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Foreword

This Annual Plan provides a strategic overview of key areas of improvement, strategic initiatives, and quality and performance reports for Health and Community Services (HCS) across the breadth of the Department. The HCS Advisory Board (the Board) and its Assurance Committees will drive and monitor improvements to the performance of HCS and its services. Board papers can be found here [Health and Community Services Advisory Board \(gov.je\)](https://www.gov.je/HealthandCommunityServicesAdvisoryBoard).

HCS has several significant and varied programmes of work to undertake in 2024, such as the New Healthcare Facilities Programme (NHF), preparing for the Jersey Care Commission (JCC) inspection. In addition, the Minister for Health and Social Services has set ambitious priorities for the Board and the Department to deliver.

We know that that there is much to deliver in 2024, which is why we are working to secure vital governance improvements on the quality, safety and effectiveness of services delivered by the department. By Q2 2024, all Board committees, reporting structures and assurance frameworks will be fully established.

A key governance improvement in 2024 will be the development and publication of a Board Assurance Framework (BAF). An assurance framework provides a structured way of identifying and mapping the main sources of assurance in an organisation, and co-ordinating them to best effect. This will bring together, in one place, all the relevant information on the risks, controls and assurance to successfully deliver the strategic outcomes and objectives.

The BAF will support the Board in receiving assurance that processes and controls are effective that will result in achievement of strategic objectives. The Board will in turn advise the Minister for Health and Social Services on the quality, safety and performance of the Department's services.

Every day, we aim to provide excellent care and support for Islanders that is centred around the patient / service user. We aim to offer a great place to work which is well-led and resourced, where we work with partners and colleagues to continuously improve the care, experience and outcomes for Islanders.

We have a significant programme of work for 2024 and only with our fantastic and dedicated staff and partners will we be able to achieve this.



Chris Bown
Chief Officer, Health and Community Services

Corporate Governance Structure

Governance is the means by which organisations make sure that decision-making is effective, risk is managed and the right outcomes are delivered. In HCS, this means delivering high quality services in a caring and compassionate environment whilst collaborating with partners.

States of Jersey Assembly

Jersey's elected parliament who debate and vote on policy matters.

Minister for Health & Social Services

As a member of the Council of Ministers responsible for Public Health, Health and Community Services.

Advisory Board

Responsible for assuring the Minister as to the quality, safety, performance and associated risks of HCS services.

Quality, Safety and
Improvement
Committee

People and Culture
Committee

Operations,
Performance and
Finance Committee

Executive Leadership Team

Accountable for the delivery of the department's services.

Care Group
Performance
Reviews

Executive service
reviews.

Senior Leadership
Team

HCS' decision making
body.

Change Partnership
Board

Responsible for
overseeing change.

Meet the Team

Executive Leadership Team

The Executive Leadership Team (ELT) is comprised of the Chief Officer and eight Executive Directors. They are accountable for the delivery of the department's services, through a political, strategic and governance focus.



Senior Leadership Team

The Senior Leadership Team (SLT) is comprised of the ELT members, plus the below senior support service managers and clinical leaders.

SLT is the decision-making body of the department.

Clinical

Simon West
Deputy Medical Director

Adrian Noon
Chief of Service - Medical Services

Simon Chapman
Chief of Service - Surgical Services

Matthew Doyle
Chief of Service - Primary, Prevention, Therapies and Community Dental

