



# Quality Account 2023

Contents

Introduction .....	3
An Overview of HCS: Our Services.....	5
Our Values .....	14
PART ONE: INTRODUCING OUR QUALITY ACCOUNT .....	16
Celebrating Success: Our Achievements 2023 .....	17
PART TWO: KEY PRIORITIES FOR IMPROVEMENT 2024 .....	46
Clinical Benchmarking.....	58
Clinical Research .....	70
HCS Higher Education Department.....	74
Library .....	83
Jersey Nursing Assessment and Accreditation System (JNAAS).....	84
The Jersey Care Commission (JCC).....	87
Reporting Against Quality Indicators and Performance Measures .....	90
Safety Alerts and Notices .....	96
Safeguarding.....	108
PART THREE: REVIEW OF OUR QUALITY PERFORMANCE .....	111
Learning from Serious Incidents and Never Events .....	111
Infection, Prevention and Control (IPaC).....	119
Pharmacy and Medicines Optimisation .....	123
Learning From Experience, Patient Experience, Complaints and Compliments ....	137
Staff Wellbeing .....	141
Workforce .....	146
Information Governance.....	152
Digital Health.....	158
PART FOUR: QUALITY IMPROVEMENT – OUR SERVICES .....	161
PART FIVE: STAKEHOLDER FEEDBACK .....	178
We value your feedback.....	181
References.....	182

# Introduction

## About the Quality Account

The Quality Account is an annual report published by Health and Community Services (HCS) to inform the public of the quality of the services we provide.

Quality in healthcare is made up of three core dimensions:

- patient experience – how patients experience the care they receive
- patient safety – keeping patients safe from harm
- clinical effectiveness – how successful the care provided is

This 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.

This is the second annual Quality Account produced by HCS. It will include details of our progress and achievements against the 2023 Quality Account objectives set. It also looks forward and defines the priorities for quality improvements for the year ahead and how we expect to achieve and monitor them.

### Part One

- statement from the Chief Officer summarising the quality of services provided
- a review of the performance against the Quality Improvement Priorities (QIPs) set in 2023

### Part Two

Overview of QIPs for 2024, why they were chosen and how they will be delivered against the following domains:

- patient experience
- patient safety
- clinical effectiveness

In addition to the three domains outlined above it has been agreed that for the 2024 objectives an additional category of Staff Wellbeing will be included in line with Ministerial and Departmental priorities for HCS.

### Part Three

A review of HCS's 2023 performance presented against the three domains of:

- patient experience
- patient safety
- clinical effectiveness

## **Part Four**

A review of Quality Improvement and Service Improvements from our Care Groups.

## **Part Five**

A series of statements from stakeholders on the content of the Quality Account

## **What the Quality Account Means for Patients, Members of the Public and Stakeholders**

The Quality Account should assure patients, members of the public and stakeholders that, as a healthcare organisation, we are scrutinising the services we provide, particularly focusing on those areas that require the most attention.

The Quality Account is also available electronically on the Gov.je website.

# An Overview of HCS: Our Services

Health and Community Services is a combined acute, mental health and social care provider that encompasses a range of clinical and professional Care Groups. Some services are provided in partnership with external partners and providers across the community.

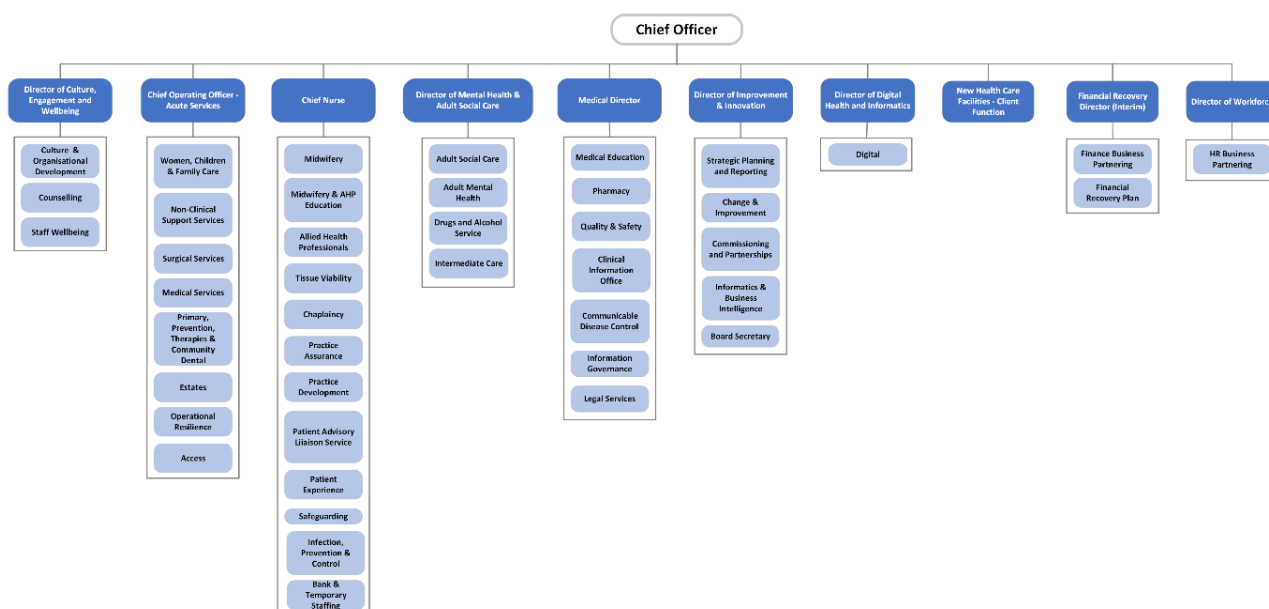


Diagram 1: Care Groups and key clinical services across HCS

## Adult Social Care

The Adult Social Care, Care Group is made up of six teams.

1. **The Learning Disability Service** provides community and residential support including:

- Occupational Therapy
- Psychology
- Speech and Language Therapy
- Physiotherapy
- Community Nursing
- Adult Residential and Domiciliary Care

2. **The Positive Behavioural Support Service** works to support behaviour change and improved quality of life for people with autism and / or learning disabilities who engage in behaviour that challenges.

3. **The Adult Social Care team** supports people:

- aged 18 to 64 with care and / or support needs arising from physical or sensory disability
- aged 65+ with care and / or support needs arising from:
  - age-related frailty
  - physical disability / illness

- mental illness (including dementia)
  - learning disability
  - care and / or support needs arising from brain injury
4. **The Day Centres and Short Break Service** provides respite care for adults and their carers.
  5. **The Safeguarding Adults Team** works with multi-agency partners to help prevent harm and reduce risk of abuse and neglect in adults. They work in line with Jersey's Safeguarding Partnership Board's Safeguarding Adults Policy and the principles and values of Making Safeguarding Personal.
  6. **The Capacity and Liberty Assessment team** assess any necessary restrictions needed to deliver safe care and treatment to adults who lack capacity to consent.

## Mental Health Services

Mental Health Services provide a full range of assessment, treatment and support for adults with mental health needs. This includes:

- crisis assessment
- Community Mental Health Teams (CMHT) for working age and older adults
- home treatment
- Liaison Service in the General Hospital
- inpatient mental health wards
- Alcohol and Drug Service
- memory assessment
- Primary Care Mental Health
- psychological therapies including Jersey Talking Therapies (JTT) and the Psychological Assessment and Therapy Service (PATS)
- rehabilitation services
- specialist mental health pathways (including perinatal, eating disorder, ADHD and autism assessment, and criminal justice)

## Intermediate Care

Intermediate Care comprises three services:

1. Health Care and Support 24 (HCS 24): aims to enable the co-ordination of the delivery of home-based care, crisis response and co-ordination of community-based services. It is made up of:
  - **Digital Telecare:** the Care Navigators monitor the telecare devices 24 hours a day, seven days a week. service users are primarily frail, vulnerable, elderly people. They also answer the calls that come through for the Jersey Doctors on Call service (JDOC) overnight and at weekends.
  - **Single Point of Referral (SPOR):** SPOR administrators process SPOR referrals and transfer them to the appropriate clinical or social care professional

- **Community Triage:** linked to the SPOR team are the Therapy Triage team comprising a community physiotherapist and community occupational therapist. Their time is spent primarily triaging community referrals that come through SPOR and adding these to the Patient Tracking List (PTL) for urgency of treatment / clinical assessment
2. Hospital Discharge team: comprising of two full time Social Workers and one full time Discharge Co-ordinator. Their role is supporting patient discharge from hospital.
  3. Sandybrook Nursing Home: a 24 bedded nursing home for persons on Long Term Care (LTC) placements.

## Medical Services

The Medical Services Care Group includes the Emergency Care Service, medical inpatient wards, Rehabilitation Unit, and medical speciality services.

It includes:

- Emergency Department (ED)
- Acute Assessment Unit (AAU)
- Enhanced Care Area (ECA)
- medical inpatient wards – Bartlett, Corbiere and Rozel
- Ambulatory Emergency Care (AEC)
- Medical Day Unit (MDU)
- Rehabilitation Unit (Samares)
- Endoscopy Unit
- Renal Unit
- Oncology department
- Outpatient department
- specialist services:
  - Neurology
  - Rheumatology
  - Endocrine and Diabetes Services
  - Cardiology
  - Respiratory
  - Gastroenterology
- Clinical Investigations Department (CID)
- Cellular Pathology:
  - Blood Sciences
  - Infection Sciences
  - Jersey Blood Service
- Transfusion Liaison
- Anticoagulation Service
- Blood-Borne Viruses
- Sexual Health

The Medical Care Group works closely together with colleagues in Justice and Home Affairs who lead the Ambulance Service, a critical part of the unscheduled care pathway.

It also provides up to 58-day case beds / treatment areas across:

- Medical Day Unit (MDU)
- Ambulatory Emergency Care (AEC)
- Renal Unit
- Aubin Ward
- Oncology department

## Women, Children and Family Care

The Women, Children and Family Care Group includes Maternity Services which provides antenatal and postnatal care for up to 28 days after giving birth.

Maternity Services are based in the General Hospital, and have available

- one high dependency room
- three delivery rooms
- two midwifery-led birthing rooms

There are 16 ante/post-natal beds with approximately 800 deliveries per year.

There is also additional support available for individuals with medical complexities, fetal medicine, perinatal loss, infant feeding support and perinatal mental health who can provide care for vulnerable women and their families.

Maternity Services also include care in the community which is delivered from either people's homes or in dedicated clinics such as The Bridge and Family Centre located in St Saviour.

Jersey Neonatal Unit (JNU) has a total of eight cots which provides care for neonatal babies when required.

The Paediatric Unit encompasses Robin Ward and the Children's Outpatients Department. 'Children' refers to infants, children and young people from 0 to 17 years of age (up to their 17th birthday). The team consists of Nurses, Doctors, Healthcare Assistants, Play Specialists, Domestic staff and a Ward Clerk.

Robin Ward is the inpatient facility. It comprises 10 beds with three 'escalation' beds.

Five cubicles are available including two with toilet facilities en-suite. Two cubicles have isolation double doors, and one is designed for neutropenic patients. There are two treatment rooms, a parent room and a playroom. Of our two bays, one bay is set up for teenagers and older children and one for infants and younger children.

Ambulatory reviews and phlebotomy for our patients occurs either on Robin Ward or in the Outpatient Department at pre-arranged appointments.

Admissions are arranged by healthcare professionals, including GPs, Health Visitors, and Surgeons. Some children are also reviewed following assessment in the Emergency Department.



We work with many other professionals including:

- Physiotherapists
- Speech and Language therapists
- Child and Adolescent Mental Health (CAMHS) team
- Social Workers
- Community Paediatric Nurses and Health Visitors

GP's information may be shared with the professionals listed above to support children.

Children that require further treatment or support following discharge, may be supported by the Community Children's Nursing Team (CCNT). In addition, the Care Group provides a number of planned care services including specialist paediatric therapies that are delivered across the Island and focuses on the physical inpatient needs of children both within the inpatient and outpatient setting.

An extension to the Care Group's services is the close working relationship with Children, Young People, Education and Skills (CYPES) around CAMHS services.

## Surgical Services

The Surgical Services Care Group provides both an emergency and elective service for public and private patients.

The Care Group has 61 inpatient beds, including seven intensive care beds.

In addition to this the Care Group oversees the operation of the Day Surgery Unit (DSU) which has 22 elective beds. The DSU delivers a five-day service for surgical day case procedures.

Surgical Services has a Theatre Direct admissions lounge which enables the Care Group to support the arrival and management of patients in a central pre-operative area prior to surgery.

The Care Group oversees a large cohort of services, these include;

- main operating theatres (five operating theatres)
- Day Surgery Unit (22 bedded unit with two operating theatres and a minor operating suit)
- Pre-assessment Service
- To Come In (TCI) team (theatre bookings)
- Anaesthetics
  - Ear, Nose and Throat (ENT)
- surgical inpatient wards:
  - Beauport Ward (28 bedded trauma and elective orthopaedic patients)
  - Sorel Ward (16 bedded private ward for surgical and medical patients)
  - surgical floor (26 bedded emergency and elective general ward)
- core surgical services:
  - General Surgery

- Trauma and Orthopaedics
- Breast
- Upper Gastrointestinal (GI)
- Bariatric
- Colorectal
- Vascular
- Dermatology
- speciality surgical services:
  - Ear, Nose and Throat (ENT)
  - Audiology
  - Ophthalmology
  - Orthoptics
  - Maxillofacial and Oral Surgery
  - Pain management
  - Urology
- associated services:
  - Radiology
  - Intensive Care
  - Sterile Services
  - Jersey Emergency Transfer Services (JETS)
  - Resuscitation Service
  - Private Patient

## Primary, Prevention, Therapies and Community Dental

This Care Group is responsible for the governance, performance management and oversight of the Primary Care service through the Responsible Officer function. The team works in partnership with primary care and community-based inpatient providers as well as external regulators and other Government Departments.

This Care Group is responsible for preventative programmes including screening for: breast, bowel, and cervical cancer. The team also run comprehensive services for both Diabetic Retinopathy and Smoking Cessation.

The Care Group has responsibility for the five adult physical therapies. These services are delivered across inpatient, outpatient and community settings and include

1. Physiotherapy
2. Occupational Therapy
3. Speech and Language Therapy
4. Dietetics
5. Podiatry

Community Dental looks after the dental needs of children until they enter secondary school and people with additional needs.

## Non-Clinical Support Services

Non-Clinical Support Services provides HCS's logistics, administration, and compliance functions.

Soft Facilities includes:

- Catering Services
- Domestic Services
- Laundry Services
- Medical Supplies
- Porters
- Switchboard
- Security
- Postal Services

These services provide daily support to patients and clinical colleagues across all HCS.

Support is also provided by administration teams incorporating:

- Medical Secretaries
- Appointment Clerks
- Medical Records
- Clinical Coding
- Patient Travel Office

The Health and Safety and Estates Compliance teams provide advice, training and auditing of statutory responsibilities within their areas for HCS.

## Office of the Medical Director

The Office of the Medical Director includes the following teams:

- Pharmacy
- Information Governance
- Legal Services
- Medical Education
- Responsible Officer
- Clinical Information Office
- Quality and Safety (Q&S) department, this includes
  - Patient Safety team
  - Quality Improvement
  - Compliance and Assurance team including Policy and Clinical Audit
  - Risk Management
  - Care Group Q&S Leads
  - Library Services

## Office of the Chief Nurse

The Office of the Chief Nurse includes the following teams:

- Feedback team including Patient Advisory and Liaison Service (PALS) and complaints
- Hospital Safeguarding, Adults and Children
- Tissue Viability
- Nurse, Midwifery, and Allied Health Professional Education
- Infection Prevention and Control
- Practice Assurance team
- Practice Development
- Chaplaincy team

## Improvement and Innovation

The Improvement and Innovation Directorate has developed and changed over the last three years and will continue to do so as the transformation of HCS progresses.

The purpose of the Directorate is to provide the right support across the Department to enable and drive:

- continuous improvement with a person-centred approach including clinical and finance improvement programmes
- productive working with Partners through effective commissioning and strong engagement utilising forums such as the health and care partnership group
- effective and efficient business management including strategic corporate and ministerial governance, planning and reporting

These are six components that enable the Department to achieve its aim of providing quality health and community care, i.e.

- safe
- effective
- patient-centred
- timely
- efficient
- equitable

To deliver this, the Improvement and Innovation Directorate comprise four core elements:

1. **Strategic Planning and Reporting / Directorate Office:** responsible for driving the strategic planning of departmental and service business plans to ensure clear direction across the Department and objectives are in line with overall Government priorities. Monitoring and Reporting on a number of reviews including:
  - Scrutiny

- Public Accounts Committee (PAC)
  - Comptroller and Auditor General (C&AG)
  - numerous external reviews
2. **Transformation and Improvement:** responsible for supporting staff across the Organisation to embed Continuous Improvement thinking and processes across all services. Overseeing and reporting back on progress against the HCS change initiatives and internal strategic improvement projects.
  3. **Commissioning and Partnerships:** responsible for partnership working with all stakeholders to develop, deliver and monitor services that meet the needs of the population utilising best practice on and off-Island reducing duplication and making sure the right services are accessible at the right time.
  4. **Informatics:** responsible for providing accurate health and care data which supports and informs decisions being made in and around the health and community services of Jersey to better improve the level of care provided on the Island.

# Our Values

Great values are at the heart of every good organisation. Our values and behaviours framework was designed by our people and shapes our culture and drives our behaviour. By staying true to our values, we can deliver the best possible service for Islanders and create a great workplace.

