

**Health and Community Services Board (Meeting in Public)**  
**Notes of meeting on Monday 8<sup>th</sup> July 2019 at 15.00 – 17:00 p.m.**  
**St Paul's Centre, St. Helier**

<b>Present:</b>	Richard Renouf (Chair)	Minister for Health and Community Services	RR
	Hugh Raymond	Committee Chair F&M	HR
	Caroline Landon	Director General	CL
	Robert Sainsbury	Group Managing Director	RS
	Rose Naylor	Chief Nurse	RN
	Darren Skinner	HCS HR Director	DS
	Steven Mair	Group Finance Director	SM
	John McInerney	Group Medical Director	JMcl
	Bernard Place	Board Secretary	BP
	Adrian Noon	Associate Medical Director Primary Care	AN
	Emelita Robbins	CEO – Jersey Hospice	ER
	Bronwen Whittaker	CEO – Family Nursing and Home Care	BW
	James Le Feuvre	CEO - Mind	JLeF
	Dr Nigel Minihane	Primary Care Body Lead	NM
<b>In Attendance:</b>	Karen Pallot	Executive Assistant	KP
	Mark Richardson	Ministerial Assistant	MR
	Andrew Carter	Governance and Performance Manager	AC
	Louise Journeaux	Communications Manager	LJ

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

		<b>Action</b>
<b>1.</b>	<p><b><u>Meeting Formalities</u></b></p> <p><b><u>Welcome and Apologies</u></b></p> <p>Apologies were received from Steve Pallett and Jeremy Macon Committee Chairs, Sean Pontin, Manager Alzheimer's Association, Ms Ruth Brunton, Brighter Futures.</p> <p>Chair did an introduction setting out the role and purpose of the HCS Board and expectations for the day. The Chair welcomed and thanked the public for taking time out of their day to attend.</p>	
<b>2.</b>	<p><b><u>Declarations of Interest</u></b></p> <p>No conflicts of interest were declared</p>	
<b>3.</b>	<p><b><u>Patient's Story</u></b></p>	

	<p>Mr Chapman shared his story.</p> <p>The Chair thanked Mr Chapman for taking time out to share his experience and wished him every success in his recovery.</p> <p><b>Action:</b> ‘Signpost’ patients with means to access support following the breaking of bad news.</p> <p><i>Dr Nigel Minihane joined the meeting at 15:30 p.m.</i></p>	<b>RS</b>
<b>4.</b>	<p><b><u>Professional’s Story</u></b></p> <p>The Group Medical Director introduced Dr Adrian Noon, Consultant in Emergency Medicine and Associate Medical Director, Primary Care. Dr Noon briefed the Board about the issue of a relatively small but important number of frequent Emergency Department attenders. They often with multiple and complex care needs and who for example may also be present failing to attend psychiatry and other appointments.</p> <p>HCS, the Shelter Trust and multi-agency representatives have joined together to explore more effective ways to provide support to vulnerable homeless persons who are experiencing difficulties accessing primary care.</p> <p>Funding of c. £50k has been sourced to run two GP clinics a week, four hours of consultant psychology, drugs and alcohol, FNHC, social care support together with dietary, smoking cessation, contraception and sexual health, podiatry advice for these clients.</p> <p>The Shelter have made adjustments to the physical structure of their building to provide a safe clinical space for professionals to offer service to residents at the Shelter and to those who are have previously received supervised treatment in the hospital or whose behaviour has led to them being excluded.</p> <p>Feedback from patients has been positive.</p> <p>The Chair congratulated Dr Noon for providing an excellent example of HCS and multi-agency partners working together to provide care to the vulnerable.</p>	
<b>6.</b>	<p><b>Matters Arising and Action Log</b></p> <p>There were no matters arising.</p> <p>The Board Secretary explained the purpose of the Action Log. The Board Secretary will record all actions agreed at the Board.</p> <p>All actions will be followed up, tracked and their completion and closure will be capable of being audited retrospectively.</p>	<b>BP</b>