David Hopkins
Chief of Services - Women's Children's and Family Care

Paul Rendell
Chief Social Worker

Support

Cheryl Power
Director of Culture, Engagement and Wellbeing

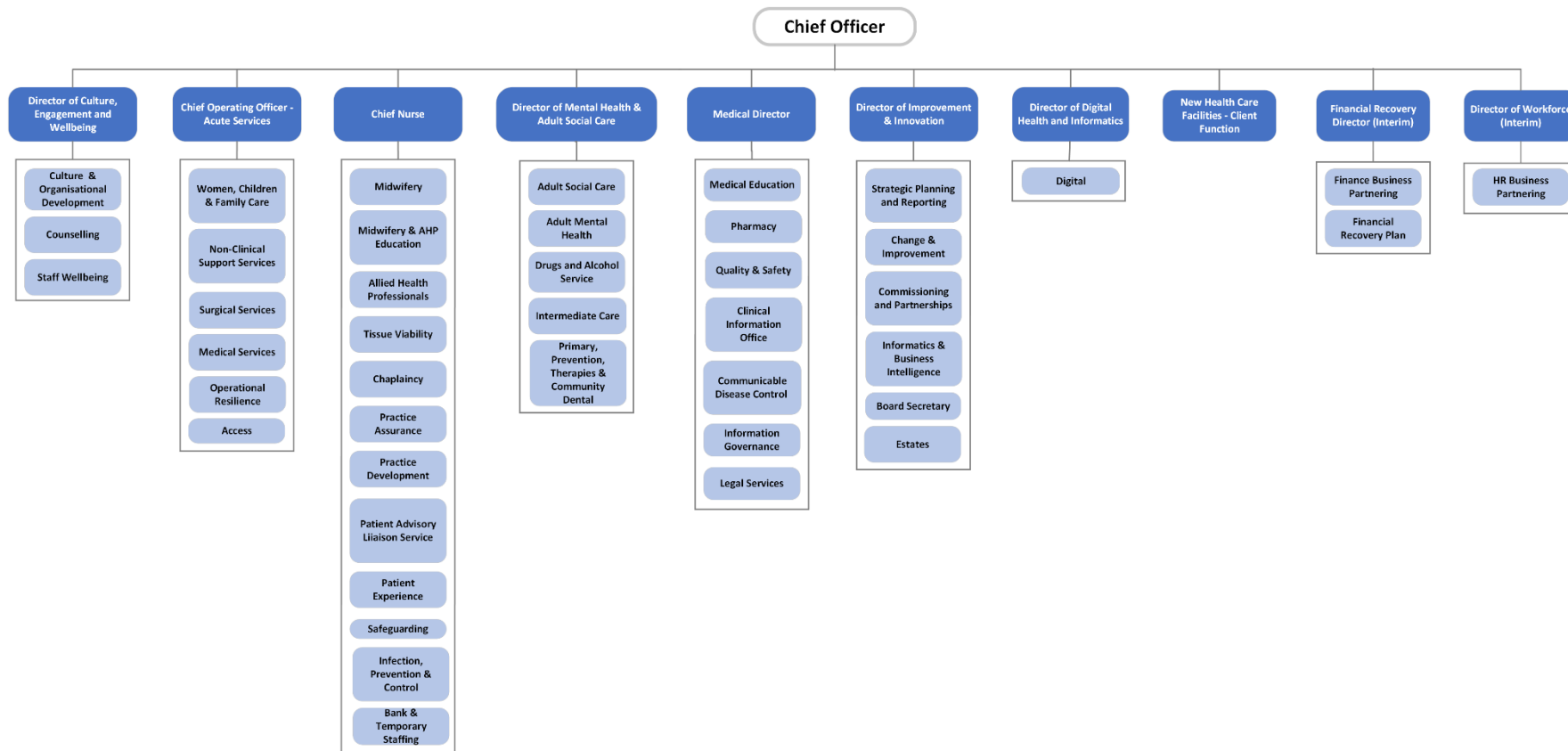
Sophia Bird
Head of Communications

Mark Queree
Deputy Head of Finance Business Partnering

Washington Gwatidzo
REACH Representative

Departmental Structure

Health and Community Services (HCS) is a combined acute, mental health, community and social care provider that encompasses a range of clinical and professional care groups. Some services are provided in partnership with external partners. Below are the structure and functions of the department.