<p><b>HCS Mission Statement</b></p> <p>HCS is a high performing, integrated healthcare organisation where staff feel valued and are supported to reach their potential to provide the best care for Islanders</p>	<p><b>HCS Strategic Ambitions</b></p> <ul style="list-style-type: none"> <li>• Delivering high quality care</li> <li>• Creating a great place to work</li> <li>• Delivering excellent customer experience</li> <li>• Interacting with our communities and partners</li> </ul>
---	---



<p><b>WE ARE RESPECTFUL</b></p>	<p><b>WE ARE BETTER TOGETHER</b></p>	<p><b>WE ARE ALWAYS IMPROVING</b></p>	<p><b>WE ARE CUSTOMER FOCUSED</b></p>	<p><b>WE DELIVER</b></p>
<p>We care about people as individuals and show respect for their rights, views and feelings</p>	<p>We share knowledge and expertise, valuing the benefits of working together</p>	<p>We are continuously developing ourselves and our services to be the best they can be for Jersey</p>	<p>We are passionate about making Jersey a better place to live and work for everyone</p>	<p>We are proud of Jersey as a place and are passionate about shaping and delivering great public services</p>

PART ONE

# INTRODUCING OUR QUALITY ACCOUNT

# PART ONE: INTRODUCING OUR QUALITY ACCOUNT

## Chief Officer's Welcome

It is my privilege as Chief Officer for Health and Community Services to introduce our department's second annual Quality Account. Following the 2022 report into the Clinical Governance arrangements within HCS, written by Professor Hugo Mascie-Taylor, one of our key focuses in 2023 has been on Clinical Governance. This, in line with ministerial priorities means we are securing vital governance improvements in the quality, safety and effectiveness of services delivered by Health and Community Services.

The formation of the Health Advisory Board in 2023 has been supportive in driving forward improvements in the performance of HCS and with the support of the Change team, HCS staff have made significant progress in a number of areas over the last year.

We have mandated the use of National Institute of Clinical Excellence (NICE) guidance across HCS to ensure that patients / clients and service users receive care that is based on the most up to date evidence base.

The Recognise, Escalate, Rescue (RER) improvement programme has continued throughout 2023, and significant progress has been made in the Acute Medicine Improvement Plan and in Maternity Services as part of the Maternity Improvement Programme, the latter remaining a key priority for quality in 2024.

The Statutory and Mandatory training framework has been agreed and in 2024 we will begin the implementation of this with the introduction of a comprehensive training week for all new staff.

The year 2023 was a challenging one for HCS with service reviews indicating significant patient safety concerns that have been distressing for both our patients / clients and our staff. As an organisation we accept the findings of these reports and need to learn from them to make improvements and ensure that our health service is providing the standard of care that islanders deserve. Our Culture Improvement Programme and staff wellbeing is a key priority, and I am proud to see that it features prominently within this Quality Account, with clear objectives set out for 2024.



Chris Bown,

Chief Officer – Health and Community Services



# Celebrating Success: Our Achievements 2023

The following section provides an overview of some of our successes and achievements during 2023. Some of the year's highlights include

## January

### **New Eye Clinic Liaison Officer (ECLO) In Eye Department**

Susi Antonio was delighted to be appointed as the ECLO, she has worked within the Ophthalmology Unit for over 20 years. To support this role, she is currently working through a degree module and further ongoing training with Royal National Institute for the Blind (RNIB).

The purpose of an ECLO is patient advocacy. ECLOs help people throughout different stages in their eye care journey, from temporary help and support to helping patients with life changing sight loss.

### **New Digital Alarm System for Patients**

The HCS24 team were in the Parade entrance of the Hospital on the 10 January to inform HCS colleagues about the new Community Alarm System (CAS). The CAS has been upgraded to a digital system which is more robust, future-proof and can be tailored to an individual's specific needs. The system, which automatically calls for help when a service user presses an emergency button, is run by HCS in partnership with Airtel-Vodafone. It is monitored 24 hours a day, seven days a week by Care Navigators from the HCS24 team, located in Lister House.

### **First Freedom to Speak Up Guardian appointed in HCS**

Social worker and qualified counsellor Ashling McNevin was appointed to the new role of Freedom to Speak up Guardian. The role enables HCS staff to speak up about any issues stopping them from delivering the best possible patient care. This is a permanent role established by the Minister for Health and Social Services (HSS) in response to the 2022 review of clinical governance arrangements in Jersey General Hospital (JGH).

### **Senior Counsellor Awarded Accreditation as a Mindfulness Teacher**

Elsa Roberts, from the HCS, Culture, Engagement and Wellbeing team was awarded teaching accreditation in Mindfulness for Health (MfH), Mindfulness for Stress (MfS), and Mindful Movement (MM).

## February

### **World Cancer Day 2023**

The Oncology department made great strides in 'closing the gap' for cancer patients in Jersey by collaborating with different departments and charities. They launched '*Improving the Cancer Journey - Holistic Needs Assessment for Jersey Cancer Patients*', with Macmillan Jersey. The first Island-wide Cancer Strategy was presented in March 2023, and they implemented the MDT Cancer Patient Co-ordinator Pathway at the end of Spring 2023.

### **Support requested for colleagues who headed to Lahore**

Two colleagues from the Preventative Programmes team (Sarah Evans and Sarah Lake) travelled to Lahore to test the eyes of underprivileged children and provide glasses, to those who needed them. They fundraised to provide as many pairs of glasses as possible.

### **First Schwartz Round**

Schwartz Rounds are a structured, psychologically safe, and confidential space where clinical and non-clinical colleagues from all backgrounds come together to discuss the emotional and social challenges and rewards of working in inpatient areas. A Schwartz Round is a facilitated open meeting for all HCS colleagues where a panel and audience share stories and reflect together on aspects of their work.

### **New Sexual Health Consultant Appointment**

Jersey appointed its first full-time Consultant in Sexual Health, HIV, and Viral Hepatitis. Dr Rajesh Hembrom took up the dedicated role of Service Lead and Consultant for the Sexual Health team. Dr Hembrom, who has 16 years' experience within sexual health and blood-borne viruses, moved from Kent Community Health NHS Foundation Trust where he clinically led the setup of a fully integrated sexual health clinic.

### **March**

#### **£1.3 Million Ward Refurbishment Completed**

Work began on the former Plémont Rehabilitation Unit on 30 August 2022 after States Members decided to reinstate rehabilitation services at Samarès Ward on the Overdale site.

The 28-bed ward, made up of four single rooms and four, six-bedded bays, was updated and refreshed. As part of the refurbishment, two new accessible showers, a quiet room and a dayroom, which doubles up as a multi-disciplinary treatment room, were created.

#### **Children Benefitted From £500 Toy Shop Voucher Donation Split Between Robin Ward, the Emergency Department Children's Waiting Area, and CAMHS**

The £500 toy voucher was donated to Jersey Children's Charity, by The Entertainer toy shop. £200 went to Robin Ward, £200 went to the ED for the children's waiting room, and £100 went to CAMHS. All three areas were very grateful for the kindness.

#### **Rediroom Isolation Pods Ready for Use**

The pods provide a safe evidenced-based isolation facility for patients who require isolation with a filter providing 12 air changes for per hour, non-touch automatic doors to entrance and holders for all PPE and hand rub. The Rediroom will be used for providing isolation to patients who have tested positive for COVID or Flu. They are used in many national and international hospitals to provide support during winter pressures.

#### **World Social Work Day**

Health and Community Services thanked all colleagues in the Adult Social Work team for all they do for Islanders and their families who need their expertise, care and support.

### **Jersey Talking Therapies (JTT) Psychological Therapist Awarded Post Graduate Diploma in CBT with Distinction**

Michelle de Sousa, Psychological Therapist in JTT achieved a distinction upon completion of her Post Graduate Diploma in Cognitive Behavioural Therapy from the University of Southampton.

### **Medical Director Presents Faculty of Medical Leadership and Management (FMLM) Programme Certificates to Colleagues**

Some colleagues recently completed studying the FMLM programme. HCS Medical Director, Patrick Armstrong presented colleagues with certificates.

### **Bailiff's Awards Evening**

Colleagues from across the Government of Jersey (GoJ) were celebrated, including those from HCS, who were honoured for their contribution and dedication during the COVID pandemic. Forty-five people in total were honoured and thanked at a dedicated ceremony in the Great Hall at Highlands College. Each person was presented with their awards by the Bailiff, Sir Timothy Le Cocq, and the ceremony was attended by the CEO of the GoJ.

HCS winners were the Coronavirus Helpline team;

- Allison Mills
- Gillian Mallet
- Beverley Edwards
- Heather McManus
- Bernard Place
- Dr Chris Edmond
- Deidra Ahier
- Sue Short
- Nathan Wright
- Major Ross Barnes
- the Hollies Day Centre

### **HCS Colleagues Say Farewell to Dr Ivan Muscat**

Health and Community Services' colleagues gathered to say farewell to Dr Ivan Muscat, Deputy Medical Officer of Health, who was retiring.

### **HCS Publish First Quality Account**

On 31 March, HCS published its first Quality Account which looked back at 2022. Quality Accounts are published annually by NHS Trusts and give a detailed overview of everything the organisation has achieved in the year. The first HCS Quality Account for 2022 reached across all Care Groups and disciplines.

The quality of the services in such documents is measured by looking at:

- patient safety
- how effective patient treatments are
- patient feedback about care provided

## April

### **Chiefs of Medical Education Appointed**

Dr John McInerny and Dr Ken Anderson were jointly appointed to the newly created post of Chief of Medical Education. John and Ken joined the Corporate Medical leadership team to contribute to the strategic direction and decision-making processes of HCS.

### **Jersey's First Midwife Feeding Specialist Appointed**

Health and Community Services were pleased to announce the appointment of Jersey's first Midwife Feeding Specialist, a role which supports mums and their families with feeding their babies. Debbie McCoy, Midwife Specialist for Infant Feeding, assists mothers and their partners, during pregnancy and postnatally, with their feeding journey, whether that be breastfeeding or formula feeding.

### **National Administrative Professionals Day 2023**

National Administrative Professional's Day was celebrated by highlighting the wonderful work of our administrative and clerical colleagues. There are many administrative roles across HCS, all of which are vital to delivery of first-rate patient care.

## May

### **HCS Higher Education Department Lecturer Awarded Royal College of Nursing Award of Merit**

Dr Moyra Journeaux, a registered nurse, lecturer and the Postgraduate Programme Academic Lead, was recognised with an Award of Merit for her exceptional contribution to the Royal College of Nursing (RCN). She was nominated for her roles on the Perioperative Forum Steering Committee, the Education Forum Steering Committee, and as a Scientific Conference Planning Committee member. The award is the highest honour bestowed to RCN members for service to the Royal College of Nursing.

### **Appointment of Director of Clinical Services**

Claire Thompson was appointed as Director of Clinical Services, with effect from 1 May 2023, having held the role on an interim basis over the previous 12 months. Claire is a registered general nurse with broad experiences in acute care, service improvement and regulatory sectors. She has been a valued member of HCS for the last three years, following her relocation to Jersey. Claire's previous roles for HCS include Deputy Chief Nurse and the General Manager of the Primary Prevention and Intermediate Care Group.

### **Celebrating International Nurses Day 2023**

All nurses in HCS were thanked for their continued contribution. Their passion for our patients' health is appreciated every day.

## June

### **HCS Analyst Awarded Best Presentation at a Conference in Japan**

In June, HCS Informatics Analyst, Dora Freer, travelled to Kyoto in Japan where she was invited to present at the seventh International Conference on Medical and Health Informatics (ICMHI). The theme was the Future of Digital Health Post-Pandemic.

### **Team HCS Talks**

April saw the launch of Team HCS Talks, an open forum hosted by Chief Officer Chris Bown, for all colleagues to dial in and talk to each other and the Executive team about what is important to them.

### **Launch of Mental Health Inpatient Care Improvement Programme**

On 7 June, the Mental Health Inpatient Care Improvement Programme was launched with an event that brought together an array of individuals representing various facets of our Organisation, including:

- ward staff across all three mental health wards
- service users
- carers
- third-sector organisations
- partner agencies from across the wider mental health service

The high attendance demonstrated the collective commitment to improving mental health inpatient care.

### **Island-Wide Wound Product Formulary Approach**

The Island's Tissue Viability teams joined forces to develop the Island-wide Wound Care Formulary. The aim was to provide practitioners with up-to date, evidence-based guidance on wound management products. The Formulary provides for a wide range of wound types, gives descriptions and advice on the most appropriate product(s) to use, it will assist in reducing variation in practice across all health settings.

## July

### **Protected Mealtimes Launched**

On 13 July HCS launched Protected Mealtimes for patients on all inpatient adult wards, including Samarès. Protected Mealtimes are a time where all non-essential activity ceases to allow patients to enjoy a meal with or without the assistance of staff. This initiative is vitally important to ensure patients are allowed a quiet and relaxed atmosphere to enjoy their meal. This piece of work forms part of the nutrition and hydration strategy for HCS.

### **Young Persons Substance Misuse Worker Excels in Studies**

Rochelle Creedy, Young Persons Substance Misuse worker in the Alcohol and Drugs team, demonstrated exceptional skills and dedication while working towards her Level four qualification, Working with Children Individuals and Families.

### **Improving HCS Accommodation Offer for Temporary and New Employees**

In July HCS introduced a new policy that provides an improved accommodation offer to colleagues moving to the Island to work within priority key roles.

### **Appointment of New Interim Chief Nurse**

In July, HCS were delighted to announce the appointment of the new Interim Chief Nurse, Jessie Marshall. Jessie was previously the Associate Chief Nurse for HCS where she has worked for the past three years.

## **August**

### **First HCS Staff Neurodiversity Forum**

All colleagues were invited to attend the first HCS Neurodiversity Forum to learn more about neurodiversity and how it can impact working in HCS. Neurodiversity is the umbrella term for conditions, including:

- Autism
- ADHD
- Dyslexia
- Dyscalculia
- Dyspraxia
- Tourette's syndrome

This is a sub-group of the Government-wide staff Neurodiversity Network which focuses on the unique challenges of working in healthcare.

## **September**

### **Our Stars 2023 Winners Announced**

On the 15 September 400 people gathered at the Royal Jersey Showground to attend the 2023 Our Stars Awards. The theme of the evening was Pride in Public Service. Attendees heard from CEO Andrew McLaughlin, Connétable Andy Jehan and Chief Minister Kristina Moore.

Employee of the Year was won by HCS colleague Evelina Czachor, a Social Worker in the Adult Social Care team, for providing holistic care to individuals during challenging and traumatic times. Evelina collaborated with various agencies to ensure the well-being of Islanders, and mentors social work trainees, enabling them to deliver excellent care to the community. Her dedication and expertise earned her respect from both social work colleagues and partners in the care sector.

### **Patient Safety Week**

Running from 18 to 22 September Patient Safety Week was organised by the Q&S team. They invited colleagues to the Parade entrance of the Hospital where they set up stall with others key to patient safety including the Freedom to Speak Up Guardian, and the Wellbeing team. They answered queries and encouraged colleagues to submit patient safety ideas and sign a patient safety pledge.

During the week the team hosted 17 one-hour sessions on subjects including:

- policy
- Datix
- clinical audit
- risk
- mortality

Members of the team also visited other sites including the Enid Quenault Wellbeing Centre, Eagle House and La Chasse.

### **New Intake of Students**

Local talent continued to grow as 14 adult and eight mental health student nurses, and two student midwives started study with HCS' new partner organisation Robert Gordon University.

### **Intensive Care Unit (ICU) Get Psychological Support for Patients.**

The ICU now have a Consultant psychologist available for their follow-up clinic, for one day a week, to help people with Post Intensive Care Syndrome. Over 60% of patients suffer with this. Previously the clinic struggled to get patients seen by Psychological Services.

This is a joint venture between local charities, an ICU sister and former patients. Charity involvement and sponsorship mean this service has funding for the next three years and will be audited to demonstrate the ongoing need with the aim of making it permanent.

### **Official Opening of Enid Quenault Health and Wellbeing Centre**

Former St Brelade Constable, Enid Quenault, officially opened the new Enid Quenault Health and Wellbeing Centre at the former Les Quennevais School on the 25 September.

Surrounded by family and friends, the former Deputy of St Brelade and later Connétable of St Lawrence expressed her delight at having the new healthcare facility named after her. The Centre is the new home for outpatient services formerly offered at Overdale Hospital. It is the first of several healthcare buildings to be delivered as part of the New Healthcare Facilities Programme.

## **October**

### **First Joint AHP, Medical, and Nursing Student Conference**

The Conference took place on 4 October and involved a full day of interesting talks on subjects that reach across all healthcare roles. It provided a great opportunity for students to come together to meet each other.

Approximately 70 healthcare students attended including delegates from:

- Nursing
- Biomedical science
- Dietetics
- Medical Services
- Operating Department Practitioners
- Psychology
- Radiography

### **Head of Patient Safety, Incidents and Risk, and Quality and Safety Manager for Serious Incidents Appointed**

Claire Powell was appointed to a permanent position as the Quality and Safety Manager for Serious Incidents, following over a year of acting into the role. Andrea Bowring was successfully appointed to Head of Patient Safety, Incidents and Risk. Both roles play a vital role working across all Care Groups supporting patient safety and clinical governance.

### **First Meeting of the New HCS Advisory Board**

The 4 October saw the new HCS Advisory Board meet for the first time. HCS colleagues were encouraged to look at the media releases and access information about the Board members online.

### **Enhanced Care Training**

Training included managing:

- dementia
- delirium
- depression
- distressed behaviour

It was designed for nursing staff, HCAs and nurse bank staff who carry out one-to-one enhanced care.

The aim was to help colleagues recognise causes of cognitive impairment (dementia, delirium and depression) and how best to manage distressed behaviour. This training links to the Enhanced Care Guidelines that were ratified in August.

### **New Spinal Consultant Starts Work**

Mr Aryan Dawoodi commenced as the new Spinal Consultant while Mr Haddad (Consultant Trauma and Orthopaedic Surgeon) ceased spinal work and replaced Mr Clinton Fernando running the Paediatric Orthopaedic Clinic.

### **Funding for Specialist Motor Neurone Disease Nurse**

Funding for a specialist nurse who provides care to patients with Motor Neurone Disease (MND) in Jersey was extended until the end of the year. The role was originally funded by the Motor Neurone Disease Association in Jersey. Difficulties with funding, raised concerns about the service coming to an end creating uncertainty for patients, carers and families. HCS secured funding until the end of 2023 from existing budgets. The MND Outreach Services role has secured permanent funding within HCS from January 2024.



## November

### **Cancer Strategy Launch**

Launched on 6 November, Together; a Cancer Strategy for Jersey, was the culmination of 18 months' work between the GoJ and Macmillan Cancer Support Jersey.

Its key emphasis is on making cancer care a priority in Jersey and guaranteeing that Islanders have access to comprehensive cancer care services. It brings together statistical evidence, the expertise of healthcare professionals, and experiences of patients.

