Health and Community Services

Gouvèrnément d'JÈRRI

2024 Annual Plan Report for Q2

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Introduction

The HCS Annual Plan 2024 gives an overview of the department's plans for areas of improvement, strategic initiatives and quality and performance reporting for the year. We have a significant and varied programme of work for 2024 including the New Healthcare Facilities Programme (NHF), preparing for inspection by the Jersey Care Commission (JCC) and commissioning effective, safe, and high-quality services for Islanders.

In this report, we provide information on our 2024 Q1 and Q2 progress on the achievement of our plans. When reporting on the progress of our plans, we have used the key below.

Status		
Not Yet Started/ On Hold		Activity not yet started or is on hold
On Track		Activity proceeding as planned
Potential for delay		A possible but not yet actual delay in the delivery of the activity
Delayed		Activity has slippage and will not meet the expected delivery date
Complete		Activity complete

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'. Working in partnership with other Government Departments, Commissioning has made progress on the delivery of the high-level tasks shown in the table below.

Action	Measure	Due Date	Status	Supporting Narrative
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		**Complete**. Following the launch of a mini-competition, bids were evaluated at the end of May. After the evaluation report was signed-off, all bidders were notified of the outcome and the contract awarded. Further mini competitions are planned later in the year.
Develop and deliver a neurodiversity strategy for Jersey, working in partnership with Autism Jersey and key stakeholders.	Ratification of strategy	Q3 2024		**On Track**. In conjunction with Autism Jersey, good progress has been made on the development of a strategy. A project plan has been drafted and the steering group has met and constructed a communication plan. Working closely with HCS communications, informatics, the design team, and the neurodiversity networks, an island-wide all age survey has been developed. Results will inform the strategy. Service mapping has begun, and a stakeholder champions meeting has been set up to sense check the work. Their channels and influencers will be used to promote the strategy and gain feedback from harder to reach groups. Meetings with the cluster groups in July and parish roadshows will take place through the summer months.

Action	Measure	Due Date	Status	Supporting Narrative
Recommission community services to up-to-date specifications based on assessment of need, testing value for money.	Contract award following commercial process	Q3 2024		**On Track**. The Procurement Strategy and supporting documents have been completed. Key Performance Indicators (KPIs) are finalised and the 'Route to Market' has been confirmed. Following negotiation meetings in the summer, next steps in the recommissioning process will be confirmed.
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		**On Track**. Meetings to plan education and end-of-life care at home services took place and involved a range of stakeholders. Initial proposals were agreed at the End-of-Life Partnership Group in April and have been further developed into detailed plans. The plans were presented to the End-of-Life Partnership Group in June. The plans were approved in principle, with a recommendation for further work on the end-of-life care at home service operational elements to be done before sign-off for implementation by HCS.

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. Progress on the implementation of recommendations is being monitored on a quarterly basis, with evidence of progress and completion being provided to HCS' Senior Leadership Team for assurance of progress.

Considerable progress has been made this quarter, which is evidenced from the ***completion of 14 recommendations***. Whilst not yet officially closed, significant work has been underway on implementing recommendations from historic Mental Health and Maternity reviews, which are expected to be closed in Q3.

The table below shows the number of HCS' open recommendations from the Comptroller & Auditor General (C&AG), the Public Accounts Committee (PAC), and Scrutiny Panels by quarter.

Date Published	Title of Report	Number of Recommendations open					
		Start of Year	Q1	Q2	Q3	Q4	End of Year
Comptroller & Auditor General (C&AG) Reviews							
12 Oct 2015	Review of Community and Social Services	1	1	-			
20 Oct 2021	Governance Arrangements for Health and Social Care (Follow Up)	1	1	-			
22 Sep 2022	Child and Adolescent Mental Health Services	3	2	1			
24 Jan 2023	Deployment of Staff Resources in Health and Community Services	12	12	10			
15 May 2023	Learning from Previous Hospital Projects: A Follow Up Review 2023	6	6	1			
20 Nov 2023	Handling and Learning from Complaints	2	2	1			
Public Accounts Committee (PAC) Reviews and Reports							
12 Apr 2022	Response to the COVID-19 Pandemic by the Government of Jersey	1	1	1			
Health and Social Services Scrutiny Panel Reviews							

Date Published	Title of Report	Number of Recommendations open					
		Start of Year	Q1	Q2	Q3	Q4	End of Year
06 Mar 2019	Assessment of Mental Health Services	9	9	9			
17 Nov 2020	Review of the Government Plan: 2021 – 2024	1	1	1			
22 Sep 2021	Review of Maternity Services	23	23	23			
01 Oct 2021	Our Hospital Outline Business Case and Funding Review	2	2	2			
11 Feb 2022	Government Plan 2022 – 2025 Scrutiny Review	4	4	1			
31/08/2022	Follow-Up Review of Mental Health Services	20	20	20			
Authored by the Economic and International Affairs Scrutiny Panel							
26/04/2022	Regulations for the Licensing, Production and Export of Medicinal Cannabis in Jersey	1	1	1			
	TOTAL Number of Open Recommendations	**86**	**85**	**71**			

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) and have drafted the JCC's Care Standards - Single Assessment Framework (SAF) for hospital services, which were open for consultation until the end of May 2024. A further proposed amendment to the Regulation of Care (Jersey) Law 2014 has now been closed for consultation. Once the amendments to the Law have been finalised, HCS will be required to register our services and will then be subject to inspection in 2025.

Whilst the JCC's Care Standards - Single Assessment Framework is being ratified, HCS will focus on ensuring that we can evidence the JCC's five Key Elements of Care (KEC) and what these mean for 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.

Action	Measure	Due Date	Status	Supporting Narrative
Establish a Steering Group of key senior staff to develop a programme or work, including mock inspections and benchmarking against CQC standards.	Steering Group established	Q1 2024		**Complete**. A compliance team has started within the Quality and Safety Team, who have established a Regulatory Oversight Steering Group to which all additional parties are invited. The Terms of Reference (ToR) have been drafted and a final version has been circulated. A Peer-to-Peer review process is being run by the Chief Nurse's office, which works closely with the Compliance and Assurance team (C&A). The peer review process allows clinical and non-clinical perspectives, including staff and patient feedback and governance processes.