Ministerial

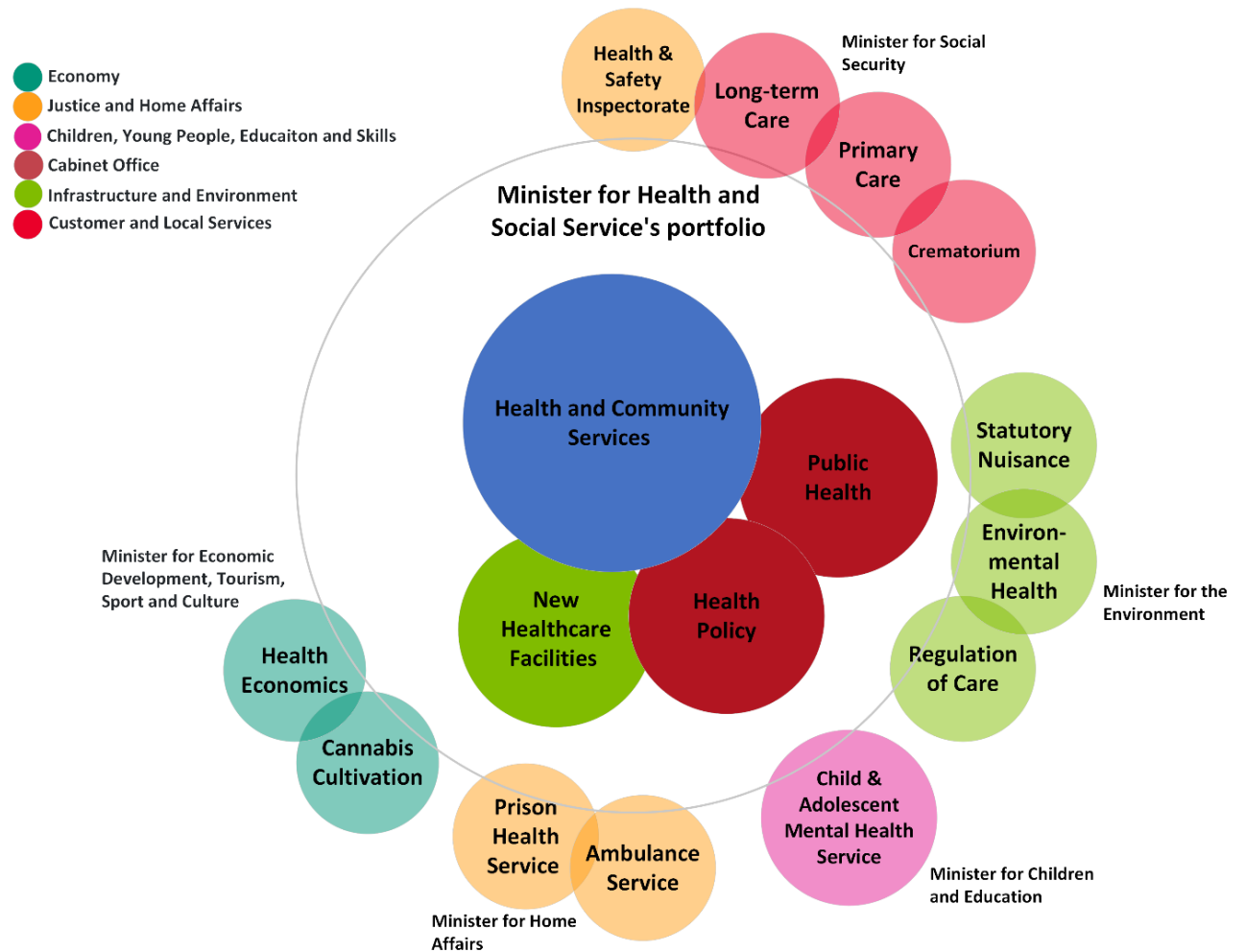
Common Strategic Policy

The Council of Ministers (CoM) have identified 12 priorities which are aligned to the long-term vision set out in the Future Jersey report. The Common Strategic Policy (CSP) (P.21/2024) was approved by the States Assembly on 21 May 2024. The CSP can be found on gov.je.

Minister for Health and Social Services' Portfolio

The Minister for Health and Social Services (“the Minister”) has a diverse portfolio, which covers operational services delivered by HCS, as well as the Health Policy and Public Health functions, which sit in the Cabinet Office. The Minister also works closely with other departments and Ministers across Government, to ensure health outcomes for Islanders are considered across all portfolios.

Whilst the diagram on the right does not cover all the Minister’s working relationships, it seeks to provide an overview of the breadth of services and functions that the Minister is engaged with.



Board Assurance Framework

The Board Assurance Framework (“the BAF”) aims to provide the HCS Advisory Board (“the Board”) with assurance that the key risks agreed by the Board, relating to the delivery of HCS’ strategic aims, are being managed appropriately. The Board will use the BAF and the assurance outcomes to focus its agenda and discussions, to inform decision making, to instigate further checks, challenge, and investigate where further concerns exist. By doing this, the Board can be assured that it is doing everything possible to manage its risks and achieve its objectives. The full BAF can be found on gov.je/hcs and progress against the BAF is reported at each Board meeting.

Objectives

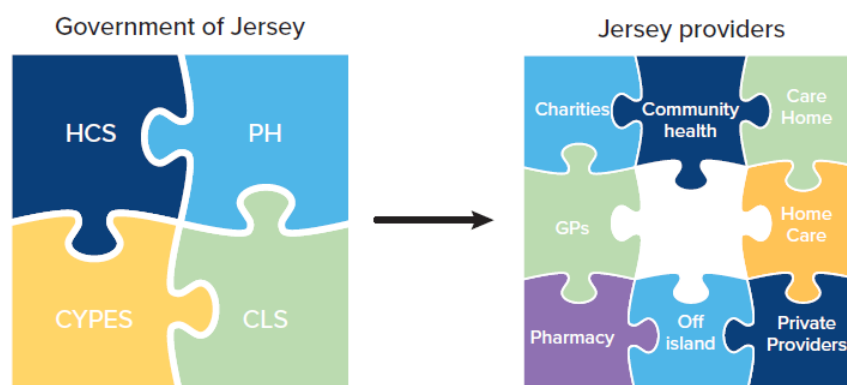


Commissioning

Commissioning in Jersey is defined as ‘the process of continuously developing services and committing resources to achieve the best health outcomes for individuals and the population, ensure equity and enhance experience within the resources available. The commissioning process is repeated on agreed time cycles and comprises a range of activities including:

- Understanding and assessing need.
- Strategic planning and development of services.
- Implementation and delivery of outcomes through procuring and contracting services.
- Monitoring and evaluating the outcomes/services.
- Revising and adapting.

HCS works in partnership with other Government departments to commission from a range of providers. For example, HCS is working closely with Public Health on strategic and specific Health Needs Assessments, which is the process of identifying unmet health and healthcare needs in Jersey and the changes needed to meet them.



How we will deliver

The below actions represent the high-level tasks that HCS' Commissioning function will deliver in 2024.

Action	Measure	Due Date
Use the Mental Health Provider Framework to procure services in a fair and transparent way. Run a mini competition for low level anxiety and depression services.	Contract award following mini competition	Q2 2024
Develop and deliver a neurodiversity strategy for Jersey, working in partnership with Autism Jersey and key stakeholders.	Ratification of strategy	Q3 2024
Recommission community services to up-to-date specifications based on assessment of need ensuring best outcomes for Islanders.	Contract award following commercial process	Q3 2024
Continue implementation of the Palliative and End of Life Care Strategy through commissioning education and end of life care at home services.	Education and end of life care at home service commencement	Q4 2024

Improvement Recommendations

from C&AG, PAC, and Scrutiny Panels

HCS receives recommendations from various bodies and individuals, following reviews and audits conducted on the department. The below table shows the number of open recommendations from the Public Accounts Committee (PAC), Scrutiny Panels and the Comptroller & Auditor General (C&AG). Progress is being monitored on a quarterly basis with evidence of progress and ultimately completion being provided to agree the closure of recommendations.