The Strategy considers the prevalence of cancer-related diseases in the Island. It highlights ways health providers can; aid disease prevention, and increase detection, through further development of existing screening programmes, and better support for patients and their families. At its core, is a consideration of patients and their care.

### **Supporting Our Bowel Cancer Screening Commitments**

Jersey's commitment to public health was reflected in the reduction of the bowel cancer screening age from 69 to 55. The efficiencies from the Endobase system integration, and further enhancements still to come, will play a crucial role in ensuring there is capacity to support the resulting increase in bowel screening for Islanders.

### **The Electronic Patient Record (EPR) Clinical Lead Wins HCS Superstar Award**

The Digital Health team were extremely proud as Ricardo Da Silva, the Lead Nurse and EPR Clinical Lead, was voted HCS Superstar at the HCS Our Stars Awards 2023.

Ricardo's role in the team supports the delivery of the Digital Health strategy by working in partnership with key stakeholders across HCS to achieve better patient experiences and outcomes.

## December

### **Diabetes Team Win the DESMOND Innovation Award (DESMOND: Diabetes Education and Self-Management for Ongoing and Newly Diagnosed)**

The Jersey Diabetes Centre commissioned and became a DESMOND Centre in 2022, however the COVID pandemic delayed the roll out until March 2023.

DESMOND is a structured education service devised by Leicester University Hospital and is available to Islanders with newly diagnosed, or existing, Type 2 diabetes. The education is designed to help Islanders look after their Type 2 diabetes independently.

### **First Hospital Pharmacist to Become an Independent Prescriber**

Jessica Staal successfully completed the Independent and Supplementary Prescribing Course provided by the University of West England, Bristol. Jessica is the first of the hospital Pharmacists to complete the course to become an Independent Prescriber and is now officially registered with the General

Pharmaceutical Council and the Jersey Care Commission, to allow her to prescribe medications to patients locally.

### **Hospital MRI Waiting Lists Reduced By 61% in Three Months**

The wait-time for an MRI scan was cut from an average of 54 weeks to just six weeks between September and December 2023. Senior management and clinicians worked together to assess the best course of action and the decrease in waiting lists was achieved by recruiting extra specialist staff, allowing the Hospital's two MRI scanners to work concurrently. The second scanner was previously used as a backup but due to extra staffing, both scanners can now operate at the same time.

### **Associate Director of Quality and Safety**

Pam Le Sueur was substantially appointed to the role of Associate Director of Quality and Safety following a lengthy period of acting into the role. Pam brings many years of experience in governance to this role and has successfully developed the Q&S team over the past year.

## **Our Stars**

In December HCS held their annual Our Stars Award Ceremony. From an incredible 445 nominations for HCS colleagues, 83 colleagues were shortlisted. The following winners were announced:

- Rising Star – Cari Brown, Service Line Manager
- Excellence in Leadership – Sarah Evans
- Social Worker / Allied Health Professional of the Year – Jennifer Newell, Adult Social Care Team Manager
- Customer Service Excellence – Nicky Kill, Web Officer
- Diversity and Inclusion Champion – Valerie Mee, Resuscitation Officer
- Innovation Champion – Anne Marie Penalba, Staff Nurse
- Employee of the Year – Evelina Czachor, Senior Social Worker
- Manager of the Year – Joanne Hargreaves, Superintendent Radiographer
- Volunteer of the Year – Washington Gwatidzo, Senior Change Manager
- Working in Partnership – Ryan McNay, In Flight Coordinator and Manager - JETS
- Team of the Year – Cardiology Team
- Sustainability Champion – Phillippa MacAndrew, Change Manager
- Wellbeing Champion – Laura Mendonca
- Nurse / Midwife of the Year – Dexter Penalba, Staff Nurse
- Medic of the Year – Mung Du
- Health Care Assistant of the Year – Marieta Martinka
- Non-Clinical Support Worker of the Year – Ingrid Lindsay,
- Achievement in Education and Learning – Teodora Freer, Informatics Analyst
- Patient Experience – Rozel Ward
- HCS Superstar – Ricardo Da Silva, Digital Nurse
- HCS Superstar – Beech Ward

## Achievements 2023

### Priority One: HCS Will Provide a Responsive Feedback Handling Service

	Objectives	Actions	Measure of success
1a	Fully launch and improve access to the Patient Advice and Liaison Service (PALS)	Develop and implement PALS policy to include aligned early resolution KPIs (5 days)	Partially achieved
1b		Advertising PALS access across HCS sites, to include drop-in sessions	Partially achieved
1c	Develop the Volunteer Service across HCS	Develop a Volunteer Service Policy to include recruitment strategy	Partially achieved
1d	Ensure that HCS is hearing the voice of the child or young person	Targeted children feedback that is accessible	Partially achieved

#### Measure of success: Partially achieved

##### Why this was a priority

The feedback handling service - Patient Experience Team (PET) are an essential conduit for ensuring that HCS understands and is constantly working to enhance the experience of patient's / service users / carer's / family member's whilst accessing its services.

The PET helps to ensure that the patient's / service user's / carer's / family member's voice is central to the services that HCS delivers, and that there are processes in place to collect, understand and use feedback about services.

The Team also help staff to carry out local surveys and involvement projects in their local departments and wards.

The Team uses patient feedback to help HCS improve the care provided.

The Team supports the Care Groups to take immediate action following feedback and then review the changes and improvements that have been made.

##### What we have achieved

During 2023 progress has been made against all the agreed objectives. Work has commenced with the production of a Volunteer Service Policy, and a framework for the Volunteer Service. However, progress has been impacted by a previous vacancy in management of the PET during 2023.

This objective remains a priority for 2024, and focused work has started during January 2024 to agree and approve the service provision and commence recruitment to the vacant roles.

##### Key ideas for further improvement

- fully implement the Volunteer Service across HCS
- align the Patient Involvement, Patient Experience, and Patient Safety processes to improve and standardise how patients / service users / carers / family members have their voices heard and ensure that they are involved
- review how patient feedback is undertaken to improve the experience of patients engaged with those processes
- ensure robust KPI reporting (aligned to the States of Jersey Patient Feedback KPIs) from ward to Board, across all HCS' services
- implement a Patient Feedback Handbook for all HCS' services to follow with associated training delivered to staff.
- undertake patient engagement with the PALS to better publicise its purpose, how to access it, and obtain feedback on how the service can be improved

#### How ongoing improvements will be measured and monitored

Improvements will be measured through monthly Care Group Clinical Governance and Performance Review meetings, reporting against KPI delivery, with onward assurance reporting through the HCS governance reporting processes up to the Board.

## Priority Two: Develop a Patient Engagement Strategy for HCS

Objectives		Actions	Measure of success
2a	Journey to co-production	Identify opportunities for increasing service user engagement: <ul style="list-style-type: none"> <li>establishment of patient board</li> <li>patient survey results</li> <li>evidence of service users being locally engaged</li> </ul>	Partially Achieved
2b	Increase service user involvement and improve communication across HCS	Create a role/post that focuses on service user engagement	Achieved
2c		Implement ladder of engagement to enable co-design	Achieved
2d	Establish patient involvement groups to inform our processes, education, and training of our staff	<ul style="list-style-type: none"> <li>recruitment to patient involvement groups</li> <li>patient voice policies in place and widely available</li> <li>patient involvement groups established with Terms of Reference agreed</li> <li>ability to measure the number of group and people recruited</li> </ul>	Partially Achieved
2e		Policy for patient involvement groups	Partially Achieved
2f		Engagement policy for patient voice in relevant committees and policy development	Achieved

**Measure of success: Partially achieved**

**Why this was a priority**

The development and implementation of a patient engagement strategy for HCS is essential to the promotion of a culture that is open and accountable not only when things go wrong, but also for the development of service provision that is tailored to patient needs.

Having a patient engagement strategy in place, with appropriate governance structures, helps HCS ensure that patient voices are heard and that all improvements or changes to services are undertaken through a patient centred approach.

**What we have achieved**

In 2023 the Patient Board was initiated, and work was commenced to identify and establish additional patient involvement groups and increase service user involvement across HCS.

The full delivery of this priority was impacted by a vacant management position within the Patient Experience Team throughout the year, and will continue to be rolled out during 2024.

**Key ideas for further improvement**

To regularly promote the wish to hear from patients and service users by inviting them to relevant forums and meetings in order that their experience of HCS, and the needs of the population of Jersey, inform the improvement of services.

To co-ordinate the implementation of the patient involvement groups with the development and implementation of Volunteer Services to ensure that those volunteers are aligned to any group discussions about the way services are delivered in the areas volunteers are supporting.

**How ongoing improvements will be measured and monitored**

Improvements will be monitored through reporting to the Patient and Users' public engagement panel and achievement of this priority will be measured through the visibility of patient voices in the development of policies, procedures, and service design.

Additionally, feedback on the effectiveness of the patient involvement strategy will be ascertained through patient satisfaction surveys, the results of which will be reported and reviewed at the Patient Board to identify and support the implementation of any improvements.

## Priority Three: Improve and Grow Our Safety Culture and Develop a Learning Organisation

	Objectives	Actions	Measure of success
3a	Further develop, ratify and implement the Q&S strategy across HCS, Jersey Ambulance Service (JAS) and Child and Adolescent Mental Health Services (CAMHS)	The Q&S strategy was in the process of being updated. A survey was distributed which asked HCS employees what Q&S meant to them, the results will feed into the updated strategy. Working group established	Partially achieved
3b	Update the standardised template used for Care Group Performance Reviews to ensure alignment to the requirements of the Q&S strategy / policy	Develop and ratify the templates and embed them into practice	Achieved
3c	Reduce the number of open action plans and recommendations relating to Serious Incident (SI) investigations	The expansion of the Q&S team will strengthen the support offered to the Care Groups to ensure that learning occurs from patient safety events and embed that learning into practice	Achieved
3d	Introduce new Patient Safety Incident Response Framework (PSIRF)	HCS will adopt, implement and embed this framework within 2023	Partially achieved

### Measure of success: Partially achieved

#### Why this was a priority

HCS aims to provide care that is safe, effective and of high quality for people who use services. HCS wants to provide a strong safety reporting culture that ensures learning occurs from safety events to support the delivery of highest-quality care.

#### What we have achieved

A multi-disciplinary working group was set up to work on the HCS Quality and Safety Strategy, this included members of the JAS and CAMHS. Data was collected from across HCS, and a three-hour workshop was held with key stakeholders and members of the working group to establish the format, what the key priorities were that people felt should be included, and how we would progress.

Work commenced on drafting the strategy, but with pending reports from the Royal College of Physicians that would contain recommendations that would feed into the strategy, work was temporarily paused. Work will resume in Q1 2024.

The Care Group Performance and Review (CGPR) slides used across HCS were reviewed. It was established that many areas had deviated from the previous standard template. Following some research, the sub-group decided to redraft the slide set in line with the CQC framework.

A decision was then made that CGPR meetings would be split, and the Governance aspects run separately in Care Group Governance Meetings. Using the new standardised template these monthly meetings commenced in October 2023 with the Medical, Surgical and Women and Children Care Group. Data for these meetings is collated by the Q&S team to ensure that the data is pulled at source and to support standardisation.

Since work commenced on reducing the number of open action plans and recommendations relating to SI investigations there has been improvement in the quality of the data captured, and the analysis and feedback to Care Groups. Data is now analysed monthly and sent out to the Care Group Senior Leadership Team (SLT); this data is also included in a report for the HSC Advisory Board.

The number of open historic SI recommendations (2018 – 2021) has reduced by 46% from 182 to 84. This has been achieved by meeting with the Care Groups and ensuring that there are action owners responsible for each action. Initially 43% had no owner listed and 71% had no person responsible.

2022 and 2023 numbers have increased as reports have been added throughout the year, despite this, the number of open recommendations for each Care Group have reduced overall.

Mental Health Services have taken a different approach and consolidated their recommendations into a thematic review. A process has been introduced to take recommendations back to panel ensuring that none are closed without senior oversight.

There has been an 19% increase in the reporting of safety events, which demonstrates an improving culture of reporting which increases the learning from safety events.

A Patient Safety Incident Response Framework (PSIRF) working group has been created which has an action tracker and action plans to ensure the Organisation is working towards implementation. PSIRF will facilitate the inquisitive examination of a wider range of patient safety events in the spirit of reflection and learning. It will support systematic, compassionate, and proficient response to patient safety events, anchored in the principles of openness, fair accountability, learning and continuous improvement.

HCS has begun to use a wider range of system-based approaches to learning from patient safety events rather than using the Root Cause Analysis (RCA) methodology.

There have been a number of overdue SIs to complete before PSIRF can be implemented. This year HCS has closed 28 SIs which is an increase from 17 in the previous year. HCS aims to continue to complete SIs within a timely manner.

#### Key ideas for further improvement

From January 2024 the team will move to the use of a new spreadsheet for monitoring and data capture of open recommendations and action plans from SIs. Regular review meetings with Care Groups will be planned throughout the year to ensure that the gains made are not lost.

Further improvements will be needed once PSIRF is introduced. There are also plans to link this data with other recommendations and work is underway to identify common themes and use this for quality improvement initiatives.

An interim PSIRF policy is being authored to provide a medium-term policy before PSIRF is fully embedded within the Organisation.



## How ongoing improvements will be measured and monitored

Improvements are measured and monitored through monthly data analysis and reporting to Care Groups and the SLT.

Introduce the new Patient Safety Incident Response Framework (PSIRF)

This will be monitored and measured through the PSIRF working group and through regular reporting to the SLT.

## Priority Four: Reduce Hospital Acquired Pressure Injuries

	Objectives	Actions	Measure of success
4a	Reduce the incidence of all hospital acquired pressure ulcers	Have regular pressure ulcer task force meetings to ensure that staff are aware of the rates and incidents of pressure ulcers across HCS	Achieved
4b		Information on rates is disseminated to key stakeholders and staff	Achieved
4c		Root cause analysis (RCA) is conducted for each occurrence and lessons learnt are embedded	Achieved
4d		Analyse data on pressure ulcer prevalence by location and provide Tissue Viability targeted education and support	Achieved
4e		Improve systems to monitor incidence and prevalence rates	Achieved
4f		Increase educational provision throughout HCS with group training session and bespoke ward-based training	Achieved
4g		Use of audit results to identify key areas for improvement	Achieved
4g		Display monthly pressure ulcer rates in a visible location within ward / units to ensure that staff are aware of	Achieved

		the status of their clinical area	
4i		Collaboration with EPR team to ensure pressure ulcer risk assessments / pathways and care plans are incorporated into the new system	Partially achieved
4j	Reduce the risk of pressure ulcers deteriorating in the care of HCS	Improve systems to monitor incidents and prevalence rates	Achieved
4k		Disseminate incidence and prevalence rates to key stakeholders	Achieved
4l	Multiple cat. 2, 3, 4 and unstageable deep tissue injuries will have a root cause analysis completed	Update current reporting systems to allow increased information to examine rates every month and look at the trends over time	Achieved
4m		Ensure that the RCA is completed within the 2-week timeframe outlined in the policy	Partially achieved
4n		The safeguarding decision tool should be completed at the time of submission of the patient safety event report	Partially achieved
4o		Provide training alongside the Safeguarding team on how to complete the RCA tool with a simple to use guide	Partially achieved
4p	Improve documentation of pressure ulcers	Collaboration with EPR team to ensure Pressure Ulcer Risk assessments / pathways and care plans are incorporated into the new system	Achieved
4q		Audit documentation compliance and pressure ulcer risk assessment and associated care bundles	Achieved
4r		Introduction of ward-based learning pathway with a proficiency assessment	Partially achieved

**Measure of success: Partially achieved****Why this was a priority**

The majority of pressure ulcers are an avoidable and costly harm that has a negative impact on patient safety and the patient's experience. Through 2023 the reduction in hospital acquired pressure injuries has been a focus for all clinical staff. Through comparison of benchmarked data HCS committed to driving down the incidents of hospital acquired pressure ulcers.

**What we have achieved**

This year the Hospital Tissue Viability Nurses (TVNs) have led and supported the aim to reduce the incidence of hospital acquired pressure ulcers. This has resulted in a 25% reduction from in 2023 compared to 2022.

A number of innovations and actions have been taken and contributed to the reduction. Analysis of pressure ulcer rates, Key Performance Indicators (KPIs).

- incidence and prevalence measures are frequently monitored
- pressure ulcer rates are examined on a monthly basis

The Tissue Viability and the Q&S teams have worked together with the Datix System Lead to improve the dynamics of the Incident reporting system (Datix), for the reporting and investigation of pressure ulcers developed or deteriorated in hospital.

The purpose of collecting such data is to promote learning and implement improvements, not to identify individual or team errors. The ultimate goal is to make healthcare safer for patients and staff through shared learning and continuous systems improvement. Datix is essentially a quality improvement tool.

Previously the investigation information was provided in free text form and did not allow for the immediate gathering of robust metrics that can be displayed via patient safety dashboard. The aim is to provide more informative metrics which will support monthly analysis and reports. This will also assist in reducing variation in the information provided, by asking the key questions required as part of the investigation, this should make it easier and timelier for staff to complete.

These metrics are monitored through the HCS Quality and Risk Report and taken to every HCS Advisory Board meeting. Ward based dashboards are visible within the clinical area and the pressure ulcer rates are clearly visible using a pressure ulcer safety cross.

**Pressure ulcer task force 2023**

In order to ensure pressure ulcer prevention and management is highlighted as a key priority. The Hospital Acquired Pressure Ulcer (HAPU) Task Force Group was established, to work on a pressure injury prevention program dedicated to improving patient safety outcomes. The HAPU Task Force Group will continue to support, educate and analyse data to reduce the number of hospital acquired pressure ulcers through 2024.

**Education**

Increased learning provision with the introduction in January 2023 of the 'Inside and Out Workshops'. Through these interactive workshops; national recommendations, best practice guidelines, and local policy are reinforced, allowing staff to utilise the skills learnt in clinical practice.

The 'inside and out challenge' ran from 1 September to 30 November 2023, the aim of this challenge was to.

- continue to work towards a reduction in the number of hospital acquired pressure ulcers
- demonstrate sustained improvement

- provide targeted support, education and bedside training
- celebrate success in a morale boosting, culture changing way

There are Tissue Viability champions in all 11 inpatient ward areas. Their role is imperative in promoting best practice principles surrounding the prevention and management of pressure ulcers.