Action	Measure	Due Date	Status	Supporting Narrative
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		**Complete**. The Picker Institute's Patient Experience survey is complete and has been published. The Compliance and Assurance team will use it as evidence to reflect against the standards of the JCC's Single Assessment Framework.
Secure capacity to support clinicians in preparing for JCC inspections and to lead on preparation and response to JCC inspections.	Capacity established	Q2 2024		**Complete**. All Care Groups and key staff have been consulted on the consultation of the JCC Single Assessment Framework. The Compliance and Assurance team are meeting with each Care Group to ensure relevant support is provided.
Timely registration of HCS services once JCC opens the registration process.	Registration completed	Q1 2025		**Not Started.** HCS will register when the Regulation of Care (Jersey) Law 2014 has been approved, which is expected to be in January 2025.

The New Healthcare Facilities Programme

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. As well as the continual maintenance of our current facilities, several capital construction projects will be delivered. Key elements of the planned work include delivery of a new acute facility at Overdale and a health village at St Saviours which integrates elements of physical health with mental health services. There is also the development of Ambulatory Care facilities on Kensington Place, whilst utilising some of the existing on the General Hospital site.

Action	Due Date	Status	Supporting Narrative
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		**Complete**. The lease for St Ewold's has been signed and all patients and staff have been transferred. Although not delivered by Q1, the project is now fully complete and delivered for Q2.
Completion of Outline Business Case for an acute site at Overdale.	Q2 2024		**Complete**. The draft Outline Business Case has been completed. It will undergo review and approval through the relevant governance channels.
Submission of the Planning application for the revised plans to develop the Acute Hospital on the Overdale site.	Q3 2024		**On Track**. The planning application for the Acute Hospital development are complex and require a large number of inputs. However, work is on track with submission expected in September 2024.
The demolition of buildings on the Overdale site, in preparation for the acute hospital build.	Q3 2024		**On Track**. The demolition at Overdale is proceeding well, with the likely completion of all works by August 2024.
Improvements on the Kensington Place site, with some possible temporary use of the site for HCS requirements.	Q3 / Q4 2024		**On Track**. A number of temporary uses have been suggested for the site. Advisors will be engaged to enable the formulation of initial decisions. Progress on this work has been delayed due to the impact of the requirements of the Programme's Acute Phase. Meaningful progress will be made in Q3 and Q4, keeping the end date on track.
States Assembly funding debate: to secure finances to support the delivery of the first phases of the Programme.	Q4 2024		**On Track**. Funding requirements for the New Healthcare Facilities Programme will be presented to the States Assembly as part of the Government Plan. This is due to be lodged in July 2024 and debated by the States Assembly in Q4.

Digital Health 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	Status	Supporting Narrative
Vendor Neutral Archive (VNA)	Implementation of a strategic method for clinical image storage, which improves efficiency and scalability.	Q1 2024		**Complete**. Vendor Neutral Archive has been implemented, integrated into business as usual and the project formally closed.
Obstetric Sonography System Software	Replace / upgrade the current ultrasound / scanning report application.	Q2 2024		**Complete**. Obstetric Sonography System is now live, and preparations are being made for formal Project Closure.
Primary Care System review	Review the current Primary Care system solution and establish requirements for re-tender.	On Hold		**On Hold.** The project is on-hold as the current contract is being extended to allow for the capture of detailed requirements and the commercial procurement process to take place.
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		**On Track**. The rollout has expanded to all but one GP practice and over 70% of GPs are using the system. Internal and external communications are in progress to gain full engagement.
Jersey Health & Care Index (HCI)	An essential project to ensure consistency of patient data.	Q3 2024		**On Track.** This project has been extended due to the GoJ technical issues and change freeze in May/June. Good progress is now being made, although the target for go live has been pushed back to Q3 2024.
Faecal Immunochemical Testing (FIT)	To digitally support the FIT booking and screening process which will increase the number of patients who	Q3 2024		**On Track**. The GoJ change freeze in May/June delayed this project, which was due in Q2, and so the completion date is now Q3 2024.

Project	Detail	Due Date	Status	Supporting Narrative
	can be screened - improving detection and treatment.			
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		**On Track.** The new Picture Archiving & Communications Systems is now live. Decommissioning of the old system is in progress alongside closing-down the project, with an anticipated end date of July 2024.
Audiology: Audit Data replacement for Practice Navigator	Replace legacy system.	Q2 2024		**Complete.** The system is now live.
Ophthalmology Electronic Patient Record (EPR)	Implementation of a new EPR system to create automation and efficiencies, to deliver shorter waiting times.	On Hold		**On hold**. Due to resource constraints. Review planned for 2025.
IT Service Model review for commissioned services	Ensuring compliance with IT infrastructure standards and contractual arrangements.	Q4 2024		**On Track**. The project went live in June 2024. Governance has been progressed quickly from Stage 0 (Pipeline) to Stage 3 (Delivery). The project is currently on target for the existing Go Live dates, however due to a large series of interconnected dependencies, there is a risk that if delays from outbound dependencies occur; this could impact our timeline & RAG status. Therefore, a prospective Plan B and a subsequent Plan C has been agreed with Project Board (For all the plans, the target project closure date is during October 24).
Electronic Patient Medicines Administration (EPMA)	Deployment of infrastructure, to improve clinical compliance and safety.	Q4 2024		**Slippage**. EPMA roll out is complete but the upgrade to 8.2 is delayed because of some software functionality issues. Discussions are ongoing with the supplier to assess potential solutions.
Sexual Health Clinic Electronic Patient Record (EPR)	To capture structured clinical data and remove the current paper-based process.	Q4 2024		**On Track.** There has been significant progress to clarify the project deliverables (product quality) and distribution of tasks and responsibilities with our supplier. The build of design and solution with the clinical team and supplier is moving forward. Agreement