Date Published	Report	Author	No. of open recs.
09/10/2023	Handling and Learning from Complaints – Follow up	Comptroller & Auditor General	2
10/12/2015	Review of Community and Social Services		1
20/10/2021	Governance Arrangements for Health and Social Care (Follow Up)		1
22/09/2022	Child and Adolescent Mental Health Services		3
24/01/2023	Deployment of Staff Resources in Health and Community Services		12
15/05/2023	Learning from Previous Hospital Projects: A Follow Up Review 2023		6
12/04/2022	Response to the COVID-19 Pandemic by the Government of Jersey	Public Accounts Committee	1
01/10/2021	Our Hospital Outline Business Case and Funding Review	Future Hospital Review Panel	2
10/12/2020	Review of the Government Plan: 2021 – 2024	Government Plan Review Panel	1
06/03/2019	Assessment of Mental Health Services	Health and Social Services Scrutiny Panel	9
06/07/2021	Review of Maternity Services		23
09/01/2021	Government Plan 2022 – 2025 Scrutiny Review		4
22/04/2022	Follow-Up Review of Mental Health Services		20
26/04/2022	Regulations for the Licensing, Production and Export of Medicinal Cannabis in Jersey	Economic and International Affairs Scrutiny Panel	1
Total open recommendations (as of Feb-24)			86

Jersey Care Commission Preparation

The Jersey Care Commission (JCC) regulates and inspects services for both adults and children provided by the Government of Jersey, Parishes, private providers, and the voluntary sector. The services currently regulated include care homes providing nursing and personal care, domiciliary care, adult day care, and children's services. The JCC are currently working with the Care Quality Commission (CQC) to draft standards for hospital services and those, alongside updated legislation, will go out to public consultation. HCS could be inspected at any time following approval of the standards and the updated Regulation of Care (Jersey) Law 2024.

Key Lines of Enquiry

To prepare for inspection, whilst the Jersey standards are being prepared, HCS will focus on ensuring that we can evidence the Care Quality Commission's (CQC) five Key Lines of Enquires (KLOEs) and what these mean for patients and service-users.

- **Is it safe?** Patients / service users are protected from abuse and avoidable harm.
- **Is it effective?** Care, treatment, and support achieve good outcomes, help patients /service users to maintain quality of life and are based on the best available evidence.
- **Is it caring?** Staff involve and treat patients/service users with compassion, kindness, dignity, and respect.
- **Is it responsive?** Services are organised so that they meet patients'/service users' needs.
- **Is it well-led?** The leadership, management and governance of the organisation make sure they are providing high-quality care that is based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

How we will deliver

Action	Measure	Due Date
Establish a Steering Group of key senior staff to develop a programme of work, including mock inspections and benchmarking against CQC standards.	Steering Group established	Q1 2024
Picker Institute to conduct a patient experience survey and publish results which will inform our understanding of patient experience and any changes since the 2022 survey.	Results published	Q1 2024
Secure capacity to support clinicians in preparing for JCC inspections and to lead on preparation and response to JCC inspections.	Capacity established	Q2 2024
Timely registration of HCS services once JCC opens the registration process.	Registration completed	Q1 2025 (depending on law changes and JCC processes)

New Healthcare Facilities

We know that our current facilities (buildings) are deteriorating, this represents a considerable risk to our capacity to deliver acute health and care services. We need environments to be fit for purpose and to meet modern healthcare standards. Several capital construction projects will be delivered, with the key elements of the planned work including delivery of a new acute facility at Overdale, the development of Ambulatory Care facilities on Kensington Place, whilst utilising some of the existing General Hospital site, a health village at St Saviours, that integrates elements of physical health with mental health services. In addition, the programme has already delivered the Enid Quenault Health and Wellbeing Centre on the former Les Quennevais School site, which provides a range of outpatient services and is an exciting new addition to the healthcare facilities in Jersey.

Design

A significant amount of work was undertaken as part of the previous 'Our Hospital' project, and none of this has been lost. The design of the acute facility will be the priority for 2024 to ensure plans are ready for planning application. As the year progresses, the plans for this site should be developed to RIBA stage 4a (technical design).

The design development of the Ambulatory Care Centre and the Health Village will be progressed further throughout 2024.

Clinical Input

Two Clinical Advisors were appointed in 2023 to provide advice and guidance on clinical matters, acting as clinical ambassadors in the development of the design and briefs for each of the projects, whilst engaging and communicating with their clinical peers across HCS to ensure that they are kept fully briefed, and to ensure all their opinions are heard. These two roles will play a key part in any clinical user groups that are required to refine and finalise plans, layouts, and room schedules.

In addition to providing clinical input into the design, HCS teams will be engaged in advising on the detail of the known and anticipated revenue consequences that will arise of delivering care and services across more sites and in new and different ways. They will also be involved in the development of the Facilities Management Strategy and the Digital Strategy, both of which will ensure that the facilities delivered will operate smoothly and efficiently, making best use of technological advances to improve patient care and enhance operational delivery of services.