In November the Tissue Viability team took part in the Worldwide Stop the Pressure Day, with an education stand at the Parade entrance of the Hospital. The theme for this year was Every Contact Counts.

Though continued work and education with the Safeguarding team, the safeguarding decision tool has been utilised in practice to support appropriate referral and investigation.

### Audits

Documentation compliance using the MEG audit app has been carried out throughout 2023, focussed on pressure ulcer risk assessments and associated care plans. The TVN analysed the trends in non-compliance and incorporated this into their training workshops.

Audit activity was ongoing throughout 2023. As part of the 'inside and out challenge' during September through to the end of November, 33 audits were carried out on 562 sets of documentation, there has been a significant improvement of 30% in documentation compliance across the Organisation.

Through collaboration with the EPR team to ensure pressure ulcer pathways and care plans are incorporated into the new system. The following pressure relieving equipment was purchased for the Organisation in 2023.

- 50 Mercury advance pumps
- 10 Dyna-tek air cushions
- 20 Mercury advanced cushions

### Key ideas for further improvement

The HAPU Task Force Group will discuss the possibility of introducing a pressure ulcer change package with the aim to provide evidence-based guidance to support the prevention of acquired pressure ulcers developed in a care setting.

A change package will consist of high-level outcomes supported by activities that when tested and implemented, lead to improvement. Bringing together what is known about best practices and processes based on evidence from literature, research, and the experiences of others.

Surveillance tool to be discussed and built into the Hospital EPR system to monitor improvement and healing.

### How ongoing improvements will be measured and monitored

The Hospital Tissue Viability team will continue to lead on prevention and management of pressure ulcers supported by the HAPU Task Force.

Analysis of data through the reported pressure ulcers via Datix with links to Power BI will allow for improvements in cause-and-effect analysis, recording and evaluation. Relevant improvements will continue to be made to both these systems.

Ward audits will continue to be conducted recognises and targeting areas for improvement, allowing evaluation of education and training.

## Priority Five: Recognise, Escalate, Rescue (RER) Programme (Clinical Effectiveness / Patient Safety)

	Objectives	Actions	Measure of success
5a	Introduce and embed Treatment Escalation Plans (TEP) as part of patient care	Ratification of TEP guideline and form	Achieved
5b		Audit of compliance and quality of TEP document	Achieved
5c	Audit compliance of safety huddles and ward rounds as implemented by the RER 2022 objectives	Audit tool development	Achieved
5d	Identify other areas of care provision that require support with RER	Review SIs, patient safety events and feedback across Care Groups identifying a failure in RER	Achieved
		Create a plan of work to address any issues identified	
5e	Develop a RER steering group	To invite staff involved in the RER project to the steering group each quarter	Partially achieved
5f		Steering group to monitor recommended processes remain embedded and address any new challenges that impact RER	Partially achieved
5g	Introduce monthly Schwartz Rounds across HCS	Organise Schwartz Rounds on a monthly basis and invite colleges to these across HCS	Achieved
5h		Stories and themes generated from the Schwartz Rounds will help inform clinical interventions across HCS	Achieved
5i		A cross representative steering group of staff clinical and non-clinical roles across HCS will be in place to support the continuation and facilitation of the Rounds	Achieved

**Measure of success: Partially achieved****Why this was a priority****RER**

The RER programme continued to focus on the work started at the beginning of the programme in 2022, and to carry out deep dives into RER concerns within the Medical and Surgical Care Groups. This involved reviewing patient safety incidents, SIs and complaints associated with the deteriorating patient. The priority continues to reduce avoidable harm to patients.

**Schwartz**

Schwartz Rounds offer a dedicated, evidenced-based and structured space for staff from all areas of healthcare to come together to reflect on the emotional, personal and social aspects of the work they do.

Research suggests there is a positive correlation between participation in Schwartz Rounds and an ability to provide compassionate care, staff feeling more valued and positive influences in workplace culture. (Lown and Manning; 2010; Sanghavi; 2006).

Following the Hugo Mascie-Taylor (HMT) report in 2022, recommendations were made in relation to culture. The introduction of Schwartz Rounds into HCS was deemed appropriate and necessary given the evidence base.

**What we have achieved****RER**

The introduction of Multi-Disciplinary Team (MDT) simulation-style training sessions focused on themes related to RER-related SIs.

The implementation of the Treatment Escalation Plan (TEP) has continued to drive enhancements, and a new guideline was introduced to ensure its consistent use.

An audit is currently underway, with the findings are set to be published in Quarter 1, and any recommendations will be acted upon by Quarter 2.

The safety huddle is now an ingrained process, effectively identifying concerns related to clinical safety for patients and informing necessary actions. This document is subject to assessment as part of the ward Jersey Nursing Assessment Accreditation System (JNAAS) evaluation.

A cognitive aid for ABCDE assessments of deteriorating patients has been introduced across all inpatient areas to support clinical staff. This tool facilitates a systematic assessment of acutely unwell patients, involving the following steps:

1. Airway
2. Breathing
3. Circulation
4. Disability
5. Exposure

Each stage of the ABCDE approach involves clinical assessment, investigations, and necessary interventions.

A Standard Operating Procedure has been established for the evening ward handover, along with a checklist to prioritise clinical tasks overnight. This checklist also informs the morning medical handover.

In the early stages of the project, training analysis was conducted, and the findings were shared with the Be Our Best programme, which is currently under review to support the induction of new employees.

The nursing handover documents underwent a thorough review and update to ensure alignment with best practices, NICE guidance, and RCN guidance.

A steering group with agreed-upon Terms of Reference has been formed. Quarterly meetings are set to commence in Quarter 1, 2024. The primary role of the Recognising, Escalating, and Rescuing (RER) the Deteriorating Patient Oversight Committee is to supervise, guide, and monitor the implementation of strategies and interventions aimed at identifying and responding to patients displaying signs of clinical deterioration. This oversight aims to ensure patient safety and enhance clinical outcomes.

### **Schwartz Rounds**

A full team of professionals has been appointed, including a clinical lead and trained facilitators, to enable Schwartz Rounds to roll out across HCS. A Champions (steering) Group which is representative of all areas and professional groups runs once a month. Ten rounds have taken place in HCS with 349 attendees in total.

Feedback from attendees demonstrates a positive influence on the individual in terms of how they feel about their work. A positive impact on patient care has been felt with 88% responding positively to the question "I gained insights that will help me meet the needs of patients". There have also been positive responses indicating impact on how individuals feel about working with colleagues.

95% of respondents indicated they planned to attend Schwartz Rounds again and 96% stated they would recommend Schwartz Rounds to colleagues. Plans are in place to run 10 Schwartz Rounds in 2024.

In terms of Schwartz Rounds informing clinical interventions across HCS, themes have been generated by the Champions (steering) Group that are relevant to HCS. Themes from Rounds including speaking up, violence and aggression in the workplace and diversity and inclusion have been attended by key leaders in these areas.

### **Key ideas for further improvement**

#### **RER**

We recognise the need for improvements in transitioning the responsibility of care from shared care to parent teams. This adjustment is aimed at providing clarity regarding the responsible clinician when clinical concerns require escalation. To support this transition, a responsibility of care flowchart has been formally approved to offer guidance to clinical teams. RER is actively collaborating with the Chief of Services to implement this flowchart effectively.

Valuable insights gathered from safety huddles will play a pivotal role in guiding RER towards enhancing clinical safety. Furthermore, RER is committed to expanding its presence to include additional care groups with clinical responsibilities for patients.

All RER document initiatives will be seamlessly integrated into Maxims to ensure the maintenance of clear and consistent documentation practices.

### **Schwartz Rounds**

Demographic information in relation to those attending Schwartz Rounds demonstrates a need to engage further to encourage greater attendance from:

- Medical Doctors
- Consultants
- Non-clinical staff
- Senior Executive group

Research will be undertaken to discover the barriers to participation in these groups and reduce these where possible. It is also noted that most participants attending Rounds are hospital-based staff. The team are planning to deliver rounds off-site in 2024. To ensure a more inclusive voice across the Champions (steering) Group, it was decided that going forward, these meetings will be held face-to-face with an option to participate on Teams. This will limit the travel and parking barriers staff face coming to town from off-site areas.

How ongoing improvements will be measured and monitored

### **RER**

Conducting a 24-hour event review preceding cardiac arrests will help assess the impact of the following RER initiatives on care:

- Identification of deterioration on the RER Safety Huddle document
- The Escalation of Clinical Concerns algorithm
- Treatment Escalation Plan (TEP)

Audits have commenced reviewing the TEP and NEWS track and trigger escalation.

### **Schwartz Rounds**

Demographic information collected in 2024 will ask the question about where people are located, this will provide a more accurate picture of reach across HCS sites. We will continue to measure and monitor the reach of Schwartz Rounds across professional groups.



## Priority Six: Dementia Care

	Objectives	Actions	Measure of success
6a	We will develop and implement a programme of dementia awareness and training for the HCS workforce	Complete an analysis of existing, regular, and ad-hoc dementia training	Achieved
6b		Identify gaps in knowledge and confidence (including a staff survey)	Partially achieved
6c		Review the evidence base on efficacy of dementia training programmes	Partially achieved
6d		Implement an evidence-based dementia learning programme across HCS, at all levels, that is mapped to national standards	Partially achieved
6e	We will engage and work in partnership with people with dementia and their families / carers to improve provision and experiences of care	Include people with dementia and / or carers as key partners in improvement initiatives	Partially achieved
6f		Develop dementia-inclusive methods of gaining feedback (linked to priority two)	Partially achieved
6g		Analyse feedback from people with dementia admitted to JGH and their carers to identify areas and priorities for improvement	Partially achieved
6h	Develop a programme of audit relating to the care of people with dementia within the acute hospital setting and act on findings	Complete 5 <sup>th</sup> round HQIP / RCPSYCH National Audit of Dementia	Not achieved
6i		Undertake spotlight audit on hospital initiated psychotropic medication for people with dementia within the acute inpatient setting	Achieved
6j		Undertake a series of environmental assessments of ward and public facing hospital spaces	Achieved
6k	Work in partnership with Dementia Jersey to develop	Complete needs assessment	Achieved

6l	and publish Jersey's first dementia strategy	Proactively engage with stakeholders and the public to inform the strategy	Achieved
6m		Review evidence from other jurisdictions	Achieved
6n		Provide recommendations and key priorities for action	Achieved

### Measure of success: Partially achieved

#### Why this was a priority

Dementia is a term used to describe several diseases that affect memory, thinking, and activities of daily living for which, at present, there is no known cure.

The World Health Organization (WHO) estimates that more than 55 million people have dementia worldwide, and that there are nearly 10 million new cases each year. With the number of people living with dementia rising, the cost to the economy is projected to more than double by 2030. Dementia is recognised as a major cause of disability and dependency among older adults worldwide. The direct and indirect impact on people living with dementia, and their families is vast and varied.

The extent of these factors has resulted in the WHO declaring dementia a global health priority. Most countries have responded by developing strategies to address issues related to dementia, and there is increasing research evidence that people can reduce their risk of getting dementia, through healthy lifestyle choices throughout their life.

Although treatment options are limited there is evidence that people can live well with the help and support that they need, and by maintaining the connections and activities that matter to them.

#### What we have achieved

##### Skills and training

A review of existing dementia training was completed indicating that there were no rolling training courses and few ad-hoc training sessions available for HCS staff.

Whilst there are optional modules on dementia within vocational training programmes, the uptake of these has historically been low. The 2023 staff dementia training survey was postponed enabling focus on the public survey for the dementia strategy, this was to be communicated across HCS. The survey has been updated and was released in January 2024.

As a result of emerging evidence on the widespread lack of specific dementia training availability and training standards across health and care providers in Jersey, the development of a programme of dementia training specific to the General Hospital was postponed, to enable work on this wider programme to be developed.

However, specific training was developed and implemented for staff working in the General Hospital wards to support the delivery of individualised care and to ensure progress on this aim. Training focused on:

- dementia awareness
- dementia delirium and depression
- supporting complex needs for people with dementia in hospital

Sixteen training sessions were held with a total attendance of 196 staff.

### **Engagement**

During development of the dementia strategy there was extensive engagement with people with dementia and family carers, who shared their experiences of care and support. A third of the dementia strategy steering group was made up of people with dementia and family carers.

Half of the face-to-face engagement sessions were held with people with dementia and / or family carers. 68% of respondents to the public survey had lived experience of dementia, either through diagnosis or knowing someone with dementia.

Working with the HCS Feedback team, complaints raised relating to the care of people within JGH was reviewed in 2023. As the feedback system does not capture diagnosis, it was challenging to link individual complaints, comments, and compliments to episodes of care for people with dementia at a system level. Work commenced in the last quarter of 2023 to enable pro-active identification and focus on feedback received relating to people with dementia and will continue into 2024.

### **Audit**

A programme of audit relating to the care of people with dementia within the acute hospital setting has been implemented including.

- An informal audit of antipsychotic and benzodiazepine use for people with dementia was undertaken, with monthly reporting commenced.
- A formal local audit reviewing the use of all psychotropic medication for people with dementia based on the Healthcare Quality Improvement Partnership (HQIP) National Audit of Dementia spotlight audit commenced in mid-2023. Data collection is due to be completed in February 2024. An action plan will be implemented to address findings of this audit.
- Environmental audits were undertaken on two inpatient units with the JGH, with action plans being developed with the leads in these areas

Challenges with finalising contractual arrangements with HQIP meant HCS was unable to undertake the 5<sup>th</sup> round of the National Audit of Dementia. Once contractual arrangements are finalised, it is anticipated that HCS will be able to participate in the next available round of audit.

### **Dementia Strategy**

Through a partnership approach with Dementia Jersey, an Island-wide dementia strategy informed by global, national, and local evidence, has been produced. The strategy was approved by the Minister for Health and Social Services in December 2023, and will be published in mid 2024. The strategy outlines the Government's commitments for 2024 to 2028.

### **Key ideas for further improvement**

Develop a time-framed 5-year implementation plan for HCS actions relating to the dementia strategy including.

- diagnosing well:
  - reduce waiting times for specialist memory assessment
  - develop and implement a dementia pathway from diagnosis to end of life
- supporting people with dementia and their carers:
  - produce an options appraisal for dementia respite and day support

- develop and implement a set of standards for care of people with dementia in hospital
- improve continuity of HCS service provision to people with dementia and their families
- developing, valuing, and supporting staff:
  - develop Island-wide training and mentoring standards
  - develop resources that can be used to support people with dementia from diverse communities
- dementia-friendly and inclusive initiatives:
  - include advice and information on dementia inclusive design within development of the new hospital, and within all refurbishment programmes within HCS

Continue to develop dementia training opportunities for the JGH workforce, and link to dementia training and practice standards as they develop.

Further develop and build on the dementia audit programme, ensuring a mechanism for auditing standards is incorporated into service development initiatives.

Develop pro-active engagement opportunities with people effected by dementia who receive care at JGH and develop a mechanism for inclusion of the voice of people impacted by dementia within relevant service developments across HCS.

Develop and introduce a set of benchmarking data relating to dementia to track progress with quality initiatives.

#### How ongoing improvements will be measured and monitored

HCS improvements will report monthly to HCS Change board.

HCS specific strategy implementation actions will report to a cross department (to be formed) Dementia Strategy Oversight group.

PART TWO

# KEY PRIORITIES FOR IMPROVEMENT 2024

# PART TWO: KEY PRIORITIES FOR IMPROVEMENT 2024

## Quality Improvement Priorities (QIPs) for 2024

This section presents our QIPs for 2024. Our priorities are built around our ambition and intention to deliver high quality, well-led, safe, reliable and compassionate care in a transparent and measurable manner.

Triangulation of data from incidents, risk registers, SIs, complaints, litigation and the Jersey Nursing Assessment and Accreditation System was being completed to inform the QIPs for 2024. Feedback from Executives was also sought. The agreed QIPs for 2024 are aligned to national and local Ministerial, and HCS Advisory Board priorities.

These are aligned to the three core domains of quality.

1. patient safety - keeping patients safe from harm
2. clinical effectiveness - how successful the care we provide is
3. patient experience - how patients experience the care they receive

This activity led to a list of potential QIPs that were presented to the Executive Leads of Quality and Safety and the Executive Leadership Team (ELT). The below were agreed as priority areas for inclusion in the Quality Account.

### Priority One: Develop a Learning from Deaths (LfDs) Framework for HCS

**Domain:** Patient Safety

**Goal:** To ensure HCS is learning from deaths (LfDs) through the development of a strong mortality governance framework. We aim to achieve this by reviewing deaths of patients in our care to identify areas of clinical excellence, and areas requiring improvement and safety actions. This will support shared learning throughout the Organisation and promote a culture of safe clinical care by engaging the entire workforce.

Following concerns and scrutiny around increasing mortality rates dating back more than a decade (Francis, 2013, and Hogan et al, 2012) there has been an increased drive within the NHS to be confident that deaths are reviewed and opportunities to improve care for patients are not missed (National Quality Boards, 2017).

Identified learning will link with current national and local patient safety and quality improvement priorities, and it will facilitate the implementation of clinical governance recommendations from the HMT report published in August 2022.

We aim to achieve our goal outlined above by:

- implementing a delivery plan to support the objectives of a learning from deaths framework that will be reviewed, reported on, and developed over time
- having robust processes where, in the event of death, cases are screened and selected for mortality learning review, or identifying those that require investigation under the Serious Incident Policy
- feeding back the themes from different types of mortality reviews in appropriate forums to identify learning that informs current improvement work streams and identifies areas that require focused action
- supporting and involving families and carers during the period of review and / or investigation.