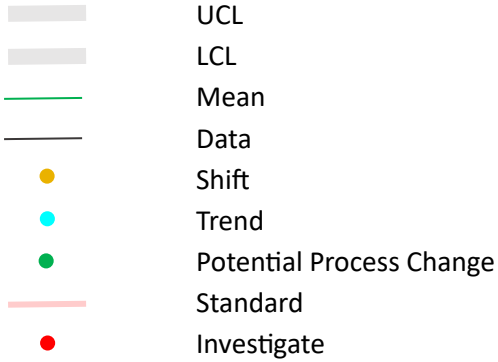
Project	Detail	Due Date	Status	Supporting Narrative
				has been reached regarding scope of work and completion by year end.
Hospital Electronic Patient Record (EPR)	Replacement or update of current General Hospital EPR system	Q4 2024		**Delayed.** Some of the EPR workstreams are delayed due to dependencies on the hospital Wi-Fi improvement plan. Once the patchy Wi-Fi issues in the hospital have been addressed, the Wi-Fi modules can be progressed. Workstreams are now scheduled to be implemented into mid-2025.
Cervical Cancer Screening	An essential upgrade to support the service in achieving screening targets, through increased efficiency and automation.	Q4 2024		**On Track**. The procurement strategy has been approved.
e-Consent for surgical procedures	A system that enables patients to provide their consent online.	Q4 2024		**On Track**. This is underway with detailed planning and design in progress.
Virtual Consultations	Enable virtual consultations to improve waiting times by providing Consultant led services remotely.	Q4 2024		**On Track**. This project is underway, with detailed planning.
Essential Hospital Wi-Fi	To improve connectivity in the hospital.	Q4 2024		**On Track**. The Project is underway with detailed planning and design in progress. An implementation plan is being drawn up to set out expectations on delivery and ensuring it aligns with the roll out of Electronic Patient Records.
Electronic Record System for Adult Social Care	Transformation of the system and processes to meet the service's needs.	Q1 2025		**Slippage.** The forecast for delivery has been delayed into late 2025 early 2026. Discovery work is complete. Awaiting further funding to be agreed before commitment can be assured.
e-Referral Process	Implement a solution to replace the predominantly email led referral process.	Q2 2025		**On Track.** Conversations have been had with suppliers to define a technical solution. Detailed planning and design are now in progress, with delivery expected mid-year 2025.
e-Prescribing Chemotherapy	To reduce clinical risk and comply with best practice.	Q2 2025		**On Track**. Initial planning, funding, scoping, and initiation are in progress.

Quality and Performance Metrics

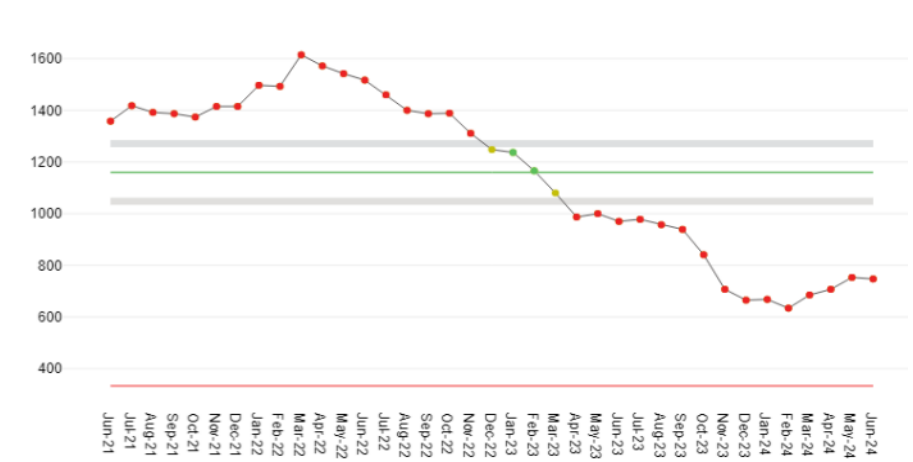
The ***Quality and Performance Report*** (QPR) provides the performance metrics and monthly performance for clinical services. The QPR is discussed monthly at the HCS Advisory Board and published in addition on Health and Community Services Quality and Performance Reports (gov.je). Further information about the Board can be found here Health and Community Services Advisory Board (gov.je).

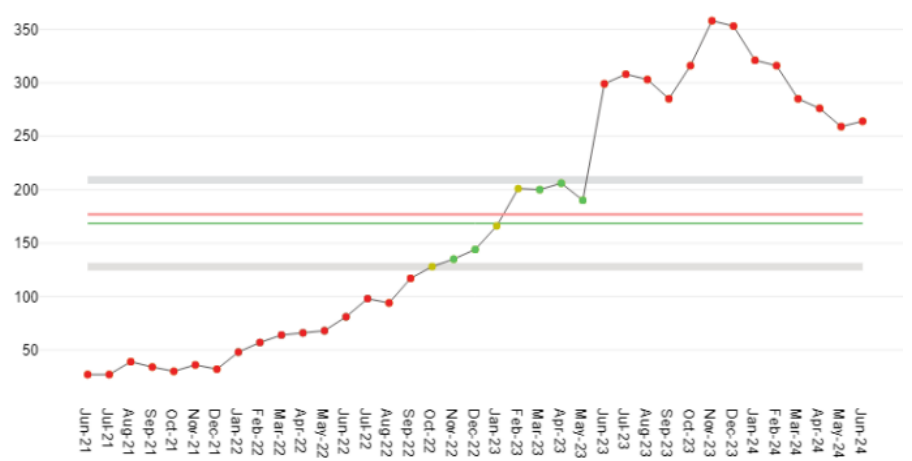
Service Performance Measures (SPMs) are a sub-set of the Quality and Performance Report indicators and are published quarterly alongside other government departments' SPMs. They aim to provide a broad overview of the delivery of key services by all government departments. A summary of HCS's Service Performance Measures status at end of June 2024 are on the following pages.

Key to Graphs



Elective Pathways: Patients waiting for first outpatient appointment greater than 52 weeks.		Elective Pathways: Patients on elective list greater than 52 weeks.	
Latest Value	Standard	Latest Value	Standard
747	<333	264	<177





Narrative

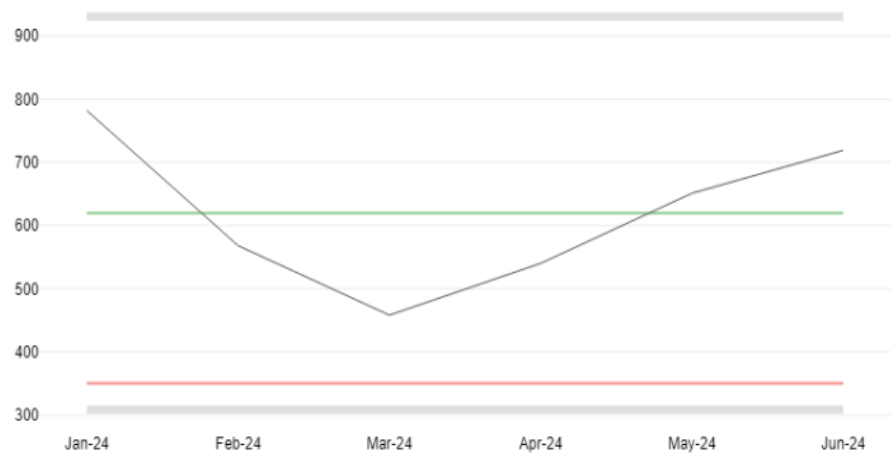
Patients waiting over 52 weeks for their first appointment continues to fall. All long wait patient referrals have been reviewed and we continue to allocate appointments based on clinical urgency as defined by the triaging consultant. The specialties where outpatient capacity does not meet the demands of referrals, and thus longer waits are experienced by the patients continue to be dermatology, ophthalmology, gastroenterology and ENT. However, all urgent referrals are being seen within an appropriate timescale.

