information	
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Date the paper was presented to previous Committees

Audit and Risk	Finance and Modernisation	People and Organisational Development	Quality and Performance	Management Executive Team
		9 December 2019		

Outcome of discussion when presented to previous Committees/MEx

Report Title

QUALITY AND PERFORMANCE COMMITTEE REPORT

Author(s) and Sponsor

Author(s):	Rose Naylor Chief Nurse
Sponsor:	Senator Steve Pallet - Committee Chair
Date:	13 th January 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, 4th December 2019.

Narrative this Committee 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 since the last HCS Board and has considered the following agenda items.

Health and Wellbeing framework – the newly developed framework was presented to the Committee, the purpose of which is to provide a systematic and collaborative approach that increases the government focus on preventative and early intervention to reduce the risk and impact of preventative disease and improve the quality of life for Islanders.

The work has been sponsored by Caroline Landon and led by the Strategic Policy Performance and Planning Department as part of the CSP2 commitments. The Committee noted the close relationship to the Jersey Care Model and welcomed the shift of focus to preventative approaches cross government led by a new Political Oversight Group.

The governance framework to support this work was also discussed which included the line of accountability and responsibility for decision making from CSB to COM.

The Committee endorsed the report and framework

HCS Risk Register – the Risk Register was discussed and it was agreed that all risks to be included on the one DATIX register by March 2020. This will ensure that all risks are captured in one place and that Committee members have access and oversight of all risks across HCS.

Risks are reviewed at the Care Group level at the Performance Reviews, at the Management Executive Committee and assurance of this process and escalation of any new risks are discussed at the Quality, Performance and Risk Committee.

All of the risks associated with the estate have been migrated to the DATIX risk register.

The Chair has also spent time with the Patient Safety Officer who manages the Risk Register.

Health and Safety - Report from the Interim Health and Safety Manager on the Health and Safety Risks currently on the Risk Register. The key areas to note: -

- Health and Safety Management System – Health and Safety Group now established and Chaired by the Associate Group Managing Director.
- Health and Safety Training to be rolled out to Line Managers.
- Aviemore – electrical works being carried out and regular inspections in place. The risk rating will reduce once the electrical works are completed.

- Prevention and Management of Violence and Aggression –Currently out to recruit a dedicated trainer.
- Lone Working – ref use of devices, work being undertaken on awareness raising and training.
- DSE Assessors – two members of staff have completed training.

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 timeline adopted in Jersey for completion is the same as in the NHS, for internal and independent reviews which recognises that reviews undertaken independently can take longer. Jersey has experienced difficulty accessing independent reviewers for some of the SIs. This has resulted in a further delay.

Since the last meeting all SIs are allocated reviewers and progress has been made on completion of some of the outstanding investigations.

In relation to learning the SI huddles take place post incident which enable the teams to identify immediate learning and actions to be taken, this will be captured in the report to QPR from 2020 so the Committee are assured and sighted.

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

- Maternity performance- to monitor and review C-Sections, and audit third degree perinatal tears.
- Patient Tracker List – four-week programme of validation has brought up a number of data quality issues which are being worked on.
- The outpatient waiting list has 9040 patients waiting, a 3% increase on the previous month despite four weeks of validation.
- There are 2751 patients waiting for elective admission. Urgent patients are now being seen earlier.
- There were 4625 referrals in October, an increase of 33% on the previous month.
- Increase in bed occupancy at Orchard House which was 92.1% with an increase in length of stay and the percentage of patients with a length of stay greater than 90 days increasing to 26.3%.
- Stranded Patients the number of patients in hospital with a length of stay greater than 7 days has risen by 2%.
- JTT referrals – this service continues to experience a high demand.

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.

Safeguarding Partnership Board Adult Safeguarding Review – an update on progress against recommendations relevant to HCS was provided by the Interim Director for Social Care. Overall responsibility for the monitoring of the recommendations sits with the Safeguarding Partnership Board through the Policy and Procedure Sub Group.

Recommendations implemented so far:

- Establishment of the Community Adults Safeguarding Panel (CASP) A multiagency panel that considers cases that may not meet the criteria for safeguarding and or be complex/or have

unresolved risks. The Panel which meets monthly has been meeting since March 2019 and has supported a number of adults.

- Development of an adult safeguarding performance dashboard.
- Development of the first Adults Safeguarding Strategy which sets out the priorities for the next 3 years
- A community information day for adults was held in October, facilitated by the SPB and was open to members of the public, service users and professionals.
- The Safeguarding Adults Team now have administrative support.

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

21 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 is rating as Amber at the time of the Committee meeting.
- Maternity rated as red at the time of the Committee meeting.

Both areas are receiving additional support and are being closely monitored against their action plans.

Two areas to be reviewed during December -the Special Care Baby Unit and the Intensive Care Unit.

The Committee were advised that in relation to work with other arms length organisations and assurance on practice, the Chief Nurse Office have continued to work with Salford Royal NHS Foundation Trust to develop the Jersey Community Standards and these will be used to assess FNHC at the beginning of 2020.

Patient Experience - The PALS Manager gave a verbal update on Patient Experience. The main points noted:

- Complaints – weekly meetings taking place with Care Groups.
- Complaints response performance will be monitored from Jan 2020 in the Q+P Report
- 25% of feedback received into the feedback service has been positive.
- Experience of Care -a focus group for Alcohol and Drugs Service established.
- Work on developing a Cancer Strategy using the experience and input of those who have used services
- Visibly portraying positive feedback around the organisation.
- Children – work to ensure that we capture the voice of children and young people

Mental health Improvement Plan update - The Associate Medical Director (AMD) Mental Health led the Committee through the Mental Health Improvement Plan and a focussed improvement plan for Orchard House.

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 - The DIPC provided an update on key matters under review which provided assurance to the committee in relation to flu vaccination programme currently underway, the outputs of an island wide table top exercise on pandemic flu and the need to increase the anti viral stocks.

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							
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	
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