### Priority One: Develop a Learning from Deaths framework

Objectives	Actions	KPIs
1. Publication of a Learning from Death's Framework for HCS	Organisational-wide consultation of framework and approval by June 30, 2024, for publication.	<p>Communication and distribution of framework.</p> <p>Uploaded and accessible on HCS intranet.</p> <p>Minimum 3-yearly review.</p>
2. Implementation of Mortality Learning Review (MLR) Programme.	Q&S Mortality team to support implementation of MLR programme through promoting, training, and supporting reviewers to complete MLRs.	<p>Complete a MLR for at least 20% of deaths occurring within HCS.</p> <p>Complete a MLR within one month of the death occurring.</p> <p>Evidence of MLR within job planning and clinician's appraisals.</p> <p>Evidence of Quality Improvement Plans being implemented from thematic analysis.</p>
3. Re-introduce Mortality and Morbidity (M&M) meetings.	<p>Re-introduce Care Group wide M&amp;M meetings.</p> <p>Complete and ratify ToR for M&amp;M meetings</p> <p>Q&amp;S Mortality team to support implementation and co-ordination of M&amp;M meetings.</p>	<p>Evidence of M&amp;M discussions, actions and monitoring from meeting minutes and reports.</p> <p>Evidence of M&amp;M discussions within clinician's appraisals.</p>

<p>4. Commence a Learning Disability Mortality Review Programme.</p>	<p>Explore if HCS can join the National LeDeR Mortality Review Programme</p> <p>Healthcare professionals to report deaths of people with a learning disability into and support reviews of these deaths.</p>	<p>Evidence of mortality reviews completed on patients with a learning disability.</p> <p>Evidence of training plan delivery.</p> <p>Evidence of discussions and actions in response to reviews and meeting minutes.</p> <p>Data from regional LeDeR reports.</p>
--	--	---

## Priority Two: HCS will Transform Maternity Services for a Brighter Future in Jersey

**Domain:** Patient Safety

**Goal:** HCS is committed to providing a quality maternity service through the Maternity Improvement Plan.

We aim to offer the very best care to women, birthing people, babies and families as we recognise that pregnancy and the birth of a child is a significant event and that what happens before, during and after that event has a long-term impact on the emotional and physical wellbeing of the child, their parents and carers.

In developing our services, we are able to focus on the learning from several maternity reviews that have taken place, which were collated into the Maternity Improvement Plan.

The Maternity Improvement Plan’s purpose is to deliver co-ordinated and sustained improvements within Maternity, with clear assurance and accountability, ensuring that responses become part of the embedded business-as-usual governance process of the Organisation.

Priority 2: HCS will transform maternity services for a brighter future		
Objectives	Actions	KPIs
<p>1. Publication of the Maternity Improvement Plan ‘Our Plan for the Way Forward with Maternity Services in Jersey’ (strategy).</p>	<p>Maternity-wide and Maternity Voices Partnership (MVP) consultation of the Maternity Improvement Plan approval by 30 June 2024, for publication.</p> <p>Maternity refurbishment.</p>	<p>Communication and distribution of the Maternity Improvement Plan. Uploaded and accessible on HCS intranet and internet.</p> <p>Minimum yearly review.</p> <p>Official opening of the Maternity Unit.</p>



2. Ensure processes are in place to ensure Safe Staffing across Maternity.	<p>Undertake a birthrates plus staff review.</p> <p>Develop new ways of working across maternity to improve continuity of carer.</p> <p>Grow, retain and develop our workforce in line with the needs of the Service.</p>	<p>Full review undertaken of staffing models.</p> <p>Daily staffing huddles to ensure appropriate staffing.</p>
3. Create a collaborative culture of safety, learning and support through effective leadership.	<p>Continue to review safety incidents and action appropriately.</p> <p>Learning from incidents embedded.</p> <p>To have a service that is well-led and continuous improvement culture.</p>	Multi-Disciplinary Team training and working together.
4. Work with service users, staff and community voices to shape our services.	Work with our MNVP to listen to our families.	Full publication of the Maternity Improvement Plan to service users and staff.

## Priority Three: Develop a Nutrition and Hydration Strategy for HCS

**Domain:** Patient Safety / Clinical Effectiveness / Patient Experience

**Goal:** To reduce the number of incidents relating to nutrition and hydration across HCS, gain a better knowledge and understanding of risk relating to nutrition and hydration and improve patient care.

Malnutrition is a state in which a deficiency of nutrients such as energy, protein, vitamins and minerals causes measurable adverse effects on body composition, function or clinical outcome. Malnutrition is both a cause and a consequence of ill health and affects every system in the body. It results in increased vulnerability to illness, increased complications and in extreme cases even death.

The Malnutrition and Nutritional Care Survey in Adults 2022 (BAPEN) revealed that 45% of adults screened across health and care settings in the UK were found to be at risk of disease-related malnutrition, with 44% of patients in hospitals identified as at risk.

Malnutrition across secondary care results in increased costs due to increased complications including:

- wound infection
- chest infections
- pressure ulcers
- increased length of hospital stay
- increased readmissions

A report published in 2015 estimated the cost of malnutrition in England between 2011 and 2012 to be £19.6 billion, an increase of almost 50% since 2007 (NIHR Southampton BRC and BAPEN). This figure is set to continue to rise due to the aging population and rising cost of health and social care.

Methods to improve or maintain nutritional intake are known as nutrition support. These include:

- oral nutrition support: for example, fortified food, additional snacks and use of prescribable nutritional supplements (where appropriate)
- enteral tube feeding: the delivery of a nutritionally complete feed directly into the gut via a tube
- parenteral nutrition: the delivery of nutrition intravenously

These methods can improve outcomes, but decisions on the most effective and safe methods are complex.

### Priority Three: HCS will develop a nutrition and hydration strategy

Objectives	Actions	KPIs
1. Improve the visibility and governance of nutrition and hydration across HCS.	Implement a Nutrition and Hydration Steering Committee for HCS.  To improve systems to collate and monitor data on incidents relating to nutrition and hydration across HCS.	Steering Group ToR, quarterly meetings, meeting minutes, action logs, strategy paper(s).  Reported incidents and investigations to be discussed and monitored by Steering Group, with information dissemination to key stakeholders and staff.
2. Improve compliance and documentation of nutritional screening.  NICE CG32: all adult inpatients should be screened for nutrition within 24 hours of admission, and all outpatients on first appointment.	Collaboration with EPR team to ensure nutrition and hydration assessments / pathways and care plans are incorporated into the new system.  Audit documentation compliance of nutritional screening and hydration and associated care bundles.	A comprehensive nutrition and hydration assessment / care plan for every adult inpatient ( <i>where appropriate</i> ) will be available in the combined healthcare notes.  Nutritional assessments and plans will be present in the healthcare notes.

	<p>Implementation of nutritional screening in HCS outpatient clinics (where appropriate).</p>	<p>Hydration assessments and plans will be present in the healthcare notes.</p> <p>Nutrition and hydration documentation will be included as part of medical ward rounds.</p> <p>Nutritional screening completed for all adult outpatients attending HCS clinic, with evidence of completion in clinic letters or EPR documentation.</p>
<p>3. 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</p> <p>BDA Digest: all healthcare menus must meet the nutrition standards for both nutritionally well and nutritionally vulnerable.</p>	<p>Development of standard adult hospital menus in line with BDA digest standards for calorie and protein provision.</p> <p>Development of á la carte menus for patients with special nutritional needs such as finger foods for dementia patients.</p>	<p>Adult hospital menus provide;</p> <ul style="list-style-type: none"> <li>• 1840 - 2772 kcal + 56-92g protein</li> <li>• 500 kcal + 15g protein per meal for nutritionally well</li> <li>• 800 kcal + 27g protein per meal for nutritionally vulnerable</li> </ul> <p>Patients are provided with physical menu (in a way that is understood).</p> <p>Patients are supported to choose appropriate options from the menu and provided with the meals they ordered.</p>
<p>4. Ensure appropriate and safe prescribing of oral nutrition support, enteral and parenteral nutrition.</p>	<p>Thorough review of current nutritional prescribing practice across HCS; including</p> <ul style="list-style-type: none"> <li>• Inpatient and outpatient prescribing</li> <li>• EMPA use and documentation</li> </ul> <p>Dispensing of nutritional products.</p>	<p>HCS wide policy of prescribing and use of nutritional products / interventions.</p> <p>Evidence of appropriate training/post qualification accreditation for all staff prescribing nutritional interventions across HCS including dietitians, specialist nurses and medical staff.</p>

To implement this objective, there is a requirement to increase resources within the Dietetic and Non-clinical Services. This will support with menu development, analysis and training to clinical and non-clinical staff involved in food and drink provision.

## Priority Four: Inpatient Mental Health: Quality and Patient Experience

**Domain:** Clinical Effectiveness

**Goal:** To work collectively to improve outcomes and service user and staff experience across our 3 mental health inpatient wards.

Priority Four – Inpatient Mental Health: Quality and Patient Experience		
Objectives	Actions	Key Performance Indicators
1. Develop Quality Improvement plan.	<p>Initial staff and service user engagement.</p> <p>QI plan developed with clear workstreams, desired outcomes and monitoring.</p> <p>Steering Group in place to review progress.</p>	<p>Quality Improvement Programme plan in place and progress monitored.</p> <p>Communication of progress and outcomes to service users and staff.</p>
2. Improved service user experience measures.	<p>Peer Support worker roles recruited.</p> <p>Agreed systems for monitoring service user experience in place.</p>	<p>Evidence of regular reporting and actions taken as a result.</p> <p>Increase in positive experience reported.</p>
3. Improved staff experience.	<p>Staff experience survey and focus group undertaken.</p> <p>Agreed system for monitoring experience in place.</p>	<p>Evidence of regular reporting and actions taken as a result.</p> <p>Increase in positive experience reported.</p>

## Priority Five: Dementia and Delirium within the General Hospital

**Domain:** Clinical Effectiveness and Patient Safety

**Goal:** To improve the care and experience of people with dementia and delirium within the General Hospital

Priority Five – HCS will improve the care and experience of people with dementia and delirium within the General Hospital		
Objectives	Actions	Key Performance Indicators
Reduce inappropriate use of sedation to manage distress and challenging behaviour.	Baseline audit and monthly reporting.  Review of all Datix reported incidents,  MDT training and awareness raising – medication use and management of complex needs.	Reduced use of sedation and clinical review when used.
Review clinical protocols / procedures in use.	Procedures and protocols reviewed and updated  Dementia audit undertaken	Up to date clinical procedures / protocols in place and reflected in training.
Dementia care audit completed.	Audit undertaken in Q2 of 2024. Review and development of action plans in Q3.	Audit completed with clear findings and related actions agreed.
Completion of carer survey.	Carer survey to be undertaken to understand experience of care and future learning.	Survey completed and agreed actions identified, overseen by steering group.

## Priority Six: Improve the Management of the Patient Feedback Processes and Enhance Patient Experience

**Domain:** Patient Experience

**Goal:** HCS will provide a free and confidential Patient Advice and Liaison service (PALS) designed to help patients, parents and carers with any required information and signposting. Plus addressing concerns, or problems that they have about their HCS care and / or the services HCS provides. PALS is designed to resolve patient problems and queries quickly, and efficiently to reduce the need to escalate these queries into formal complaints.

### Priority Six: HCS will improve the management of the patient feedback process and enhance patient experience

Objectives	Actions	KPIs
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.	<p>Reinforce the knowledge and understanding of the States of Jersey Feedback Policy and how PALS supports the delivery of such, across HCS staff groups.</p> <p>Senior staff make sure all staff are supported and trained in all aspects of dealing with PALS enquiries and complaints, from identifying a complaint to issuing a response, so that they meet the expectations of HCS patients and the public.</p> <p>Appropriate governance structures are in place so that senior staff regularly review information that arises from PALS enquiries and complaints in their areas of responsibility and are held accountable for using the learning to improve services, including clear processes in place to show how HCS do this.</p> <p>All staff take appropriate measures to capture feedback about the complaints process from those who make complaints, and from the staff directly involved. They then use this to demonstrate how HCS has performed towards meeting</p>	<p>All Care Groups report monthly through the clinical governance and performance review meetings on PALS and complaints management (including relevant staff training competency and compliance).</p> <p>Development of learning actions to improve service delivery for patients (and the completion of those agreed actions with mechanisms in place to provide assurance that learning actions arising from PALS and complaints are evidenced as implemented).</p> <p>Quarterly reviews of service improvement / changes as a result of patient feedback to be reported across Care Groups and upwards to the HCS Board and to the GoJ to highlight how patient feedback is utilised to drive service improvement.</p>

	<p>the standards that patients and service users expect to see.</p> <p>HCS routinely shares learning from complaints and PALS feedback with the GoJ to build on insight and best practice.</p> <p>All staff openly welcome complaints so they can identify and resolve issues quickly. Staff are trained to do this well and make sure people are being listened to and treated with empathy, courtesy and respect always.</p>	
<p>Staff respond to complaints at the earliest opportunity and consistently meet expected timescales for acknowledging a complaint.</p> <p>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.</p>	<p>HCS promotes a learning culture which welcomes complaints and handles them well.</p> <p>Staff have the skills and experience they need to be confident in handling complaints.</p> <p>People making complaints about HCS' services get a consistent, and positive experience each time.</p> <p>They know how to give feedback or make a complaint and can get support to do so when they need it.</p> <p>People are confident that HCS will take any issues raised seriously and take appropriate action to address them.</p>	<p>Monitoring will be against the States of Jersey Feedback KPIs and will be reported monthly through the clinical governance and performance review meetings.</p>
<p>Implement Core Standards for the management of patient feedback across HCS.</p>	<p>Core Standards for the PALS, Feedback team and all HCS staff involved in providing responses to patient feedback</p> <p>Core standards to include:</p> <ul style="list-style-type: none"> <li>• Be identifiable and accessible to patients, their carers, friends, families and members of the public. Everyone who contacts PALS will be given information about options available to</li> </ul>	<p>Implementation and compliance against the core standards will be monitored through individual Care Group compliance with the feedback processes, as well as from patient surveys and direct responses from patients, carers, and families involved in states of jersey feedback process.</p> <p>Failure to comply with HCS core standards for the management of patient feedback will be addressed at an individual or ward level through performance review.</p>

	<p>resolve an issue or concern.</p> <ul style="list-style-type: none"> <li>• Listen and provide relevant information and support to help resolve patient's concerns quickly and efficiently.</li> <li>• Provide on the spot help, whenever possible, with the power to negotiate solutions and resolve problems as quickly as possible.</li> <li>• Enable people to access information about HCS' services and information about their health and social care provided by HCS.</li> <li>• Signpost and guide people through health and social care services provided by HCS.</li> <li>• Liaise with all clinical / medical staff and managers, and where appropriate, other health related organisations, to facilitate a resolution.</li> <li>• Act as an early warning system if there are particular problems and / or concerns emerging.</li> <li>• Act as a gateway for advocacy and / or the complaints process.</li> <li>• Refer patients, when appropriate, to independent advice and advocacy support from local sources.</li> <li>• Establish and maintain effective systems for reporting on and learning from PALS contacts.</li> <li>• Promote a culture in HCS that puts patients at the heart of service delivery.</li> <li>• Involve patients and carers where appropriate and with consent from the patient, in the planning, development and monitoring of PALS.</li> </ul>	
--	---	--



## Priority Seven – Staff Wellbeing

### Domain: Staff Wellbeing

**Goal:** HCS recognises the importance of having a well workforce so the best care can be delivered for our patients / clients. Staff wellbeing will continue to be offered throughout 2024 in a timely and accessible way for all HCS staff so they can bring their best self to work. This includes a range of initiatives including individual and team psychological support, Trauma Risk Management (TRiM), Mindfulness and signposting to resources enabling staff to independently or their managers can use to support staff with their mental health.

Priority Seven – HCS will improve staff wellbeing		
Objective	Actions	KPIs
Deliver a range of wellbeing initiatives for all HCS employees.	Provision of <ul style="list-style-type: none"> <li>• individual psychological support</li> <li>• team wellbeing support</li> <li>• Trauma Risk Management (TRiM) assessment and follow up following exposure to a traumatic incident in the workplace</li> </ul>	<ul style="list-style-type: none"> <li>• increase in wellbeing engagement factors</li> <li>• reduced sickness absence rates</li> <li>• reduced anxiety / stress related absence</li> <li>• improved performance</li> </ul>

# Clinical Benchmarking

## About Clinical Audit

Clinical audit can be described as “a Quality Improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards for high quality and taking action to bring practice in line with these standards to improve the quality of care and health outcomes.”

Quality Improvement encompasses:

- Clinical Audit
- service evaluation
- patient surveys
- benchmarking

All these methodologies are used by the Clinical Audit and Effectiveness team to ensure that high quality care is being delivered.

The Healthcare Quality Improvement Partnership (HQIP) commissions and manages the National Clinical Audit and Patient Outcomes Programme (NCAPOP) on behalf of NHS England and Welsh Government.

Every project in the NCAPOP has been established to address a clinical area (or areas) where healthcare improvement is required. The common aim of each project is to have a positive impact on patient care. Participation in the NCAPOP allows organisations to measure and improve healthcare services.

In 2023, the Clinical Audit and Information Governance teams worked with HQIP, to establish a Legal Basis so HCS have grounds or justifications for collecting and processing personal data and sharing it with the UK, a ‘framework’ to allow contracts to be signed for each project individually and a ‘Data Privacy Impact Assessment’ was written to help identify and minimise the data protection risks of each project. This ensured we are putting the ‘Public’s Interests’ at the heart of everything we do.

December 2023, HQIP accepted the proposed documents from HCS and have now started negotiations with national audit study providers, to include Jersey data in each of the studies. This process will be done on a study-by-study basis.

Jersey participates in four clinical outcome reviews:

- Child Health Review
- Maternal and Newborn Review
- Medical and Surgical Review
- Mental Health Review

Health and Community Services were involved in five national studies in 2023 as part of the clinical outcome reviews. HCS also participate in audits not included in the NCAPOP e.g., British Thoracic Society Audits, Royal College of Emergency Medicine (RCEM) studies and several international studies. There is participation in

a yearly National Audit of Perioperative Cardiac Arrest (NAP7) and scoping is in progress for the Intensive Care National Audit and Research Centre (ICNARC).

2023 saw the start of data entry to the National Cardiac Arrest Audit (NCAA), a study HCS have been striving to take part in for several years.

There are many locally driven audit projects performed, primarily by junior doctors, to meet Deanery requirements as HCS is a teaching organisation.

## Clinical Audit Achievements 2023

The Audit team have reinstated the Clinical Audit and Shared Learning Events. Two events were held in the Halliwell lecture theatre in July and October 2023. These sessions allow the sharing of information, presentation of audit findings and a forum for discussion and collaboration for all HCS clinical staff. The next event has been scheduled for early 2024.