A brief paper will be discussed at HCS Advisory Board to highlight the future for improved capacity and service redesign for dermatology to deliver improved access for patients in the longer term.

Narrative

Patients waiting over 52 weeks for their elective procedure have fallen again from the last report presented to the board. At the end of M4, the number of patients waiting over 52 weeks was 276, at the end of M6, the number of patients is 264. Orthopaedics and General Surgery continue to have the longest waits for our patients.

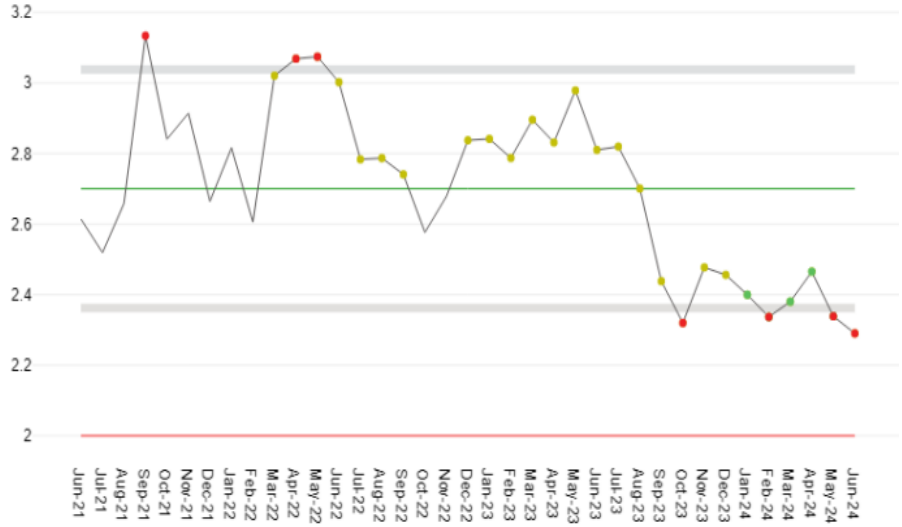
Elective Pathways: Access to diagnostics greater than 6 weeks	
Latest Value	Standard
719	<350



Narrative

Diagnostic waits continue to rise within endoscopy and MRI. As described previously, the successful pilot of the MRI increased capacity has now been adopted with recruitment to the newly funded posts continuing. Once this additional substantive capacity is in place, the waiting times for MRI will reduce. Within endoscopy, the waiting list initiative earlier in the year proved successful, however capacity has since reduced whilst we wait for the new substantive consultant to commence in post at the end of July. The planned WLI for endoscopy was unable to be progressed due to lack of clinical resource to undertake the procedures.

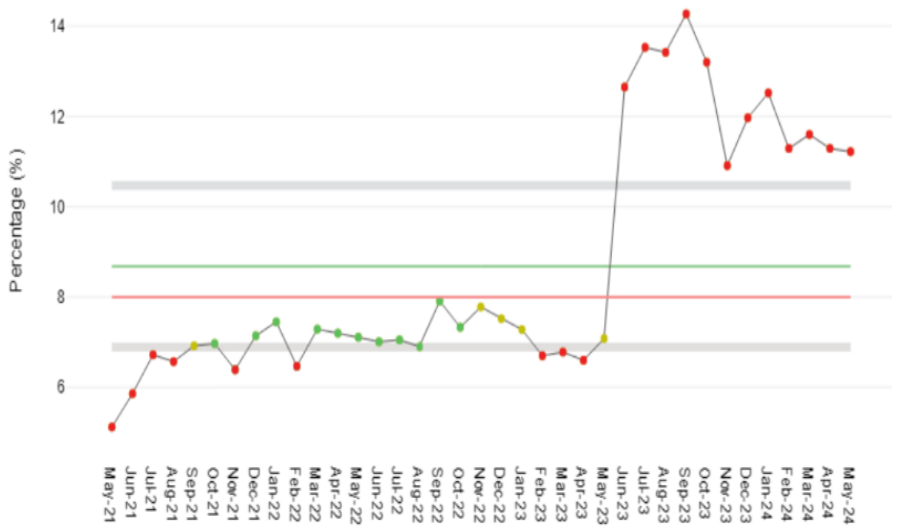
Efficiency: Outpatient New to Follow Up (NFU) ratio	
Latest Value	Standard
2.29	2



Narrative

New to follow-up ratio remains at an acceptable rate across most specialties and continues to be monitored.

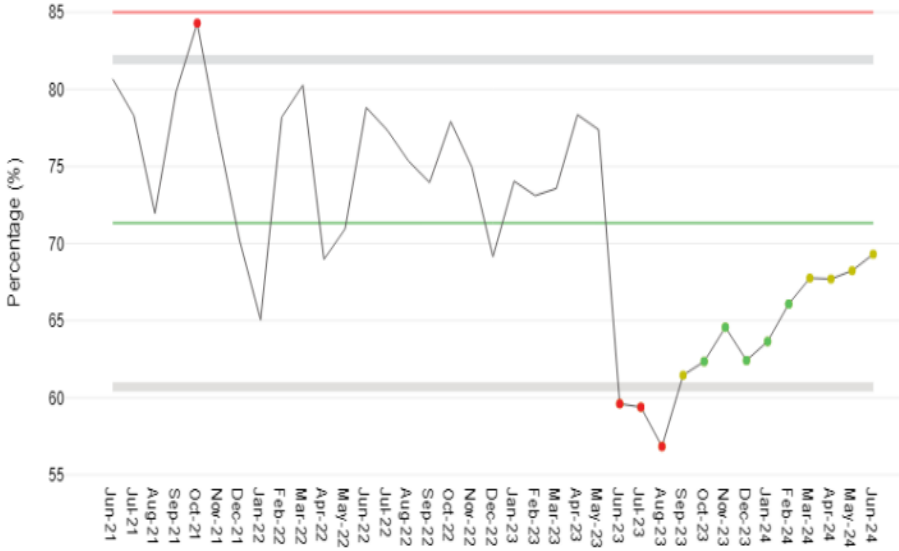
Efficiency: Outpatient DNA rate (Adults only)	
Latest Value	Standard
11.5%	<=8%



Narrative

The DNA rate remains static at around 11% for the first half of the year. Ongoing work across outpatient improvement will ultimately support reductions in DNA rate, this includes process redesign and digital initiatives which have a longer-term implementation timescale.