How we will deliver

Action	Due
Transfer of the current Rehabilitation Ward into new, temporary facilities, where they will stay until the development of the Health Village is completed.	Q1 2024
Completion of Outline Business Case for an acute site at Overdale.	Q2 2024
Submission of the Planning application for the revised plans to develop the Acute Hospital on the Overdale site.	Q3 2024
The demolition of buildings on the Overdale site, in preparation for the acute hospital build.	Q3 2024
Improvements on the Kensington Place site, with some possible temporary use of the site for HCS requirements.	Q3/Q4 2024
States Assembly funding debate: to secure finances to support the delivery of the first phases of the Programme.	Q4 2024

Existing Facility Maintenance

The HCS Estate Team manages, plans, and delivers a portfolio of work which averages about 20 small projects each year, aimed at mitigating operational and clinical risk in our ageing healthcare facilities. The Government has allocated £5m in the 2024 Government Plan for this essential work. The annual list of work has been informed by a review of the risks within the department. For 2024, the portfolio consists of a wide range of works including but not limited to:

- Ward refurbishments and improvements.
- Maternity ward re-modelling finalisation.
- Cold and hot water management.
- Roofing repairs and window replacement.
- Fire Safety improvements.
- Air handling and fan coils.
- Minor works across all HCS sites.

Digital Programme

The Digital Health Strategy is a five-year programme, which has the vision of making Jersey a digitally-world-class health and care system that uses technology everywhere to deliver accessible, joined-up, person-centred care. The below table shows the larger projects that are being delivered in 2024, in addition to these there are multiple smaller 'business-as-usual' replacements. The Digital Health Board meets throughout the year to review and monitor progress.

Project	Detail	Due Date
Vendor Neutral Archive (VNA)	Implementation of a strategic method for clinical image storage, which improves efficiency and scalability.	Q1 2024
Obstetric Sonography System Software	Replace / upgrade the current ultrasound / scanning report application.	Q2 2024
Primary Care System review	Review the current Primary Care system solution and establish requirements for re-tender.	Q2 2024
General Practitioner (GP) Order Comms	To replace the paper-led requesting and reporting process which will reduce result turnaround times, provide a fully audited service.	Q3 2024
Jersey Health & Care Index (HCI)	An essential project to ensure consistency of patient data.	Q3 2024
Faecal Immunochemical Testing (FIT)	To digitally support the FIT booking and screening process which will increase the number of patients who can be screened - improving detection and treatment.	Q3 2024
Picture Archiving & Communications Systems (PACS)	Replacement of a legacy system, with migration of images and image reporting history. Will also provide clinical image reporting services.	Q3 2024
Audiology: Audit Data replacement for Practice Navigator	Replace legacy system.	Q3 2024
Ophthalmology Electronic Patient Record (EPR)	Implementation of a new EPR system to create automation and efficiencies, to deliver shorter waiting times.	Q3 2024
IT Service Model review for commissioned services	Ensuring compliance with IT infrastructure standards and contractual arrangements.	Q4 2024
Electronic Patient Medicines Administration (EPMA)	Deployment of infrastructure, to improve clinical compliance and safety.	Q4 2024
Sexual Health Clinic Electronic Patient Record (EPR)	To capture structured clinical data and remove the current paper-based process.	Q4 2024
Hospital Electronic Patient Record (EPR)	Replacement or update of current General Hospital EPR system	Q4 2024
Cervical Cancer Screening	An essential upgrade to support the service in achieving screening targets, through increased efficiency and automation.	Q4 2024

Project	Detail	Due Date
e-Consent for surgical procedures	A system that enables patients to provide their consent online.	Q4 2024
Virtual Consultations	Enable virtual consultations to improve waiting times by providing Consultant led services remotely.	Q4 2024
Essential Hospital Wi-Fi	To improve connectivity in the hospital.	Q4 2024
Electronic Record System for Adult Social Care	Transformation of the system and processes to meet the service's needs.	Q1 2025
e-Referral Process	Implement a solution to replace the predominantly email led referral process.	Q2 2025
e-Prescribing Chemotherapy	To reduce clinical risk and comply with best practice.	Q2 2025

Quality and Performance Metrics

Quality and Performance Report & Service Performance Measures

The **Quality and Performance Report** (QPR) provides the performance metrics and monthly performance for clinical services. The QPR is discussed monthly at the HCS Advisory Board and published in addition on [Health and Community Services Quality and Performance Reports \(gov.je\)](https://www.gov.je/Health-and-Community-Services/Quality-and-Performance-Reports). The full list of indicators that will be reported in 2024 is shown below. Further details including detailed description and calculation of each metric will be included in the 2024 QPR.

The **Service Performance Measures** (SPMs) are a sub-set of the Quality and Performance Report indicators and are published quarterly alongside other government departments' SPMs. They aim to provide a broad overview of the delivery of key services by all government departments. The HCS indicators that are SPMs are indicated in the below table in the right-hand column.