The Audit team deliver audit training to Foundation Year One (FY1) / Foundation Year Two (FY2) doctors / GP trainees / Medical students / AHPs. In 2023 for the first time the training has been extended to be part of the education programme for Clinical Fellows and Middle Grades. Clinical Audit training sessions have been delivered to both groups.

HCS now inputs into the Somerset Cancer Register which is a digital platform designed for healthcare professionals to manage cancer patient care.

HCS are in the process of commissioning the Jersey Stroke Support Charity to provide a six-month review for all stroke patients, a National Institute for Health and Care Excellence (NICE) Quality Standard.

There is ongoing work to improve the 'Medical (or Clinical) E-Governance (MEG) app used to manage quality, patient safety, compliance, and accreditation processes. MEG is a user-friendly digital tool that empowers healthcare professionals to improve patient care with data-driven insight. It is used to audit compliance to e.g., hand hygiene, daily patient safety checks, MRSA, equipment etc. Audits included on the MEG app are being added all the time and this gives a comprehensive oversight of activity across the Organisation.

The Audit team has been engaging in collaborative efforts with all Care Groups. These collaborations focus on projects directly affecting changes to patient care, clinical management, and treatment.

## Audit Activity

**Legend:** Local audits ■ National Audits ■

### Medical Services

Description			
No	Project Title	Delivery Organisation / Standards	Project Status/ Specialty
1.	An audit of NEWS2, Treatment Escalation Plans (TEP) and DNACPR management 24 hours before death.	RCP, RC (UK), BMA, NICE, NCEPOD, NEWS Policy, DNACPR Policy and TEP guideline	In Progress / Resuscitation Services et al
2.	Management of STEMI. Optimising EPMA ACS protocols.	2017 European Heart Society of Cardiology (ESC) Guidelines	Report Available / Cardiology
3.	Lung Cancer Audit. To evaluate the care of all newly diagnosed lung cancer patients (C34 - malignant neoplasm of bronchus and lung) including surgery, radiotherapy, pathology, MDT involvement and outcomes.	National Lung Cancer Audit (NLCA)	Continuous / Respiratory Medicine
4.	UKAS Clinical Audit Programme: Histopathology.	United Kingdom Accreditation Service (UKAS)	Continuous / Pathology
5.	UKAS Clinical Audit Programme. Blood Sciences (Haematology, Biochemistry and Transfusion Medicine).	United Kingdom Accreditation Service (UKAS)	Continuous Accreditation / Pathology
6.	UKAS Clinical Audit Programme. Microbiology.	United Kingdom Accreditation Service (UKAS)	Continuous Accreditation/ Pathology
7.	Trauma Audit and Research Network (TARN) audit. To assess the quality of trauma services in Jersey as compared to the gold standards outlined by TARN UK. We plan to, where possible, bring about changes to local clinical and organisational policy to align with these standards.	TARN – RCS / BOA Standards 13.2, 13.3, 13.5; NICE head injury guidelines 2003	Continuous / Emergency Department

Medical Services continued			
8.	Do Not Attempt Cardiopulmonary Resuscitation (DNACPR). Does the form travel from secondary to primary care on hospital discharge. To audit whether Hospital DNACPR forms are given to patients and their carers on discharge from JGH.	Jersey Multi-agency Unified DNACPR, 16 years and over, Policy, February 2021, Section 6.2	In Progress / Palliative Medicine
9.	Audit of percutaneous lung biopsies. To get an insight into local practise by comparing with the British Thoracic Society guidelines and to make any necessary changes.	Guidelines for radiologically guided lung biopsy, developed at the request of the Standards of Care Committee of the British Thoracic Society and with the agreement of the Royal College of Radiologists and the British Society of Interventional Radiology, and approval of the Royal College of Pathologists in respect of the pathology recommendations and the Society of Cardiothoracic Surgeons of Great Britain and Ireland.	In Progress / Respiratory and Radiology
10	National Confidential Enquiry into Patient Outcome and Death. End of Life Care Study, to identify and explore areas for improvement in the end-of-life care of patients aged 18 and over with advanced illness, focusing on the last six months of life.	NICE guideline NG31: Care of dying adults in the last days of life (2015)  NICE quality standard 13: End of life care for adults (2011, revised 2017)  NICE quality standard 144: Care of dying adults in the last days of life (2017); 6 'ambitions' of end-of-life care - A national framework for local action 2015-2020; National Palliative and End of Life Care Partnership (2015); One Chance to get it right – Leadership Alliance for the care of dying people (2014	In Progress / Palliative Medicine and Dementia
11.	An audit of the recognition of dying in the JGH and the implementation of the Patient Care Record (PCR) including documentation on ceilings of treatment.	'One Chance to Get It Right' (Leadership Alliance for the Care of Dying People (LACDP); June 2014) is the new National guidance on care for patients in the last days of life. NICE SQ144, NICE QS13 and Jersey Hospital PCR Policy	Report Available/ Palliative Medicine
12.	A review of the use of the JETS service by shunt patients. To assess the impact on the JETS service by transferring shunt patients to the UK.	N/A	Report Available/ Neurology
13.	SAMBA23 - Society for Acute Medicine national benchmark audit of acute medical care.	Clinical Quality Indicators 10,16,17 Clinical quality care indicators for	Report Available/ Acute Medicine

	<p>1) To describe the severity of illness of acute medical patients presenting to Acute Medicine, the speed of their assessment, their pathway and progress at seven days after admission and to provide a comparison for each participating unit with the national average (or 'benchmark').</p> <p>2) To collect data pertaining to quality and performance indicators which are relevant to acute medical care and based on recommendations by national bodies. The audit is designed to look at acute medical care using a method that makes data collection feasible across acute medical care settings (AMU, Same Day Emergency Care (SDEC, previously known as Ambulatory Emergency Care), Emergency Departments).</p>	<p>acute medical care were recommended by SAM in 2011.</p> <p>10. The standards build on previous recommendations from the Royal College of Physicians of London and the 2008 RCPE (Royal College of Physicians of Edinburgh) UK Consensus Statement on Acute Medicine and NICE Guideline NG94 (Emergency and Acute Medical Care in &gt;16s: Service delivery and organisation). 16,17,18</p>	
14.	Use of High Sensitivity Troponins in ED. To acknowledge the change in trust to high sensitivity troponins and the resultant change in chest pain pathway and criteria for outpatient cardiac follow up.	Not available	Report Available/ Emergency Department
15.	NCEPOD of Community Acquired Pneumonia (CAP). To identify and explore avoidable and modifiable factors in the care of adults presenting to hospital with a presumed diagnosis of community acquired pneumonia.	NICE: Clinical Guideline 191 - Pneumonia in adults: diagnosis and management NICE: Quality standard 110 - Pneumonia in adults BTS: Guidelines for the management of community acquired pneumonia GIRFT: Respiratory report.	Report Available / Acute Medicine and Respiratory

<b>Medical Services continued</b>			
16.	An audit on the referral process and timeline of patients with suspected cancer in Jersey. To determine the timeframe between initial referral, first clinical consultation, MDT meeting and pathological diagnosis (AKA histology results) in patients with suspected cancer. The time from referral to first initial consultation will be assessed against NICE. Suspected cancer two week wait pathway.	Not available	Report Pending / Oncology
17.	Non-Invasive Ventilation (NIV) assessment, prescription, and management.	BTS / ICS Guideline for the Ventilatory Management of Acute Hypercapnic Respiratory Failure in Adults  A correction to the 2016 article has been published in Thorax June 2017 - Volume 72-6	Report Pending / Medicine and Respiratory
18.	Medication review of hospital inpatients. To identify inpatients with polypharmacy, high anticholinergic burden and night sedation. To audit if a medication review has been documented.	NICE Multi morbidity 2016 NG 56	Report Available / Medicine
19.	NTproBNP and heart failure mortality. To assess trends and mortality and service utilisation, stratified by NTproBNP and if the patient had cardiology input.	NICE NG106; Chronic heart failure in adults: diagnosis and management. European Society of Cardiology (ESC) Heart Failure Guidelines. British Society for Haematology (BSH)	In Progress / Cardiology

## Mental Health Services

<b>Description</b>			
No.	Project Title	Delivery Organisation Standards	Project Status / Specialty
1.	National Confidential Inquiry into Suicide and Homicide. To provide a dataset to national enquiry.	NCISH	Continuous / Mental Health
2.	Memory Services National Accreditation Programme (MSNAP). Continuous audit to maintain accreditation. A memory service quality improvement programme, managed by the RCR of Psychiatrists Centre for	MSNAP Documentation	Continuous / Reports Available Memory Service

	Quality Improvement. The purpose is to improve care received by people with memory problems / dementia. The programme specifically focuses on the processes around having an assessment and receiving a diagnosis.		
3.	Rapid Tranquilisation CQI. To determine the current practice of managing acutely disturbed patients (in particular, the pharmacological agents used); determine if practice of rapid tranquilisation is in line with best practice; make recommendations for local improvement.	Maudsley prescribing Guidelines Joint BAP NAPICU statement NICE NG10 guidelines	Report Available / Orchard House
4.	Psychotropic medication in hospital. To review prescription and follow-up of psychotropic medication prescription in hospital (medical / surgical wards).	Psychotropic medication prescription spotlight audit - Royal College of Physicians	In Progress / Public Health
5.	Adult Attention Deficit Hyperactivity Disorder (ADHD) prescribing audit. To audit if prescribing and monitoring of medication for adults with ADHD follows NICE 2018 guideline recommendations.	NICE 2018 Quality Standard QS39 - attention deficit hyperactivity disorder	In Progress / Neuro Development

## Nursing and Allied Healthcare Practitioners (AHPs)

Description			
No.	Project Title	Delivery Organisation / Standards	Project Status / Specialty
1.	Management of delirium in the Intensive Care Unit (ICU). To improve the management of delirium in the ICU.	NICE CG 103 - Delirium: prevention, diagnosis, and management	Report Available / Nursing and AHP
2.	Compliance of ICU chart and weaning from mechanical ventilation. To establish the compliance of completing of weaning chart.	Local ICU chart	Report Pending / Nursing and AHP
4.	Mouthcare Matters - inpatient survey. To understand the patient perspective on the mouthcare they have been offered while an inpatient.	Mouthcare Matters toolkit NHS England	Report Available / Nursing and AHP



Nursing and AHPs continued			
5.	Inpatient audit regarding mouthcare delivery on the ward. To establish a baseline understanding of the documentation carried out on inpatient wards surrounding mouthcare delivery.	Mouthcare Matters toolkit NHS England. Audit capture involving six questions both pre and post implementation of Mouth Care Matters (Only documentation)	Report Available / Nursing and AHP
6.	Baseline survey of HCS knowledge of skills in mouthcare practice. To establish a baseline.	Mouthcare Matters toolkit NHS England	Report Available / Nursing and AHP
7.	To assess critical care outreach standards of care. To ascertain the average time for interventions to deteriorating patients by critical care outreach and timely admission of deteriorating patients to critical care.	National Outreach Forum - Quality and Operational Standards for the Provision of Critical Care Outreach Services National Outreach Forum December 2020	Report Available / Nursing, AHP and Anaesthetics

## Primary, Prevention, Therapies and Community Dental

Description			
No.	Project Title	Delivery Organisation / Standards	Project Status / Specialty
1.	An audit to assess the quality of orthodontic treatment provided at the Orthodontic Department, JGH, in 2023, using Peer Assessment Rating (PAR score). To assess the quality of treatment provided with reference to UK national standards using PAR score. To consistently achieve high quality gold standard clinical outcomes for patients undergoing orthodontic treatment.	British Orthodontic Society Clinical Standards Guideline	Report Available / Orthodontics
2.	No review in children between 18 years old in community, dentistry, and special care dentistry  1) To identify current systems in place for paediatric dental patients who were not brought from October 2022 and March 2023 2) To analyse demographic of those who missed appointments and analyse the reason.	Management of missed appointments involving children and young people Sep 2021	Report Available / Dental

## Surgical Services

Description			
No	Project Title	Delivery Organisation / Standards	Project Status / Specialty
1.	Hip Fracture Database - National Report: comparison of local data; 2020, 2021 and 2022.	Royal College of Physicians (RCP) - British Geriatrics Society (BGS) and the British Orthopaedic Association (BOA)	Report Available / T&O
2.	Surgical Site Infection Surveillance Survey (SSISS).	The UK Health Security Agency's Healthcare Associated Infection and Antimicrobial Resistance Department (HCAI and AMR) run the surgical site infection surveillance service (0 infections recorded this year)	Continuous quarterly reports / 2 <sup>nd</sup> half 2023 In process / T&O
3.	ISAS (Imaging Service Accreditation Scheme) programme (now called QSI (Quality Imaging Standard)).	ISAS (now called QSI (Quality Imaging Standard) 24/12/2019	Continuous / Radiology
4.	NAP7: Perioperative Anaphylaxis.	Royal College of Anaesthetists	Continuous / Anaesthetics
5.	The Quality Standards for Imaging (QSI0 accreditation).	The Quality Standards for Imaging 2019 and 2021	Continuous / Radiology
6.	National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Testicular Torsion study.	National Confidential Enquiry into Patient Outcome and Death	Report Available / General Surgery and Urology
7.	GlobalSurg 4 - Global Evaluation of Cholecystectomy Knowledge and Outcomes (GECKO). A global prospective cohort study on cholecystectomy.	GECKO an international prospective cohort study on cholecystectomy. Study Protocol v1.1 29th July 2023 <a href="http://www.globalsurgeryunit.org">www.globalsurgeryunit.org</a>	In Progress / General Surgery
8.	National Cardiac Arrest Audit (NCAA).	Resuscitation Council (UK) ICNARC	Ongoing month to month. ICNARC provide a report 12 weeks after each quarter. Report due 1 <sup>st</sup> of April
9.	Resuscitation trolleys and grab bags. To ensure compliance to daily checks and to ensure equipment is fit for purpose.	Health and Safety at Work (Jersey) Law 1989	Complete awaiting to be cascaded to lead nurses / Resuscitation Services

Surgical Services continued			
10	Haematuria Referral Pathway.	NICE Guideline (NG12) Published: 23 June 2015 Last updated: 15 December 2021	In progress / Urology
11	A review of DNACPR implementation in surgical and orthopaedic patients.	N/A	Report Available / General Surgery and T&O
12	Surgical Consent CQI 2022.	GMC Decision Making and Consent Guidelines; BMA Consent and Refusal Guidelines; RCS England	Report Available / General Surgery
13	Audit of general surgery ward round documentation.	Royal College of Surgeons of Edinburgh SHINE Surgical Ward Round Toolkit 2015	Report Available / General Surgery
14	Outcomes of D2 lymphadenectomy during right hemicolectomies for cancer	N/A	Awaiting Report / General Surgery
15	National Confidential Enquiry into Patient Outcome and Death (NCEPOD) study looking at the care of patients admitted with Crohn's disease.	BSG guidelines, ASCRS guidelines <sup>11</sup> (Strong DCR 2015), Key Performance Indicators developed from a European Delphi process, NICE Guideline on Crohn's Disease, NICE Quality Standards, My Crohn's, and Colitis Care' (Crohn's Colitis UK 2015), ACPGBI guidelines, British Society of Gastroenterology and IBD Standards (2019)	Report Available / General Surgery and Gastroenterology

## Women, Children and Family Care

Description			
No	Project Title	Delivery Organisation / Standards	Project Status / Specialty
1.	Maternal, Newborn and Infant Programme (MBRRACE-UK).	Maternal, Newborn and Infant Clinical Outcome Review Programme	Continuous
2.	National Confidential Enquiry into Patient Outcome and death (NCEPOD) Endometriosis Study.	National Confidential Enquiry into Patient Outcome and Death	Awaiting Report

3.	Diabetes (Paediatric) (NPDA).	Royal College of Paediatrics and Child Health	Continuous / Paediatrics
4.	Audit on current practice in managing prolonged jaundice.	Local guideline: Induction and Augmentation of Labour June 2020 HSS-PP-CG-0220-05. NICE CG70: Inducing Labour 2008	Report Available / Paediatrics  (Registered Nov 2021)
5.	Review of cause and management of MOH in obstetrics. To compare practice locally with standard from RCOG (PROMPT course).	RCOG (Green-top guideline NO52 - Prevention and Management of Postpartum Haemorrhage)  Local MOH guideline	Report Available / Maternity
6.	Re-audit of management of young people with Anorexia Nervosa in Jersey. To assess the use of the clerking proforma developed using MARSIPAN + NICE guidelines.	Junior MARSIPAN Guidelines 2012 - NICE Guidelines 2017	In Progress / Paediatrics  Registered (May 2023)
7.	Compliance of Peripheral Vascular Access Devices (PVAD) within Maternity. To assess if PVADs are being completed on insertion of a cannula.	Local PVAD form	In Progress / Maternity

## Learning From Audit

In September 2023, new processes were implemented to enhance the sharing and escalation of audit results. These events provide an opportunity for healthcare professionals to come together and discuss the outcomes of audits, share best practices, and learn from each other's experiences. By disseminating the audit results in such events, valuable insights and lessons are gained, leading to improved patient care and outcomes.

Additionally, the Care Group In-Service Training (INSET) days serve as another avenue for presenting audit results. These training sessions offer a platform for healthcare staff within Care Groups to receive updates on audit findings, discuss areas of improvement, and receive further education on relevant topics. The incorporation of audit results into INSET days ensures that the knowledge gained from audits is effectively communicated to the frontline staff, empowering them to make informed decisions and provide high quality care.

Once presented and discussed with the relevant individuals, an action plan is collaboratively agreed upon. This, along with the presentation or report, is then sent to key stakeholders, including the Chief of Service, General Manager / Assistant General Manager, Governance Lead, Lead Nurses, Audit Sponsor / Audit Lead, and any other pertinent parties. The Governance lead assumes the responsibility of escalating the actions and ensuring their implementation, with support from the Audit department wherever possible.

In addition, several booklets / documents have been developed as part of Quality Improvement projects to facilitate a safe induction for junior doctors into new ward areas. These materials will undergo annual updates by junior doctors to ensure continuous alignment with any organisational changes.