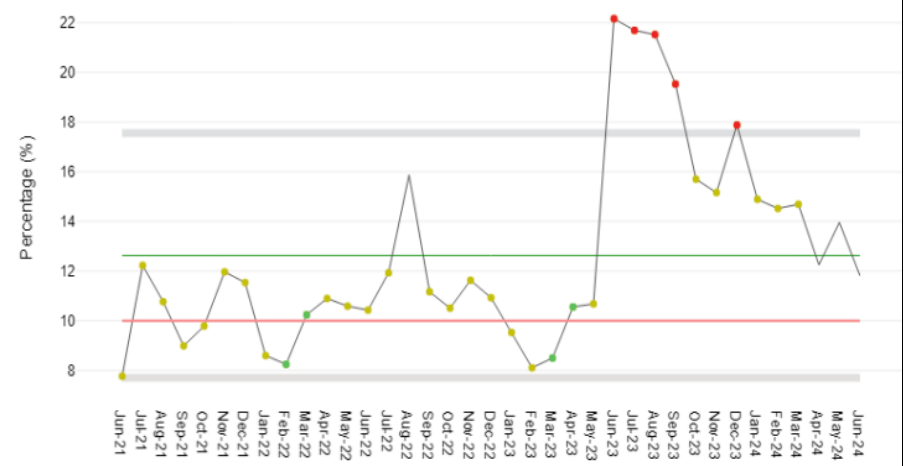
Efficiency: Elective Theatre List Utilisation (Main Theatres & Day Surgery, excluding Minor Operations)	
Latest Value	Standard
69.3%	>85%

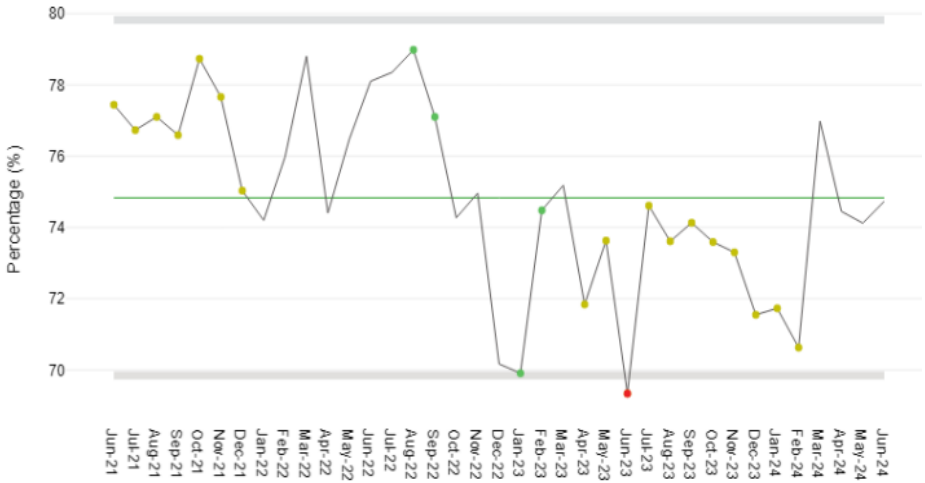


Narrative

Theatre utilisation has improved for the 7th month in a row, however, remains below the acceptable standard. Ongoing theatre improvement work, process redesign, education and training continue to have positive impact. Further intensive work across Q3 will provide further improvements in utilisation.

Efficiency: Was Not Brought Rate		Emergency Care Pathway: % patients in emergency department for less than or equal to 4 hours	
Latest Value	Standard	Latest Value	Standard
11.8%	<=10%	74.7%	74.8%





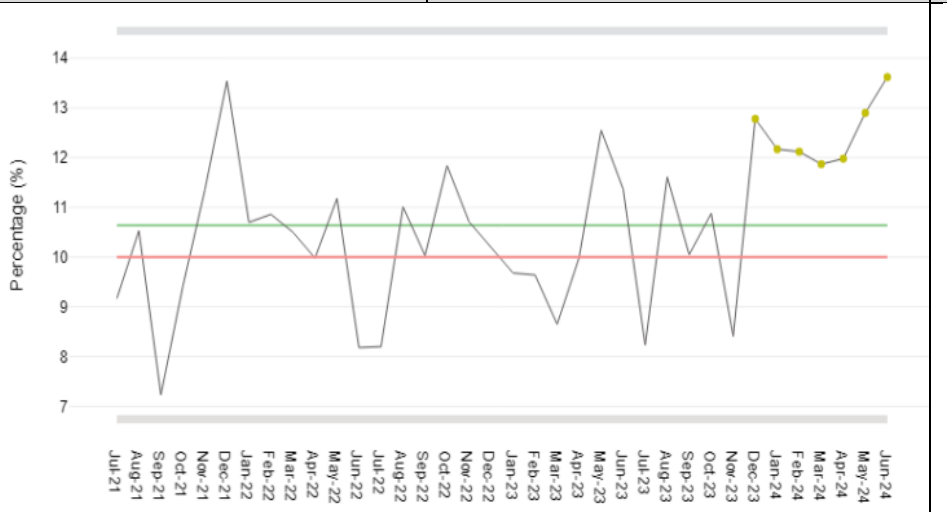
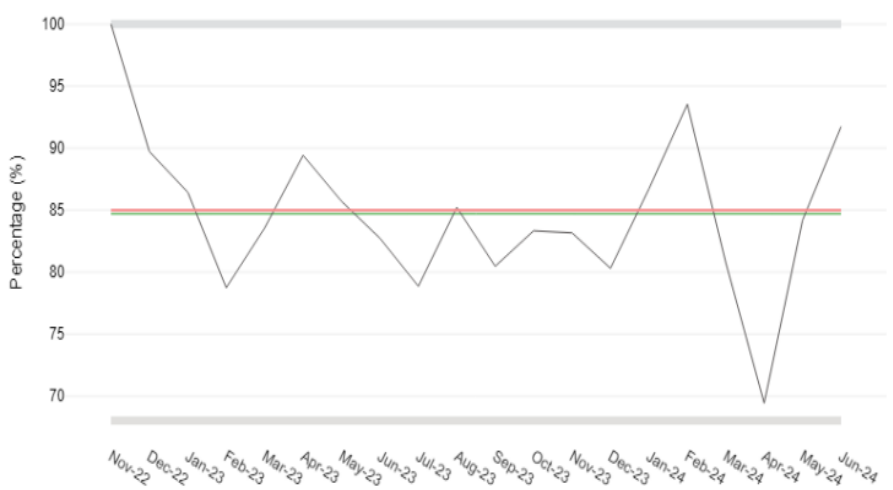
Narrative

This rate is consistent with the DNA rate and forms part of the outpatient improvement work.