Section	Subsection	Indicator	SPM
Elective Care Performance	Elective Pathways	Patients waiting for first outpatient appointment > 52 weeks	Yes
		Patients on elective list > 52 weeks	Yes
		Access to diagnostics > 6 weeks	Yes
	Efficiency	Outpatient New to Follow Up (NFU) rate	Yes
		Outpatient DNA rate (Adults only)	Yes
		Outpatient WNB rate (Patients under 18)	Yes
		Theatre Utilisation (capped)	Yes
		On the day Theatre cancellations	
Emergency Care Performance	Emergency Care Pathway	Waits in emergency care > 4 hrs	Yes
		Waits in emergency care > 12 hrs	
	Patient Flow	Patient moves for non-clinical reasons >22:00 and <08:00	
		Total Bed Days Delayed Transfer of Care (DTC)	
	Emergency Inpatients	Emergency acute Length of Stay (LOS)	
		Rate of Emergency readmission within 30 days of a previous inpatient discharge	Yes

Section	Subsection	Indicator	SPM
Maternity	Pregnancy & Births	Total births	
		% primary postpartum haemorrhage \geq 1500ml	
		% spontaneous vaginal births (including home births and breech vaginal deliveries)	
		% of babies that have APGAR score below 7 at 5 mins	
		% of births less than 27 weeks	
		% of births less than 37 weeks	
		Transfer of Mothers from Inpatients	
		Transfer of neonates from JNU	
		% 3 rd & 4 th degree tears – all births	
		% emergency caesarean sections at full dilation	
		Number of admissions to JNU at or above 37 weeks gestation (per 1000)	
		% babies born before arrival (BBA)	
		% live births < 3 rd centile delivered > 37+6 weeks (detected and undetected SGA)	
		Number of still births	
		Proportion of mothers who were current smokers at booking appt.	
		Proportion of mothers who were smoking at delivery	
		Proportion of mothers who were consuming alcohol at booking appt.	
		Proportion of mothers who were consuming alcohol at delivery	
		Neonatal mortality rate (<28 days)	
		HIE (per 1,000)	
		Transfer of care during pregnancy (planned)	
		Rate of Intrapartum stillbirth (per 1,000)	
		Booking <70 days gestation	
Mental Health	Jersey Talking Therapies (JTT)	% of clients waiting for assessment who have waited over 90 days	
		% of clients who started treatment in period who waited over 18 weeks	
		JTT Average waiting time to treatment (Days)	
	Community Mental Health Services	Memory Service - Average Time to assessment (Days)	
		% of referrals to Mental Health Crisis Team assessed in period within 4 hours	Yes
		% of referrals to Mental Health Assessment Team assessed in period within 10 working days	Yes
		ADHD Waiting Times (New indicator – detail being worked up)	
		Autism Waiting Times (New indicator – detail being worked up)	
		% of Adult Acute discharges with a face-to-face contact from an appropriate Mental Health professional within 3 days	
		% of Older Adult discharges with a face-to-face contact from an appropriate Mental Health professional within 3 days	
		Community Mental Health Team did not attend (DNA) rate	
	Inpatient Mental Health	Mental Health Unit Bed Occupancy	Yes
		Average daily number of patients Medically Fit for Discharge (MFFD) on Mental Health inpatient wards	

Section	Subsection	Indicator	SPM
Social Care	Learning Disability	Percentage of clients with a Physical Health check in the past year	
	Adult Social Care Team (ASCT)	Percentage of Assessments completed and authorised within 3 weeks (ASCT) ** being reviewed (New PTL process being introduced during Q1 – Indicator will be replaced)	
Quality & Safety	Mortality	Crude mortality - % patients whose discharge outcome = death	
	Safety	Reporting rate of patient safety incidents per 1000 bed days	
		Patient safety incidents with severe/major/extreme harm/death	
		Serious Incidents	
		Number of falls resulting in moderate / severe harm per 1000 bed days	
		Pressure Ulcers on admission	
		Number of Cat 3-4 pressure ulcers / deep tissue injuries acquired as inpatient per 1000 bed days	
		Number of medication errors across HCS resulting in harm per 1000 bed days	
		% of adult inpatients who have had a VTE risk assessment within 24 hours of admission	
		NEWS compliance	
	Infection Control	Healthcare Associated C. Difficile Infections	
		Healthcare Associated MRSA blood stream Infections	
		Healthcare Associated E. coli blood stream Infections	
		Outbreaks	
	Experience	Compliments received	
Formal complaints received			

Financial Recovery Plan

During 2023, it was identified that HCS had an underlying £34m deficit. A three-year [Financial Recovery Programme](#) (FRP) has been established which will enable HCS to make £25m savings over three years, which are within the departments control. Outside of HCS' control is a structural deficit, which has been included in the FRP and supported with Government funding.

This quality led FRP is built on a set of core values that combines patient focused quality improvement, financial recovery, clinical, staff and stakeholder engagement, teamwork, and inclusive leadership to deliver sustainable improvements. Importantly, we need to change our ways of working, by updating practices and improving our governance and culture to ensure we deliver efficient quality care to Islanders.

The FRP has identified opportunities for improved efficiency and effectiveness of services to help reduce costs and increase income - establishing appropriately funded services. The programme is a three-year roadmap towards financial sustainability, which will ensure that the department's services can be delivered within the revised budget limits outlined in the 2024 Government Plan.

A Project Management Office (PMO) has been established to support delivery of the FRP and the department's Value for Money (VFM) target; by working alongside the Care Groups and Directorates.