Following an audit that revealed inconsistent ward round documentation, new documentation and procedures have been implemented in certain surgical and medical wards. The efficacy of these changes is scheduled for reevaluation in March 2024.

From completing a Clinical Audit of Non-Invasive Ventilation (NIV), there was an indication that both the documentation for NIV and the policy for its safe management required updating. Work is currently underway to introduce a prescription and observation chart, pathway management paperwork, and a trouble shooting guide. Additionally, a new supply of machines has been ordered.

Junior doctors actively contribute to the data collection for the Hip Fracture Database (HFD), providing them with valuable experience in managing patients admitted with hip fractures.

The audit of end-of-life care has led to the implementation of a Treatment Escalation Plan (TEP). This allows the clinical team, in collaboration with the patient, when possible, to show a comprehensive plan for future care, including decisions about the right “ceiling of care”. Several alterations have been implemented because of audit projects, all aimed at enhancing the safety of both patients and staff.

# Clinical Research

## About Clinical Research

Clinical Research is a branch of medical science that determines the safety and effectiveness of:

- medication
- diagnostic products
- devices
- treatment regimes

These may be used for prevention, treatment, diagnosis, or relieving symptoms of disease. Clinical Research is a driver for improving the quality of care and patient experience.

Health and Community Services is committed to enhancing the contribution research can make. Research is essential for advancing educational knowledge and practice. At the same time, research can involve an element of risk, because research can involve trying something new. It is important that any potential risks are minimised and do not compromise the dignity, rights, safety, and well-being of the people who take part. Proper governance arrangements are essential to ensure that students, staff, service users and the public can have confidence in, and benefit from, high-quality, ethical research.

The HCS Research Ethics Committee (HCS REC) is responsible to the GoJ HCS for the protection of research participants and the promotion of and continuation of ethical research practice and standards across HCS. It is responsible for the development and review of policy, procedures, and guidelines and for the ethical review of all research involving human participants, their data or tissue, conducted by staff or students.

This includes:

1. Health and social care.
2. Clinical research.
3. Social science research.
4. Educational research which includes patients / their carers or their data.

The research lifecycle includes the planning stage, the design of the research project and all activities that relate to the project until it is completed. The research lifecycle also includes knowledge exchange and impact activities, the dissemination process and the archiving, future use, sharing and linking of data (ESRC 2022).

Participation in clinical research is not only important for our patients, but also for our staff. Through active participation in research, our clinical teams stay up to date with the latest possible treatments and network with other research active centres across the UK. They also develop skills such as data management and disease assessment which have wider benefits for our patients and service users. Not only does this

improve patient care, but it also provides development opportunities for staff, and can make HCS a desirable place to work by supporting recruitment and retention.

The engagement of HCS with clinical research demonstrates our commitment to testing and offering the latest medical treatments and techniques for our patients and service users. HCS continues to collaborate as a research site for NHS and EU funded multi-centre research trials that are managed through a UK university centre and have previously been approved by an NHS / HRA Ethics Committee. These research trials require a principal researcher based in Jersey. As HCS does not have a Research Office to co-ordinate and link with the UK trial teams, the Chair of the HCS Research Ethics Committee takes on this function. This involves co-ordinating the process of ensuring a data sharing agreement is in place and ensuring the right people are involved in signing the 'Organisation Information Document for Non-Commercially Sponsored Studies' (Model Agreement).

## Our Star Nomination

The HCS REC were nominated for a GoJ Our Star Award in the category of Working in Partnership. The nomination included:

'They work collaboratively to support researchers, to review ethical applications and to safeguard researchers and research participants. The team work collaboratively to link local researchers with UK / NHS clinical studies and university research projects.

This team have safeguarding of participants of research (staff and patients) at the centre of their remit. They volunteer their service to this committee and therefore are customer-focused and value for money. They raise the profile of Jersey HCS in research nationally'.

The HCS REC continued to review a reasonable volume of ethical review applications from staff across the organisation. These included national clinical research studies that are ongoing within the NHS and which Jersey patients / data are included as a site. As of December 2023, there are nine studies that are 'open' or previously 'started':

1. **2022HCSREC02** 'Ambulatory ECG monitor versus Standard in acute unexplained syncope' Principal Researcher: Dr Austin Gibbs.
2. **2022HCSREC02** The diagnostic utility of various methods used in the processing of cytology samples obtained by ultrasound-guided fine needle aspiration, including the validation of the 'Poor Man's Cell Block' Method. Principal Researcher: Monica Moreira.
3. **2022HCSREC06** How do adults with a learning disability construct their relationship with their support worker? Principal Researcher: Dr Sinead Peacock-Brennan – completed and closed in 2023.
4. **2023HCSREC01** Your health and well-being priorities – Supporting the Island recovery from COVID-19 through public conversations. Principal Researchers: Julia Head and Zoe Taylor.
5. **2023HCSREC02** UK Heart Failure with Preserved Ejection Fraction Register (UK HFpEF trial) Principal Researcher: Dr Pierre Le Page
6. **2023HCSREC03** Assessing the impact of artificial intelligence assisted chest x-ray interpretation in the emergency department: a preliminary retrospective

evaluation study. Principal Researcher: Dr Chris Brown – completed and closed in 2023.

7. **2023HCSREC03b** Assessing the impact of artificial intelligence assisted chest x-ray interpretation in the Emergency Department: a preliminary retrospective evaluation study. ANNALISE extension. Principal Researcher: Dr Chris Brown in collaboration the Maida Institute is the Harvard University Department: to extend the use of the anonymised data set from the ANNALISE study into of AI Health global pool to take part in their study evaluating and analysing of AI health solutions.
8. **2023HCSREC04** Optimal size and needle position for needle decompression in tension pneumothorax: Observational study in an elite rugby team. Principal Researcher: Dr Dave Howell – completed and closed in 2023.
9. **2023HCSREC09** An exploration of newly qualified nurses' experience of how prepared they felt for transition to professional practice in the first three months post registration. Principal Researcher: Claire Doran.
10. **2023HCSREC10** Ambi-directional Cohort Study of NT-pro-BNP levels and prognosis in a finite population. Principal Researcher: Dr Pierre Le Page.

## Research Ethics Policy

In 2023, the HCS Research Ethics Policy was developed in line with the UK Policy Framework for Health and Social Care Research (HRA, 2020) and HCS policy development procedures.

A need that is increasingly recognised by the HCS REC is the requirement for a pan-Island REC for health and social care research. Research outside of HCS currently does not have an avenue for ethical review. The HCS REC give advice when requested but can only do this in the interests of an advisory role. Work is required to scope the widening role of the REC to include review of wider Island healthcare focused research.

## Island Research Repository

During 2023, the HCS REC Chair continued to represent the organisation on an Island-wide Health and Social Research Interest Steering Group. This group includes people with expertise / interest in health inequalities focused research. It includes both GoJ, non-GoJ, and charitable organisation representation. From this group, the Island Research Repository (IRR) an informal collective of second and third-sector organisations, was set up during 2023. The IRR consists of academics, practitioners and community organisers who have come together to publish Jersey based research for the benefit of our Island community. HCS is represented on this.

The IRR steering group set three key priorities:

1. scope existing health inequalities focused research across the Island.
2. set up an Island research repository as an 'open access' website that aims to make research easier to access to increase local knowledge and understanding.
3. provide a platform for planning future research needs.



Funding was secured from the Jersey Community Foundation to undertake a scoping review of existing research across Jersey and a collaborative partnership has been set up with the Jersey International Centre for Advanced Study (JICAS) for this ongoing work. The IRR steering group have organised a central repository to support research accessibility, impact and influence and identify those who are currently involved with any aspect of research on the Island. The rationale for creating the IRR is primarily to help centralise primary-based research undertaken on the Island in one accessible location. However, the repository also aims to encourage organisations and individuals to undertake additional original research in Jersey, published in an open-access format and submitted for the purpose of elevating Jersey's research profile and output. This was launched in September 2023.

## Research Education Within HCS

The HCS Higher Education Department and the Health Education Wessex Deanery Jersey Postgraduate Centre both sit within the Harvey Besterman Education Centre, Peter Crill House. Education focused on research and research ethics is provided for:

- Medical
- Nursing
- Midwifery
- Allied Health Professions

The HCS HE Department, as part of their collaborative academic partnership with the University of Chester and Robert Gordon University, offer a Master's level Research module and a Research Dissertation module. Master's students undertaking primary research projects are supervised by experienced senior members of the lecturing team.

# HCS Higher Education Department

## Learning Environment

We are fortunate to offer a variety of multi-professional education for our medical, nursing, midwifery and allied health professional colleagues from our base in the Harvey Besterman Education Centre at Peter Crill House.

We have a team of experienced lecturing, practice education and vocational practice education staff who have responsibility for defined areas of education and training. Being in close proximity to the JGH allows for easy access to the breadth of expertise, knowledge and skills of our clinical colleagues who input into a range of education and training courses and continuing professional development on offer.

The Harvey Besterman Education Centre is the main education base for our multi-professional education teams including:

- Nursing, Midwifery and Allied Health Professional Education Higher Education
- Practice Education Facilitation
- Vocational Training Centre
- Clinical Skills Training
- Medical Education
- Library

## The Higher Education (HE) Department Team

The HE Department is staffed locally by an experienced team sitting within the portfolio of the Chief Nurse and consists of:

- Head of Education for Nursing, Midwifery and Allied Health Professionals
- Programme Managers / Academic Leads
- Senior Lecturers
- Clinical Skills Lead
- Teaching Fellows
- Practice Education Facilitators (PEFs)
- Vocational Practice Educators (VPEs)
- Administrators

The HE team have comparable academic portfolios to that of university counterparts and they hold associate lecturer status with our university partners. More than 50% of the team are educated to doctorate level. A further two members of the team are currently undertaking doctorate study. All staff are required to hold a postgraduate teaching qualification and fellowship of the Higher Education Academy (Advance HE). Most staff have achieved either Senior Fellowship or Fellowship. A number of the senior team are accredited External Examiners and appointed by external universities. The academic team are required to engage in scholarly activity through research output, presenting at conferences and publications. The team represent on national education and professional committees. The profile of the HE team enables

a range of academic degrees from undergraduate to postgraduate to be fully delivered locally.

## Medical Education Team

The Medical Director's portfolio includes:

- Joint Chiefs of Medical Education
- Foundation Programme Director
- Medical Education and Centre Manager
- Clinical Skills Lead
- Clinical Simulation Lab Trainers
- SAS Tutors
- Foundation Doctors and GP Trainees
- Clinical Fellow Tutors
- Administrator

The Chiefs of Medical Education and the Head of Nursing, Midwifery and AHP Education have started work together on drafting a HCS Education Strategy and terms of reference for the new HCS Education Faculty committee. This work aims to strengthen an interprofessional approach to education and is a priority area for 2024.

## HCS Higher Education Department Achievements in 2023

- Dr Jacqueline Harley graduated with a ProfD
- Dr Wendy Stevens graduated with a PhD
- Hollie Posthill graduated with an MSc Professional Studies degree
- Sharleane De Carteret graduated with an MSc Professional Studies degree
- Claire Doran graduated with a Post Graduate Certificate in Health Education and achieved Fellowship of the Higher Education Academy
- Dr Moyra Journeaux was awarded the Royal College of Nursing Award of Merit. The Award of Merit is the highest honour bestowed to RCN members for service to the College.
- Dr Moyra Journeaux is part of the Jersey Island Research Steering Committee who launched the Island Research Repository in 2023. The Jersey Research Repository is an 'open access' website that aims to make research easier to access to increase local knowledge and understanding.
- Ellen Baker won second place in the Jersey Festival of Words Short Story Competition.
- Denise Worley highly commended in the Our Stars Awards in the category of 'Non-Clinical Support Worker'.
- The Education team and individuals within the team were nominated and shortlisted for various Our Star Awards.
- A number of the team have had publications and presented at local and national conferences during 2023.

## Nursing, Midwifery and Allied Health Professional Education

The support and development of the Jersey workforce and growing local skills and talent continues to be a priority within health education. Working in partnership with our UK collaborative partner university contracts, the HCS HE Department offers a range of undergraduate and postgraduate degree programmes (pre- and post-registration) that are fully delivered on-Island.

In September 2023, the HCS HE Department launched a new collaborative academic partnership with Robert Gordon University. We continue to have a business continuity collaborative academic partnership contract with the University of Chester. We also have a practice partnership with Edgehill University.

In 2023 we delivered the following degrees:

- BSc Nursing (Adult)
- BSc Nursing (Mental Health)
- BSc (Hons) Professional Practice (Top-up degree)
- MSc Professional Studies
- MSc Advanced Clinical Practice
- MSc Advancing Practice (Clinical Pathway)
- MSc Advancing Practice (Nursing Pathway)

In addition, we have practice placement contracts with UK universities to offer the practice component for:

- BSc Midwifery
- BSc (Hons) Operating Department Practice
- BSc Nursing (Children and Young People)

Across all of our degree programmes we have 84 students registered for either a BSc or MSc. In addition, we have a further 22 students registered on single modules of study for Continuing Professional Development.

### Pre-Registration Degrees

The HCS HE team have continued to teach pre-registration degrees. There are currently:

- 31 students studying for a degree in nursing (Adult)
- 11 students studying for a degree in nursing (Mental Health)
- 2 students studying for a midwifery degree.
- 6 students are registered on the BSc (Hons) Operating Department Practitioner degree.

Recruitment is ongoing for the next intake of locally educated nurses, midwives and Operating Department Practitioners.

## Pre-Registration Graduating Students in 2023

- Nine students graduated with a Bachelor of Nursing Honours degree, achieving registrant professional status with the Nursing and Midwifery Council.
- Two graduated with a BSc Midwifery degree, achieving registrant professional status with the Nursing and Midwifery Council.
- Two students are due to graduate with a BSc (Hons) Operating Department Practice, achieving registrant professional status with the Health and Care Professions Council.

All new registrants received substantive positions within HCS and are now valued members of the workforce in their post qualifying year.

## Post-Registration Degrees

Development of qualified staff and continuous professional development also remains a key focus in the Higher Education Department. The HCS HE team have been offering post-registration degrees for Nurses, Midwives, Allied Health Professions and Social Workers for a number of years. Our current students include Nurses, Midwives, Operating Department Practitioners, Physiotherapists, Paramedics, Podiatrists and an Audiologist.

- five students are on the BSc Professional Practice
- nine students are studying for a MSc in Professional Studies
- sixteen are on the Master of Science Advanced Practice
- in September 2023, 12 students commenced the MSc Advancing Practice degree

In 2023, we relaunched an approved Independent Prescribing course for nurses, midwives and allied health professionals across Jersey. Students complete a preliminary mandatory advanced practice module in history taking and clinical examination skills before completing an independent prescribing module that is mapped to the Royal Pharmaceutical Society Framework for Prescribers.

Successful completion of the two modules enables students to register the prescribing qualification with their relevant regulatory body and the Jersey Health and Social Care Professional Register.

## Independent Prescribing Students

Forty-two students have applied for the Independent Prescribing qualification. Of these:

- nine students are currently completing the second module
- twenty three students commenced the first module in January 2024. Ten of these are completing the independent prescribing course as part of their MSc studies.
- ten students who have previously completed the first module are due to complete the second module in September 2024

## Post-registration Graduating Students in 2023

- two students graduated with BSc(Hons) Professional Practice (Top-up degree). One further student has completed in 2023 and will graduate at the March 2024 ceremony
- two students graduated with MSc Professional Studies
- one student graduated with PG Dip Professional Studies
- two students graduated with PG Cert Professional Studies
- two students graduated with PG Cert Advanced Clinical Practice

## Service User Involvement

The HCS HE Department values the contribution that service users and carers, with first-hand experience of service delivery, can make to health and social care professional education. Students benefit from service users and carers sharing their experience and participating in programme design and delivery. In 2023 service users were increasingly involved in all areas of education provision. They had a key role as part of the student recruitment process. They have been increasingly involved in education delivery, inputting into classroom sessions. Service users are also involved in the assessment process, taking on simulated patient roles in clinical examinations and providing feedback to students.

## Vocational Training Centre

The Vocational Training Centre facilitates the delivery of vocational diplomas and awards. The centre also facilitates single units of role specific courses that enable healthcare support staff to work in specialist areas.

A small, dedicated team support the classroom teaching and workplace assessment of learners in practice settings. During 2023, the Vocational Training team continued to offer a variety of training to healthcare support workers working in HCS, Family Nursing and Home Care, community homes and agencies.

There are currently:

- 55 learners studying for a Level two Diploma in Care
- 47 learners are studying for Level three Diplomas in either Adult Care or Healthcare Support
- 11 learners are registered on the Level five Diploma in Leadership and Management in Adult Care
- 32 learners registered on single specialist units

## Completed Vocational Qualification Learners in 2023

- One learner successfully completed a Level five Diploma in Leadership and Management in Adult Care
- 28 learners successfully completed a Level three Diploma in either Adult Care or Healthcare Support
- 32 learners completed a Level two Diploma in Care
- 48 learners completed a single unit relevant to a specialist area of practice

## Clinical Skills Education and Training

The Clinical Skills team continue to deliver a variety of in-house courses on a monthly basis, such as:

- Bedside Emergency Assessment Course for Healthcare Support Workers (BEACH)
- Acute Life-threatening Events Recognition and Treatment (ALERT)
- Sepsis
- Venepuncture
- Peripheral cannulation
- Intra-venous drug administration
- Vaccination training

New programmes, including workshops on interpreting blood results and chest auscultation, were introduced to align with the Nursing and Midwifery Council's Future Nurse Standards.

As a result of the Organisation-wide RER project, a new Multi-Disciplinary Team (MDT) training day was formulated and successfully piloted, providing ward teams, from domestic staff to Consultants, with an opportunity to train together. This initiative is now being rolled out across teams within the Organisation and comprises team-building exercises, lectures, and clinical simulations based on local Safety and Improvement themes. September 2023 also marked the inaugural final year medical and nursing student's away day, featuring joint medical and nursing clinical skills simulations.

Continued collaboration with clinical practice colleagues has facilitated the delivery of cardiac, urology, dietetics, and tissue viability training within the Education Centre. Led by clinical nurse specialists, these courses enable staff to access a broader range of teaching, enhancing their professional development.