<p><b>7.</b></p>	<p><b>Chair's Report.</b></p> <p>The Chair then provided an overview of the reasons for establishing Board and how it might develop in time, detailed in his report (attached to these minutes).</p> <p>The Chair then informed Board of the some of the key work streams he has been working on in recent weeks;-</p> <ul style="list-style-type: none"> <li>• Organ Donation Campaign</li> <li>• New Government Plan</li> <li>• Supporting the establishment of HCS Board, Assurance Committees and Care Groups</li> <li>• Supporting organisational changes in HCS - Target Operating Model, now in its final stages. The Chair expressed his thanks to all staff for continuing to provide excellent care during uncertain times.</li> </ul>	
<p><b>8.</b></p>	<p><b>Board Secretary – Corporate Governance Structure</b></p> <p>The Board Secretary gave an overview of the new Corporate Governance Structure and provided assurance to Board re the purpose of the Committees.</p>	
<p><b>9.</b></p>	<p><b>Director General's Report</b></p> <p>The Director General gave a brief synopsis of her Report (attached to these minutes).</p> <p>Key points to note were:-</p> <ul style="list-style-type: none"> <li>• Recognition of challenges facing Mental Health</li> <li>• Cost Improvement Programme work</li> <li>• Target Operating Model that will provide a more clinical and professionally led organisation for the future.</li> </ul> <p>The Board read and approved the report provided by the Director General.</p>	
<p><b>10..</b></p>	<p><b>Approval of Board Terms of Reference (Schedule of Decisions Referred to the Board and the Scheme of Delegation).</b></p> <p>The Board Secretary led the Board through the Terms of Reference and Scheme of Delegation.</p> <ul style="list-style-type: none"> <li>• Mental Health Improvement Board to link with Quality and Performance Committee and Management Executive</li> </ul>	

	<p>Committee to provide the necessary degree of assurance about progress with service improvement.</p> <ul style="list-style-type: none"> <li>• Ensure each assurance committee has a clear description of the sources from which is receiving assurance. .</li> <li>• <b>Action:</b> Board Secretary to prepare Organogram for each Board Committee describing the sources of assurance material eg groups that report into Committees</li> <li>• CAHMS and Children’s Services – governance structure being established and will provide assurance through Quality and Performance Committee.</li> <li>• Finance and Modernisation Committee – amendments to the Terms of Reference to include receiving assurance about commissioned services.</li> <li>• People and Organisational Development Committee – Terms of Reference need to describe the HCS relationship with the States Employment Board. They also need to specify how workforce information can be shared within the necessary information governance regulations and standards but in ways that reflect the spirit of partnership working informing the expressed ethos of the Board.</li> </ul> <p>Dr Minihane raised the issue of Primary Care Funding asking how will the money flow now, re the proposed new model, and how will Health and Community Services support patients.</p> <p>The Group Managing Director informed Dr Minihane that HCS will manage the budget in ways that recognise the need to provide a more inclusive all Island delivery of health care.</p> <p>The Our Hospital Political Oversight Group (POG) does not form part of the HCS Committee structure. POG is scheduled to meet in October to consider the new Jersey Care Model. The model of care is will be based on the more joined up model for Island health HCS and its partners are proposing to provide.</p> <p>Board agreed the Schedule of Delegation/Terms of Reference subject to approval by the respective Committees’ of their own Terms of Reference that will be considered at their meetings on 15<sup>th</sup> Jand uly 2019.</p> <p>It was agreed that the Terms of Reference (Schedule of Delegation) will be reviewed again after 6 months during the first year and annually thereafter.</p> <p><b>Action:</b> Board Secretary to bring TOR (Scheme) back to the Board, December 2019/January 2020 for review.</p>	<p>BP</p> <p>BP</p>
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<p><b>11.</b></p>	<p><b>New Risks Escalated to the Board</b></p> <p>The Group Medical Director gave a brief overview of the report provided to the meeting. The Risk Committee forms one part of HCS response to Recommendation 22 of the Comptroller and Auditor General's Report about the Governance of Health and Community Services which set out the need to improve risk management structures and processes and the means to escalate risk more effectively.</p> <p>The Group Medical Director explained that having established the HCS Board we do not have in place a Board Assurance Framework which is a key tool providing the Board with oversight of the principal risks to the achievement of HCS strategic objectives. A workshop is to be planned with Associate Medical Directors and other senior staff to inform such a Framework. The work is scheduled to provide a Board Assurance Framework by October.</p> <p><b>Action:</b> The Group Medical Director will update the Board at its next meeting.</p>	<p><b>JMcl</b></p>
<p><b>12.</b></p>	<p><b>Management Executive Committee</b></p> <p>The Director General provided a verbal update on the functions of the newly formed Management Executive Committee. The Management Executive Committee membership will consist of clinicians and professionals participating in the budget and decision making for the organisation. The first meeting takes place on Wednesday 17<sup>th</sup> July 2019.</p> <p>A report from the Management Executive Committee will come to Board each month.</p>	<p><b>BP</b></p>
<p><b>13</b></p>	<p><b>Quality and Performance Committee</b></p> <p>The Board noted and read two papers. The Chief Nurse gave an overview of the reports and the Group Managing Director provided a verbal update on the Performance Framework. Key points to note were:-</p> <p>JNASS Framework – wards are assessed over 14 care standards through observations of staff performance, risk assessments, talking with patient families and reviewing medical records.</p> <p>One of HCS provider organisations (Jersey Hospice) has been through the JNAAS framework twice and feedback from staff has been positive and they welcomed being assessed against the JNAAS performance standards.</p>	