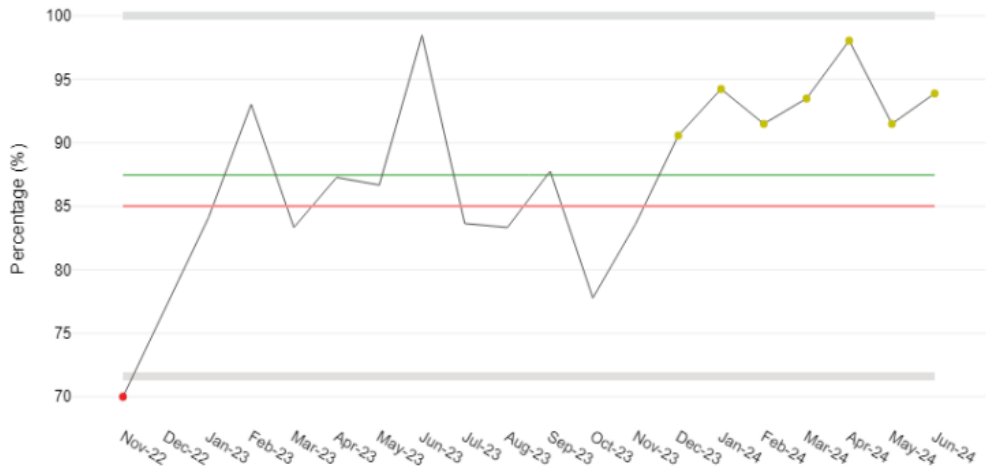
Narrative

An increase of 0.4% has been noted in patients waiting over 12 hours in the Emergency Department (ED) compared to the month of May. Out of 3992 who attended ED in June, 75 waited over 12 hours of which 40 were admitted and 35 were discharged. We continue to work on our flow improvement and embed Red2Green (R2G) principles.

We continue to face challenges in relation to longer waits in ED with the main drivers of this including isolation, ensuring same sex bays, and general capacity. As part of the Clinical Productivity workstream, actions to support the improvement of patient experience are included in the clinical flow improvement strategy.

Emergency Inpatients: Rate of Emergency readmission within 30 days of a previous inpatient discharge		Community Mental Health Services: % of referrals to Mental Health Assessment Team assessed in period within 10 working days	
Latest Value	Standard	Latest Value	Standard
13.6%	10.6%	91.7%	84.7%
			
Narrative The emergency readmission rate has risen again in month. Analysis of the reasons shows no theme at this stage, however more in-depth work to identify any actions is required.		**Narrative** Access to mental health services remains good, with 98% of people being seen for assessment by Jersey Talking Therapies (JTT) well within the target period (90 days), 94% of people in crisis being seen within 4 hours and 92% of all routine referrals assessed within 10 working days. Waiting lists for memory assessment and autism assessment continue to drop. Waits for psychological treatment and ADHD assessment remain the key challenges for mental health services.	

Community Mental Health Services: % of referrals to Mental Health Crisis Team assessed in period within 4 hours	
Latest Value	Standard
93.9%	87.5%



Narrative

Access to mental health services remains good, with 98% of people being seen for assessment by Jersey Talking Therapies (JTT) well within the target period (90 days), 94% of people in crisis being seen within 4 hours and 92% of all routine referrals assessed within 10 working days. Waiting lists for memory assessment and autism assessment continue to drop. Waits for psychological treatment and ADHD assessment remain the key challenges for mental health services.

Financial Recovery Plan (FRP)

During 2023, it was identified that HCS had an underlying £34m deficit. A three-year Financial Recovery Programme (FRP) was established to 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.

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 budget limits.

A Project Management Office (PMO) was established to support delivery of the FRP and the department's Value for Money (VFM) target; by working alongside the Care Groups and Directorates. To address the challenge, efficiency schemes were developed sitting within seven workstreams. The position at Q2 2024 can be summarised.

FRP Delivery and Development Tracker – FY24 Savings Delivery

Workstreams	Projects	2023 Saving Delivered	Full Year 2024 Planned Saving	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Total 2024 Savings to Date	Current RAG Status
Schemes currently in delivery									
Clinical Productivity	Theatres Efficiency	-	2,336	-	-			-	
Workforce	Clinical – Medical	221	1,723	238	251			489	
	Clinical – AHPs	119	1,489	40	208			248	
	Clinical – Nursing	-	2,230	-	-			-	
	Pay Controls (WCP)	-	450	-	99			99	
Non-Pay and Procurement	Non-Pay Controls (NPCP)	-	1,099	112	75			187	
	Procurement	585	195	195	-			195	
	Medicines Management	98	605	72	136			208	

Workstreams	Projects	2023 Saving Delivered	Full Year 2024 Planned Saving	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Total 2024 Savings to Date	Current RAG Status
	Other Non-Pay	-	224	27	32			59	
Income	Other Income Opportunities	163	781	201	89			290	
	Private Patients	242	371	89	90			179	
Care Groups & Non-Clinical Directorate Schemes	£3m in 3 months	1,914	-	-	-			-	
Clinical Productivity	Patient Flow and Discharge / LOS	-	-	-	-			-	
	Theatres Efficiency	-	-	-	-			-	
Workforce	Clinical - Nursing	-	-	-	-			-	
	Clinical – Medical	-	72	-	-			-	
	Workforce Savings	-	583	-	-			-	
Non-Pay and Procurement	Procurement	-	444	-	-			-	
	Medicines Management	-	-	-	-			-	
	Other Non-Pay	-	-	-	-			-	
	Non-Pay Controls (NPCP)	-	8	-	-			-	
Income	Other Income Opportunities	-	66	-	-			-	
	Private Patients	-	432	-	-			-	
Mitigating Schemes	Unidentified recurrent effect of 2023 £3m in 3m	-	489	-	-			-	
Schemes being prepared for delivery Total		-	2,094	-	-				
TOTAL FRP SAVINGS TO DATE		3,342	13,597	974	980			1,954	

Quality Account

Quality in healthcare is made up of the four core dimensions of patient experience, patient safety, clinical effectiveness, and staff wellbeing. The Quality Account is an annual report published by HCS to inform the public of how we monitor the quality of services we provide. It 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 and looks forward and defines the priorities for quality improvement for the year ahead and how we expect to achieve and monitor them.