Workstreams

To address the challenge, we have developed efficiency schemes which sit within seven workstreams:

1. Workforce
2. Non-Pay and Procurement
3. Clinical Productivity
4. Income
5. Digital
6. Care Group / Directorate schemes
7. Medicines Management

Forecast Savings

The below table shows the annual and cumulative savings that will be delivered by the FRP. Progress will be reported quarterly to the HCS Advisory board.

	FY 2023 (£000)	FY 2024 (£000)	FY 2025 (£000)
Total cumulative savings	3,000	15,000	25,000
FRP efficiencies FY2023	3,000	3,000	3,000
FRP efficiencies FY2024		8,429	8,429
VFM Savings FY2023-24		3,571	3,571
FRP efficiencies FY2025			10,000

Quality Account

The Quality Account is an annual report published by HCS to inform the public of how we monitor the quality of services we provide.

Quality in healthcare is made up of four core dimensions:

1. Patient experience – how patients experience the care they receive.
2. Patient safety – keeping patients safe from harm.
3. Clinical effectiveness – how successful the care provided is.
4. Staff wellbeing

The account demonstrates our commitment to provide Islanders with the best quality healthcare services. It also encourages transparency about our service quality and helps us to develop ways to continually improve. It also looks forward and defines the priorities for quality improvement for the year ahead and how we expect to achieve and monitor them.

The 2023 Quality Account is the second annual account produced by HCS. It includes details of our progress and achievements related to quality and safety for the previous year. The report will be available on gov.je.

2024 Priorities

The 2024 priorities have been developed using triangulation of data and learning from incidents, serious incidents, complaints, litigation and performance against the Jersey Nursing Assessment and Accreditation System (JNAAS). In addition, senior teams and clinicians have been engaged in the development. The 2024 Quality Account priorities will be presented to the HCS Advisory Board in February 2024 alongside the Board Assurance Framework.

Priorities and Objectives
Priority 1: Develop a Learning from Deaths (LfDs) Framework for HCS
Publication of a Learning from Deaths framework for HCS.
Implementation of Mortality Learning Review (MLR) Programme.
Re-introduce Mortality and Morbidity (M&M) meetings.
Commence a Learning Disability Mortality Review Programme.
Priority 2: HCS will transform Maternity Services for a Brighter Future in Jersey
Publication of the Maternity Improvement Plan 'Our Plan for the Way Forward with Maternity Services in Jersey' (strategy).
Ensure processes are in place to ensure Safe Staffing across maternity.
Create a collaborative culture of safety, learning and support through effective leadership.
Work with service users, staff, and community voices to shape our services.
Priority 3: Develop a Nutrition and Hydration Strategy for HCS
Improve the visibility and governance of nutrition and hydration across HCS.
Improve compliance and documentation of nutritional screening. NICE CG32: all adult inpatients should be screening for nutrition within 24 hours of admission, and all outpatients on first appointment.

Priorities and Objectives
Provide all inpatients with nutrition and hydration which meets their nutritional needs and dietary / cultural preferences in line with national standards for healthcare food and drink. BDA Digest: all healthcare menus must meet the nutrition standards for both nutritionally well and nutritionally vulnerable.
Ensure appropriate and safe prescribing of oral nutrition support, enteral and parenteral nutrition.
Priority 4: Inpatient Mental Health: Quality and Patient Experience
Develop Quality Improvement plan.
Improved service user experience measures.
Improved staff experience.
Priority 5: Dementia and delirium within the General Hospital
Reduce inappropriate use of sedation to manage distress and challenging behaviour.
Review clinical protocols / procedures in use.
Dementia care audit completed.
Completion of carer survey.
Priority 6: Improve the management of the patient feedback processes and enhance patient experience
Senior staff make sure every employee of HCS knows how they can create and deliver a just and learning culture for handling complaints, and that all staff can demonstrate how they contribute to this culture through practical example.
Staff respond to complaints at the earliest opportunity and consistently meet expected timescales for acknowledging a complaint.
Staff give clear timeframes for how long it will take to investigate the issues considering the complexity of the matter, and clearly communicate this to complainants.
Implement Core Standards for the management of patient feedback across HCS.
Priority 7: Staff Wellbeing
Deliver a range of wellbeing initiatives for all HCS employees

Culture and Workforce

We want to be a great place to work, where staff feel supported, respected, and valued. We have started a journey to establish a culture and workforce programme in 2022 and we are now building on the activities and improvements delivered in 2023. The below table sets out our plan to deliver culture and workforce improvements within HCS during 2024.