	<p>Performance – the Group Managing Director gave a brief overview of the key performance standards and the new arrangements and standards for Care Groups. Performance metrics will identify key performance indicators to patient care and HCS efficiency such as in-patient and out-patient waiting times, efficiency metrics, theatre productivity and so on. HCS are looking to provide more detailed key metrics for reporting mental and social care performance which have historically had fewer data sources when compared to those available in acute care. The Group Managing Director described how HCS are also currently working with partnership agencies to develop whole system performance metrics.</p> <p>Quality and Performance Committee, previously named Quality and Safety Committee has been formed to provide assurance re performance and patient safety and quality.</p> <p>The CEO of Family Nursing and Home Care (FNHC) reminded the Board that the new Care Commission regulations will be coming into force in the months ahead for an increasing number of providers. More information will be coming in time from provider organisations which are scheduled to be regulated earlier than HCS and will add to the Board sources of assurance available to the Board. The FNHC CEO agreed to share experiences with these regulatory processes when available.</p>	<b>BW</b>
<p><b>14.</b></p>	<p><b>Finance and Modernisation Committee</b></p> <p>The Group Finance Director presented a paper for the Board to note. The Group Financial Director informed the Board that he will be meeting monthly with the Assistant Minister for HCS who is chair of the Finance and Modernisation Committee to provide the necessary assurances re HCS expenditure. The Group Finance Director will provide a monthly Finance Report for the Board</p> <p>Deputy Raymond informed the Board that he will Chair the newly formed Finance and Modernisation Committee and confirmed he has been working closely with the Group Finance Director examining the overall budget.</p>	
<p><b>15.</b></p>	<p><b>People and Organisational Development (POD) Committee</b></p> <p>The Group HR Director presented a report to the Board and noted as a 'statement of intent' as there has not previously been an assurance committee for workforce and organisational development.</p> <p>The key areas noted as follows:-</p>	

	<ul style="list-style-type: none"> <li>• Insufficient and assured HR metrics data in order to report any detail about key workforce indices such as headcount, sickness absence etc. This data concern arises as a result a Government of Jersey level change of IT systems. The HR Director anticipated that the appropriately assured workforce metrics will be available soon.</li> <li>• Equality and Inclusion – work is in progress to enact an approved policy and training will be available for key stakeholders.</li> <li>• The challenge to address Key Worker accommodation across the Island to assist in the recruitment and retention staff forms a key workstream.</li> <li>• HCS is undergoing a significant period of organisational change in relation to the implementation of the Target Operating Model. There is a significant need to support and train senior staff appointed into leadership roles.</li> </ul>	
<p><b>16.</b></p>	<p><b>Risk Committee</b></p> <p>The Group Medical Director provided a briefing paper which was noted by Board and informed Board that the first meeting of the Risk Committee (formerly Risk and Oversight Committee) with Senator Steve Pallett as Chair takes place on Monday 15<sup>th</sup> July 2019. The aim of the Committee is to put in place oversight of risk and to seek assurance that the necessary controls are in place to mitigate risk to our patients and the organisation.</p> <p>The Group Medical Director gave his assurance to the Board that he is not aware of any identified risks at present to statutory and regulatory compliance.</p>	
<p><b>17.</b></p>	<p><b>Any other business notified prior to the meeting.</b></p> <p>There was no other business.</p>	
<p><b>18.</b></p>	<p><b>Meeting Reflection</b></p> <p>Comments noted:-</p> <ul style="list-style-type: none"> <li>• Less informal table/room layout needed</li> <li>• Poor sound quality in the venue</li> <li>• Patient story welcomed and appreciated</li> <li>• Professionals Story provided insight</li> <li>• Collaborative working arrangements were evidenced in the meeting</li> </ul>	

	<ul style="list-style-type: none"><li>• Good start to a first Board Meeting in Public.</li></ul>	
<b>19.</b>	<b>Date of Next Meeting</b>  Date of the Next Meeting takes place on Monday 30 <sup>th</sup> September 2019. Venue to be advised.  Meeting closed at 17.00.	