The priorities for 2024 were 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 were engaged in the development. The 2024 Quality Account priorities were presented to the HCS Advisory Board in March 2024 alongside the Board Assurance Framework.

Priorities and Objectives	Status	Supporting Narrative
Priority 1: Develop a Learning from Deaths (LfDs) Framework for HCS		
Publication of a Learning from Deaths framework for HCS.		**Delayed.** The Learning from Death Framework has been drafted and is out for consultation pending ratification.
Implementation of Mortality Learning Review (MLR) Programme.		**Delayed.** The MLR guideline has been written and is out to consultation, this will go to the Policy and Procedure Ratifying Group (PPRG) in July.
Re-introduce Mortality and Morbidity (M&M) meetings.		**On Track**. The first meeting has taken place, further work is required in order to ensure that actions are logged and monitored.
Commence a Learning Disability Mortality Review Programme (LeDeR).		**Slippage.** HCS has been working with the National LeDeR Programme in order to join the national programme. The cost of joining the national programme is significant and likely to prevent us moving forward. MLRs are carried out for Learning Disability (LD) patients who die in hospital as an alternative measure. We are currently exploring other options including shadowing the LeDeR programme locally.

Priorities and Objectives	Status	Supporting Narrative
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).		**On Track**. The Maternity Services in Jersey Strategy has been approved within HCS and is waiting for final approval by the HCS Advisory Board
Ensure processes are in place to ensure Safe Staffing across maternity.		**Complete**. A Birthrate plus review was completed in October 2023, with a final report provided in January 2024. Staffing levels are in line with birthrate plus and an escalation policy in place if required.
Create a collaborative culture of safety, learning and support through effective leadership.		**Complete**. Weekly Risk Meetings take place within Maternity, all safety events from previous week are discussed. Updates are given for all Serious Incidents (SIs) and learning is shared. Monitoring of actions and serious incidents occurs through Care Group Governance Meetings. A member of the senior leadership team attends the weekly Serious Incident Review Panel (SIRP) panels to embed any learning from other care groups. The Care Group has a fully established SLT, and all governance posts are recruited to. The continuous improvement culture is taking place in various guises.
Work with service users, staff, and community voices to shape our services.		**On Track**. Staff, service users and the Maternity Voices Partnership have all been involved in the development of the strategy, which is Phase 2 of the Maternity Improvement Plan. During Phase 2 there will be opportunity for families to come in for discussion. The Strategy has a 3-year implementation plan, so won't be completed till 2027.
Priority 3: Develop a Nutrition and Hydration Strategy for HCS		
Improve the visibility and governance of nutrition and hydration across HCS.		**Delayed.** The steering committee will reform in September 2024. Patient safety incidents and Serious Incidents related to this are monitored within the care groups and will feed into the steering group when it reforms.
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.		**Delayed.** The EPR update is behind schedule, so this remains a paper-based assessment currently. The Malnutrition Universal Screening Tool has been a focus of care rounding. There appears to be an improvement in the compliance and documentation, but this will need to be formally audited.

Priorities and Objectives	Status	Supporting Narrative
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.		**Slippage.** Patient snack rounds are embedded in areas now, with patients reporting through 'care-rounds' that they have been offered supplementary snacks between meals. Work on the menus has not yet commenced.
Ensure appropriate and safe prescribing of oral nutrition support, enteral and parenteral nutrition.		**Slippage.** This work has been started but will need additional support to map and improve the process.
Priority 4: Inpatient Mental Health: Quality and Patient Experience		
Develop Quality Improvement plan.		**On Track**. A Quality Improvement Plan has been developed. There has been a delay in starting the work, but the new project manager will start in July 2024.
Improved service user experience measures.		**Delayed.** To be led by peer workers in Q3
Improved staff experience.		**On Track**. Staff workshop occurred in Q2; further work scheduled for Q3
Priority 5: Dementia and delirium within the General Hospital		
Reduce inappropriate use of sedation to manage distress and challenging behaviour.		**On Track**. Monthly audit of medication usage is in place. Each day the Head of Patient Safety and Lead Nurses receive a report from pharmacy detailing the administration of any rapid tranquilisation medication. The Lead Nurses then follow it up on the ward to ensure that they were used in the appropriate way. This is closely monitored through the Care Group Governance Meetings and Dementia Working Group.
Review clinical protocols / procedures in use.		**On Track**. The Delirium guideline is due to be ratified. The Enhanced Care Guidance and Rapid Tranquilisation policy have been ratified and implemented.
Dementia care audit completed.		**On Track**. HCS has signed the contract for the National Audit of Dementia due to take place in Q3 2024. A spot audit of all patients within the hospital was undertaken in July 2024, this included looking at the documentation and care planning.
Completion of carer survey.		**On Track**. This survey has been completed. Actions are to be allocated in July. The carers survey also forms part of the national audit.

Priorities and Objectives	Status	Supporting Narrative
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.		**On Track**. All Care Groups report monthly through the clinical governance and performance review meetings on PALS and complaints management. Learning categories are now added on the incident reporting system for each complaint. All future complaints will not be closed without this field having been completed. HCS routinely shares learning from complaints and PALS feedback with the GoJ to build on insight and best practice.
Staff respond to complaints at the earliest opportunity and consistently meet expected timescales for acknowledging a complaint.		**Delayed.** Monitoring is in place and complaints data is presented monthly at Care Group Performance Reviews and Governance Meetings. Achieving the 5-day Government of Jersey target is a challenge in a healthcare environment. The current average time to respond to stage 1 is 18 days, with the same period in 2023 being 51 days.
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.		**Complete**. There is a Feedback officer now established in the role who liaises between the Care Group Investigators and complainants to ensure that complainants receive timely and correct information.
Implement Core Standards for the management of patient feedback across HCS.		**Delayed.** Care Groups are notified within 48 hours of a formal complaint. The PALS service has been fully launched in 2024, with a new office operational at the General Hospital's 'Parade' entrance. Posters and information have been put up to let patients know the process and who to contact. From July 2024
Priority 7: Staff Wellbeing		
Deliver a range of wellbeing initiatives for all HCS employees.		**On Track**. The offer of low intensity psychological support continues for all HCS staff. Trauma Risk Management (TRiM) support is also in place and available to all staff following an incident. There has been a recent cohort of 16 practitioners trained in TRiM to increase the capacity to provide timely wellbeing support for staff. Fifty senior leaders are being trained in the Coen Brown leadership model.