	Goals	Actions	Due	Success Measures
Our Culture	a. Always putting the patient/client at the centre of what we do.	Work environments are respectful and promote inclusiveness enabling safety to share information.	Commenced in January 2023 and ongoing throughout 2024.	<ul style="list-style-type: none"> Freedom to Speak Up activity. Reduced dignity and respect grievances. Decrease I sickness absence where data reports absence as anxiety, stress, and depression. Improved learning following an incident. Improved reflective practice.
	b. Work environments are respectful and promote inclusiveness enabling safety to share information.			
	c. Improve multi-professional team working and collective decision making, escalating concerns where needed.	Improve multi-professional team working and collective decision making, escalating concerns when needed.	CSL to be launched in January 2024 and continue embedding alongside other cultural interventions throughout 2024.	
	d. Create better opportunities to safely learn, innovate and improve following incidents.	Create better opportunities to safely learn and innovate and improve following incidents.	Quarter 2/3 2024.	
	e. Develop opportunities to safely reflect on professional practice.	Develop opportunities to safely reflect on professional practice.	Corporate Psychological Safety in Teams training to commence Q1 2024 with Maternity services.	
	f. Engage colleagues in understanding the Be Heard Results, so they can actively participate in the developing and implementing the People and Culture Plan.	Engage colleagues in understanding the Be Heard survey results & our initial proposed response to this so they can actively participate in developing & implementing the People & Culture plan.	Quarter 2/3 2024.	

	Goals	Actions	Due	Success Measures
Leadership and Management Development	a. Our Values, Our Behaviours are visible and demonstrated throughout all levels of leadership & management.	Executive Leadership to undertake leadership and management development, to support their teams in delivering sustainable models of high-quality care.	Q4 2024	<ul style="list-style-type: none"> Improved performance (managers responding to issues). Increase in Connect Performance returns (with SMART objectives and progress). Reduced number of dignity & respect grievances.
	a. Leaders have clear leadership objectives.	Corporate team to deliver core leadership training programme to General Managers, Clinical Leads, Lead Nurses, Lead AHP's etc.	Q4 2024 and ongoing throughout 2024.	
	b. Managers are developed and invested in through formal qualifications/GoJ manager training/mentoring.	Identify Short/Medium/Long Term plan for all middle management development including participation in World Class Manager sessions.	Q4 2024	
Engagement and Communications	a. Continue staff engagement following Be Heard survey through regular listening events and pulse surveys. Ensure colleagues are aware of & feel engaged with the development & delivery of the People & Culture plan.	Continue delivering a range of listening events; Team HCS Talks, Be Our Best forums, Professional forums (MSC, Nursing & Midwifery, AHP), Schwartz Rounds, Breakfast with Chief Officer, ward/service walkarounds.	Ongoing throughout 2024.	<ul style="list-style-type: none"> Increased staff engagement. Improved staff collaboration & connection. Smarter decision making. Improved performance.
	b. Improve engagement & communication, including understanding HCS purpose, the strategic plan and care group/service priorities.	Develop & implement regular Pulse Surveys.	Q1 2025	
	c. Ensure the communications for the HCS People & Culture plan & the individual care group People & Culture plans are connected & aligned to HCS vision and objectives.			

Diversity and Inclusion	a. Create a Diversity and Inclusion plan for HCS.	Working Group has been created to develop anti-racism statement for HCS.	Anti-racism statement to be launched alongside Civility Saves Lives programme Quarter 1 2024.	<ul style="list-style-type: none"> • D&I plan. • Reduced numbers of dignity & respect grievances. • Improved workplace relationships. • Improved performance. • Greater readiness to innovate & improve.
		Use working group to develop wider strategy, plan & key deliverables.		
Wellbeing	a. Continue wellbeing support for colleagues across HCS aligned with NICE guidance; 'Mental Wellbeing at Work'.	Use established Culture, Engagement & Wellbeing committee to create & develop plan & key deliverables.	Ongoing throughout 2024.	<ul style="list-style-type: none"> • Increase in wellbeing engagement factors. • Reduced sickness absence rates. • Reduced anxiety/stress related absence. • Improved performance.
Strategic Workforce Plan	a. Produce a strategic workforce plan for HCS	Ensure engagement with PCS strategic workforce plan team at Care Group and Executive level.	Q1 2025.	<ul style="list-style-type: none"> • Understanding of emerging capabilities and skill requirements. • Development of a plan to meet future needs and mitigate risk. • Identification of areas requiring succession planning and training requirements.
Recruitment	<p>a. Increase number of substantive employees.</p> <p>b. Reduce reliance on agency and locum workers.</p>	<ol style="list-style-type: none"> 1. Continue the multi-approach method to recruitment. 2. Develop recruitment pipeline metrics. 3. Engage with apprenticeship and internship programmes. 	Ongoing throughout 2024.	<ul style="list-style-type: none"> • Reduced vacancy numbers and reduced agency numbers. • Increased numbers of interns and apprentices.

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Connect People</p>	<p>Maximise Usage of Connect across HCS.</p>	<ol style="list-style-type: none"> 1. increase usage of Connect Performance through 2024. 2. Utilise Connect Learning for delivery and recording of training. 3. Implement Connect People (Employee Central) for managers. 4. Implement Talen Acquisition for hiring new recruits 	<p>Ongoing throughout 2024.</p>	<ul style="list-style-type: none"> • Increased number of colleagues with recorded objectives and appraisals. • Ability to record and report training compliance. • All staff changes completed via Employee Central. • Quicker time to hire.
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Support the Freedom to Speak Up Guardian</p>	<p>Continue to liaise with CO and FTSU Guardian on issues relating to staffing and employment matters.</p>	<ol style="list-style-type: none"> 1. Regular meetings with CO and FTSU Guardian to resolve issues relating to employment matters. 	<p>Ongoing throughout 2024.</p>	<ul style="list-style-type: none"> • Resolution of matters where possible