Culture and Workforce

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

Actions	Due	Status	Supporting Narrative
Our Culture			
Work environments are respectful and promote inclusiveness enabling safety to share information.	Q4 2024		**On Track**. The Freedom to Speak Up Guardian has enabled staff to report areas of concern. These have included bullying / harassment, inappropriate attitudes or behaviours, patient safety / quality and worker safety and wellbeing. Raising these issues with the Freedom to Speak Up Guardian allows them to be addressed and dealt with appropriately, enabling healthy work environments.
Improve multi-professional team working and collective decision making, escalating concerns when needed.	Q4 2024		**On Track**. The Civility Saves Lives (CSL) campaign was launched in January 2024. It will continue to be embedded alongside other cultural interventions throughout 2024.
Create better opportunities to safely learn and innovate and improve following incidents.	Q3 2024		**On Track**. Reviewing models of restorative and just practice for HCS continue. Safety huddles have been delivered with key stakeholders as an immediate action to enable post incident reflection.
Develop opportunities to safely reflect on professional practice.	Q4 2024		**On Track**. Monthly Schwartz Rounds are embedded and offer a safe space to reflect on professional practice. A pilot 'Psychological Safety in Healthcare Teams' was delivered in June 2024 to a cross-representative cohort of HCS staff. Training feedback will be assessed and incorporated into further training. The plan is to rollout training from September 2024, targeting employees working from identified services.

Actions	Due	Status	Supporting Narrative
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.	Q3 2024		**On Track**. Senior Leaders for each HCS Care Group (Chief of Service, General Manager & Lead Nurse) have received a feedback session for their specific BeHeard results. Each Care Group have led the cascading of their own BeHeard results to HCS staff typically through inset / away-days. Progress continues with each Care Group developing their own People & Culture improvement plans with support of HR Consultant. A BeHeard pulse survey will be implemented in September 2024 providing an indicator of positive, neutral, or negative changes since June 2023.
Leadership and Management			
Executive Leadership to undertake leadership and management development, to support their teams in delivering sustainable models of high-quality care.	Q4 2024		**On Track**. The Leadership Development training programme has commenced and has already delivered training to several HCS senior leaders. Further training will continue throughout the rest of 2024.
Corporate team to deliver core leadership training programme to General Managers, Clinical Leads, Lead Nurses, Lead AHP's etc.	Q4 2024		**On Track**. The Leadership Development training programme has commenced and has already delivered training to several HCS senior leaders. Further training will continue throughout the rest of 2024.
Identify short / medium / long Term plans for all middle management development, including participation in World Class Manager sessions.	Q4 2024		**On Track.** It has been identified that there is need for a leadership development strategy for HCS. It should focus on first line managers, middle managers and senior managers and outline capability and competence requirements as well as access to training to support development. Development on this work will continue throughout 2024.
Engagement and Communications			
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.	Q4 2024		**On Track**. Staff engagement has been enabled across a number of events throughout the year so far. These have included five ‘Team HCS Talks’, four Schwartz Rounds and four Breakfasts with the Chief Officer. Work will continue to build on these successes and enable more opportunities for staff to engage.

Actions	Due	Status	Supporting Narrative
Develop & implement regular Pulse Surveys.	Q1 2025		**On Track**. A Government of Jersey pulse survey will be implemented in September 2024. The HCS pulse survey will now be bi-annually rather than quarterly with the first to be implemented in March 2025.
Diversity and Inclusion			
Working Group has been created to develop anti-racism statement for HCS.	Q1 2024		**Complete**. A staff survey to understand racial discrimination in the workplace was implemented during Race Equality week (February 2024) and responded to by a proportion of HCS staff. An anti-racism statement and poster were co-created, and the anti-racism campaign launched in May 2024.
Use Working Group to develop wider strategy plan and key deliverables	Q4 2024		**On Track**. A diversity and inclusion development for HCS is in progress. A neurodiversity staff network was launched with an HCS staff forum.
Wellbeing			
Use established Culture Engagement and Wellbeing Committee to create and develop plan and key deliverables.	Q4 2024		**On Track**. Throughout the year so far staff wellbeing referrals continue to be received. Psychological support sessions have been delivered and wellbeing checks offered.
Strategic Workforce Plan			
Ensure engagement with PCS strategic workforce plan team at Care Group and Executive level.	Q1 2025		**On Track.** Strategic workforce plan underway with engagement from New Hospital Programme and People and Corporate Services who are working with HCS care groups. Executive engagement planned but not yet delivered. Delivery of plan likely to be Q1 2025.
Recruitment			
Continue the multi-approach method to recruitment.	Q4 2024		**Delayed.** Recruitment continues to be sub-optimal. A recruitment recovery plan will be developed by the end of Q3.
Develop recruitment pipeline metrics.	Q4 2024		**Delayed.** Manual methods of recording metrics are in place for non-medical recruitment and some progress has been made in medical recruitment. Work has commenced on developing metrics from the Connect People system. This work is likely to run into Q1 2025.
Engage with apprenticeship and internship programmes.	Q4 2024		**Delayed.** At this stage there is limited apprenticeship and intern activity and there is no delivery plan at this stage.

Actions	Due	Status	Supporting Narrative
Connect People			
Increase usage of Connect Performance through 2024.	Q4 2024		**Slippage.** Engagement with Connect performance is limited, staff structure errors and reconciliation problems between Connect Finance and Connect People are further hindering progress.
Utilise Connect Learning for delivery and recording of training.	Q4 2024		**Slippage.** Connect Learning has been implemented but there are significant issues with all staff being able to access the training.
Implement Connect People (Employee Central) for managers.	Q4 2024		**Slippage.** Connect People has been implemented but there are multiple issues with its usage relating to staff structure errors and reconciliation problems between Connect Finance and Connect People.
Implement Talent Acquisition for hiring new recruits	Q4 2024		**Slippage.** Talent Acquisition has been implemented but there are multiple process issues which are unresolved.
Support the Freedom to Speak up Guardian			
Regular meetings with CO and FTSU Guardian to resolve issues relating to employment matters.	Q4 2024		**On Track**. The Freedom to Speak Up Guardian has enabled staff to report areas of concern. These have included bullying / harassment, inappropriate attitudes or behaviours, patient safety / quality and worker safety and wellbeing.

Health and
Community Services
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