## Medical Education

We have appointed two joint Chiefs of Medical Education, replacing the Director of Medical Education role. The Chiefs of Medical Education contribute to the strategic direction and decision-making processes of HCS and one of their key objectives is to encourage multi-professional learning to create a positive working culture that benefits staff and patients.

Their role involves promoting high standards of clinical care and teamwork through the provision of professional leadership to all medical staff on standards of practice, performance and associated professional matters.

A new Foundation Programme Director has also been appointed to oversee this programme. There has been expansion of the Clinical Skills team which will help the team develop the service beyond the lab and help us achieve a more MDT approach in how we deliver simulation training.

We also welcomed the appointment of five Clinical Fellow Tutors during 2023. The Clinical Fellow staff group is an ever-increasing cohort of doctors, and focus has been on, improving their training experience, as well as looking at ways to expand the education offering.

We have reintroduced and formalised the process for application to the Clinical Fellow Postgraduate Diploma funding, and in return the tutors will each be providing 8 hours per month to education and training activities. The remit of the tutor's role will span across HCS and will concentrate on:

- working with our Chiefs to develop the Clinical Fellow curriculum
- work in delivering simulation / skills training and helping us develop this to include the MDT
- helping us organise learning from SIs
- teaching medical students and foundation doctors

The tutors also provide educational support to their Clinical Fellow colleagues and take the lead on raising any issues at the junior doctor forum for this staff group. Clinical Fellows now have clinical and educational supervisors assigned and there is a Clinical Fellow teaching curriculum in place with protected monthly training afternoons.

Specialty and Associate Specialist (SAS) doctors now also have a defined teaching curriculum based on Acute Common Stem Curriculum / HCS Mandatory Training Curriculum / GMC Four Domain training and protected 4 hours teaching each month.

The Department also delivered a successful soft skills programme for Clinical Fellows, SAS Doctors and Consultants. Work has been done to improve induction information provided to new medical staff joining the Organisation. Culture and clinical induction sessions are now being delivered by colleagues in the ED, with focus on helping those who have joined us from overseas. We've also developed an induction document specifically for colleagues joining from overseas to help them settle into life in Jersey.

For undergraduate medical students, HCS had:

- twenty year 4 students
- nine final year students
- 12 assistantship students on placement
- 25 elective students were hosted across the year

HCS had a new intake of:

- 18 Foundation Year One Doctors
- four Gateway Doctors
- six GP Trainee ST1s
- thirty Clinical Fellows

The Medical Education Department supported 18 doctors in transitioning from Foundation Year one (F1) to Foundation Year Two (F2). The Department delivered a two-day training carousel at the start of August. New F1s and Clinical Fellows were



asked to assess themselves against an agreed set of core procedures to provide a mechanism for highlighting any development needs ahead of their start date. Two days of skills stations were delivered. Our colleagues from the HCS Higher Education Department lecturing team and the Resuscitation Service were pivotal in helping us deliver this.

The Department has a new reporting tool which allows portfolio progress updates to be sent to foundation doctors and their supervisors on a weekly basis. We've also introduced a medical education newsletter to update colleagues on progress, development and events.

The first Island Medical Conference was held at the end of June. Local colleagues and colleagues from our neighbouring islands had a part in the programme and it was great to see colleagues from the Islands come together and see that we face the same challenges.

The Department delivered two introduction to medicine courses aimed at Year 12 students who are interested in studying the medicine. The three-day programme was a mix of lectures and practical sessions and received fantastic feedback.

The Department has supported Obstetrics and Gynaecology by investing in a birthing simulator which is the first equipment we have had to simulate pregnancy.

## Interprofessional Education

As part of the Education Department's aim to develop an interprofessional learning agenda, in October, we welcomed nearly 70 healthcare students for our first HCS Student Conference. We had nursing, biomedical science, dietetics, medical, psychology and radiography students, along with Operating Department Practitioners, all learning together.

Presentation topics included:

- civility
- human factors
- nutrition
- opportunities to develop on-Island Occupational Therapists
- working as part of the MDT
- resilience
- accessing support
- transitioning from student to employee in the same organisation

Our speakers came from a range of professions, and it was fantastic to see students interacting in the break times learning more about; different career paths, how we can work together as a multi-professional team, how we share a lot of the same fears and problems, and how working together can lead to ways we can overcome these and create opportunities.

In September we held the first Inter-professional Student Activity Day for medical and nursing students. The aim was to strengthen relationships for students whilst they are on placement on the wards. Learning together as students and to continue doing so in clinical roles, post qualification, will help break down any communication barriers. We held team building exercises on the beach and spent the afternoon doing inter-professional simulation scenarios, with guest appearances from our porters.

## In Summary

The Higher Education Department has continued to build strong working relationships with their university partners and their practice placement partners whilst aiming to strengthen their own identity as an education provider. The dedication to education and lifelong learning is demonstrated in the high calibre of the local lecturing team and their commitment to developing a healthcare workforce that ultimately supports safe and effective patient care.

# Library

The Harvey Besterman Education Centre Library is a specialist medical library and knowledge service that delivers organisationally from the Quality and Safety department and sits physically in the Education Centre. The library is staffed by a qualified Library and Knowledge Manager who holds associate lecturer status with our university partners.

The Library and Knowledge Service supports clinical research, research education and higher education in HCS. The Service is integral to agreements with HCS' research education partners, who stipulate proactive, high-quality knowledge services. These comprise an e-portal to online resources (books, journals, clinical research databases), access to a Clinical Decision Support tool, access to physical stock, the provision of Information and Communication Technology services and study space, and teaching research skills and information literacy at all levels. Beyond these formal agreements, the service regularly provides support to HCS staff engaged in lifelong learning.

Aside from its core business, the library was focused on helping onboard our new university partner, and cascading RGU Library portal training to the Higher Education team, along with their information literacy content to the students.

The library was refurbished in August, and as all the stock had to be moved, this offered the opportunity for a major stock revision, with the help of funding from Nursing, Midwifery and AHP Education.

# Jersey Nursing Assessment and Accreditation System (JNAAS)

Established in 2018, the JNAAS is an assessment tool that was developed to provide assurance to HCS regarding care delivery, leadership, and governance.

The JNAAS framework was adopted from the Nursing Assessment and Accreditation System (NAAS) work undertaken at Salford Royal NHS Foundation Trust. It incorporates the Care Quality Commission's (CQCs) standards and Key Lines of Enquiry (KLOE), and the Nursing and Midwifery Council's six C's of:

1. Care.
2. Courage.
3. Commitment.
4. Communication.
5. Compassion.
6. Competence.

The Jersey assessment tool also takes into consideration aspects of the Jersey Care Commission (JCC) standards and is underpinned by local policies.

JNAAS supports the Organisation's aim in creating a culture of continuous improvement supported by governance and accountability ensuring that nursing leaders are focused on the key challenges and delivering excellence within clinical areas.

The aim of the system is to provide assurance around all aspects of care that are delivered, in the form of an unannounced review. Approximately 200 core evidence-based metrics are measured by a review team. This team is made up of senior healthcare professionals including the Senior Nurses for Practice Assurance. The team collects information relevant to the clinical area ahead of the assessment. An overall Red, Amber or Green (RAG) rating is provided to the ward after completion of the report, and this dictates the reassessment time frames.

The system is overseen by the Chief Nurse Office and led by the Practice Assurance team.

There are 14 Core Standards of Care measured covering the following areas:

1. Organisation and clinical management within the clinical area.
2. Safeguarding patients.
3. Pain management.
4. Patient safety.
5. Environmental safety.
6. Nutrition and hydration.
7. End of life care.
8. Medicines management.
9. Person-centred care and communication.
10. Pressure ulcers.
11. Elimination.
12. Communication.
13. Infection control.
14. Governance.

## Key Findings: Trends Through the Assessment Cycle

### Celebrations

Increased engagement from all areas with the new appraisals system, which demonstrated an upward trend in relation to compliance in previous assessments.

End of life care continues to be delivered at a high standard with evidence through JNAAS of the patient and family being at the centre.

Improvement within the use of audit as an important tool to improve patient care, experience and journey.

The management of Infection Control was in line with policy within the clinical areas.

Induction processes for locum, agency and bank staff have been strengthened by putting in place a checklist that must be completed within 48 hours of employment. Compliance has been demonstrated through JNAAS assessment. This ensures that non substantive staff are familiar with the clinical area and the expectations of HCS.

### Areas for Development 2024

All ward managers are responsible for creating and maintaining their ward-based action plans. These action plans are used in their regular one to ones with their Lead Nurses to ensure that areas of development are addressed.

**Training attendance** - to ensure that staff have the adequate skills to perform their duties and to ensure patient safety all areas must achieve 80% compliance with key aspects of training. Ward managers are encouraged to communicate with stakeholders in order to facilitate training days, bespoke sessions and to ensure that training needs analysis are completed. The HCS mandatory training policy is now ratified, and work is underway to ensure all staff meet the requirements.

**Nutrition and hydration** – all areas have been supported by the Senior Leads, Assurance team, and Dietetics team to implement an audit schedule that will support

the systematic review of documentation and subsequently improve the processes in place. Protected Mealtimes were implemented in July 2023 as part of the Nutrition and Hydration Strategy. Other initiatives are in place for 2024 to ensure that patients are supported with their nutritional needs.

**Key aspects of environmental safety** – a patient safety checklist was developed and implemented, based on consistent challenges from previous years. Although change has been observed there is still space for improvement. Ward managers are responsible for completing the checklist daily with oversight from the Lead Nurse team.

**Nursing documentation** – challenges remain in the completion of the nursing documentation, however there is improvement from previous years. The implementation of the next phase Maxims-IMS to upload documentation to the patient's EPR will further support staff in practice.

Through 2024 there will be further development of practice assurance in anticipation of a potential Jersey Care Commission inspection in future years. The model of assessing good nursing care and practice, will evolve to provide evidence of excellence in care.

# The Jersey Care Commission (JCC)

The JCC provides independent assurance, promoting best practice and improving health and social care outcomes for the people of Jersey. Currently they work with:

- a range of health and social care services
- individual home care providers
- laser services
- yellow fever centres
- piercing and tattooing services
- medical practitioners
- health and social care professionals
- dental professionals

In 2023 eleven HCS services fell under regulation by the JCC and the relationship is very positive. Our registered managers and their teams' welcome inspection and any recommendations that help them improve services. JCC Inspectors generally give notice of inspection visits but also have the power to make unannounced visits.

During an inspection they will:

- review documentation including the statement of care, policies and procedures and personalised care plans
- review the registered manager's monthly reporting, which can include but is not limited to; an overview of the service provided, accidents and incidents that have occurred plus learning from these, health and safety, feedback from clients, their carers, visiting practitioners and staff
- speak to clients, their carers, visiting practitioners and staff to capture their views on the quality of service

All of our 11 services were inspected during 2023 under the Regulation of Care (Jersey) Law 2014. Nine have received their inspection reports, these are available in the public domain via the JCC's website. A summary of the reports for 2023 is contained in the table at the end of this section.

## What we did well

- no formal improvement notices were received
- the vast majority of improvements identified during 2022 had been actioned and completed; where improvements were ongoing progress was noted by the JCC
- registered managers and their teams were found to be professional and fully engaged with the inspection process
- staff were noted to be enthusiastic and motivated. This was supported by feedback from clients, their families and professionals who noted kind, caring, approachable, supportive and hardworking staff
- staffs' work with their clients was person-centred
- there are well established recruitment processes in place, despite challenges in the recruitment marketplace

- new staff members benefit from a thorough induction programme, including corporate and specialised training, and comprehensive support during their initial months
- training is regularly reviewed to ensure effectiveness and that it adds value to the client experience
- staff meet regularly to contemplate their strengths and areas for development with management providing suitable guidance.
- registered managers meet as a group once a month to share good practice and tackle common issues. to aid succession planning, assistant managers could deputise at these meetings when the registered manager was unavailable

## What We Needed to Improve

Two services needed to improve staff access to formalised supervision. This was addressed immediately and supervision sessions for all staff are diarised and recorded.

Two services needed to ensure that maintenance schedules and logs are available at all times within the service so that the registered manager has the relevant information to fulfil their health and safety responsibilities. A service level agreement was put in place between Government of Jersey and the landlord to facilitate this and Health Estates supported with assessments to put maintenance schedules in place.

Two services needed to improve their process for reporting notifiable incidents to the JCC. This was addressed immediately by both services to ensure staff were clear of what constituted a notifiable incident and that all such incidents were captured and reported to the JCC.

Care Provision	Inspection Dates	Announced?	Areas for Improvement	Formal Improvement Notice?
102 HCS Care Home	12/10/23	Yes	One area for improvement in 2023 (maintenance schedules)	No
104 HCS Care Home	27/10/23	Yes	One area for improvement in 2023 (staffing for activities)	No
105 HCS Care Home	29/11/23	Yes	No areas for improvement in 2023 N.B. report was in draft at time of going to press but no changes anticipated.	No



Maison Jubilee Care Home	04/12/23 06/12/23	Yes	No areas for improvement in 2023	No
Pine Ridge Respite Care Home	13/06/23 06/07/23	Yes	Two areas for improvement in 2023 (staff supervision and maintenance schedules)	No
Hollies Day Centre	14/04/23	Yes	No areas for improvement in 2023	No
Le Geyt Adult Day Centre	27/10/23	Yes	Inspection report pending at time of going to press. No areas for improvement in 2022	No
Sandybrook Day Centre	12/04/23 17/04/23 18/04/23	Yes	One area for improvement in 2023 (clarification of risk assessment dates)	No
The Diner Adult Day Service	12/09/23	Yes	One area for improvement in 2023 (appointment of new registered manager)	No
Clairvale Road Recovery Unit Care Home Service	04/07/23	Yes	Two areas for improvement in 2023 (notification of incidents, window opening risk assessment)	No
Sandybrook Hospital	20/04/23 24/04/23 25/04/23	Yes	Eight areas for improvement in 2023 (incident notifications, monthly reporting, staff induction programme, staff supervision, activities budget, meal options, communal call bell, redecoration of ground floor lounge)	No

# Reporting Against Quality Indicators and Performance Measures

The tables below indicate our performance against quality indicators over the last year.

We have used the NHS framework to measure our performance. Whilst HCS is not part of the NHS, and therefore not bound by the standards, the framework aims to embed quality and to create a culture of continuous quality improvement.

Where possible, we have benchmarked against the standards, it has not however always been possible to make direct comparisons.

## Patient Safety (HCS-Wide)

Performance measure	Average	What we want	Q1	Q2	Q3	Q4	RAG
Rate of patient safety incidents, per 1,000 bed days. (HSC actively encourages staff members to report safety events as part promoting a reporting culture).	79.5	No target	73.7	72.4	80.2	91.6	National Average 63.8
Percentage of patient safety incidents that resulted in moderate harm, severe harm or death	3%	No target	3.9%	3.3%	2.3%	2.2%	n/a
Rate of patient safety incidents that resulted in severe harm or death, per 1,000 bed days	0.4	0	0.3	0.4	0.2	0.5	National Average 0.7
Percentage of patient safety incidents that result in severe harm or death	0.4	None	0.4%	0.5%	0.3%	0.5%	
<p>Note: This figure relates to incidents reported across the Acute Hospital, Mental Health Services and Adult Social Care. Whilst the national average is 63.8% it is difficult to benchmark given that we are a combined health and community service but improved incident reporting demonstrates a positive learning culture.</p>							

## VTE

Performance measure	Average	What we want	Q1	Q2	Q3	Q4	RAG
Percentage of admitted patient's risk-assessed for venous thromboembolism (VTE)	17.4%	>95%	No data	*Data from one month 11%	25%	16.3%	
<p>Note: A significant amount of work is underway to improve compliance with VTE risk assessment, please note this applies to the risk assessment being completed on the new Maxims IMS Electronic Patient Record, it does not necessarily mean that VTE prophylaxis is not being prescribed. This field will become mandatory with the next Maxims IMS upgrade in March 2024.</p>							

## Falls

Performance measure	Average	What we want	Q1	Q2	Q3	Q4	RAG
Inpatient Falls per 1,000 Bed Days	6.9	No target	6.4	7.3	8.0	5.9	Above national average
Number of falls resulting in harm (low/moderate/severe) per 1,000 bed days	3.3	None	2.7	3.8	3.5	3.0	
Count of Inpatient Falls resulting in Moderate Harm	2	None	2	2	3	2	
Count of Inpatient Falls resulting in Severe Harm or Death	0	None	0	0	0	0	
<p>Note - *The average across England in 2021 was 6.62%</p>							

## Pressure Ulcers

Performance measure	Average	What we want	Q1	Q2	Q3	Q4	RAG
Developed pressure ulcers per 1,000 bed days*	2.18	<2.87	2.2	2.1	2.0	2.4	
Incidence of category 2 pressure ulcers acquired as an inpatient per 1,000 bed days	1.62	<1.96	1.56	1.68	1.68	1.57	
Incidence of category 3-4 pressure ulcers / deep tissue injuries acquired as	0.3	<0.6	0.6	0.2	0.1	0.3	

an inpatient per 1,000 bed days

Note: \*All pressure ulcers recorded as present before admission are excluded from this number

Work has been ongoing throughout the year to reduce the incidence of pressure ulcers within HCS in line with the 2023 objectives set.

### Serious Incidents (SIs)

Performance measure	Count	What we want	Q1	Q2	Q3	Q4	RAG
Count of SIs	43	No target	4	10	15	14	n/a

Note: No targets are set on the number of SIs within healthcare as reporting incidents and learning from them is an important feature of a safety culture. Identifying themes from incidents and targeting quality improvement to reduce the severity of harm to patients is essential. Quarterly data may differ slightly from that previously published as data is live and subject to investigation so SIs may be decommissioned or have their status altered.

### Infection Prevention and Control (Hospital)

Performance measure	Average	What we want	Q1	Q2	Q3	Q4	RAG
MRSA Bacteremia	0	0	0	0	0	0	
Clostridium Difficile	4	0	4	4	2	5	
MSSA Bacteremia	1	0	1	2	0	1	
E, Coli	<1	0	0	2	0	1	
Klebsiella Bacteremia	<1	0	2	0	0	0	
Pseudomonas Bacteremia	1	0	0	2	0	2	

Note - Consideration needs to be given to benchmarking per 100,000 bed days in order to have data that can be compared to the NHS as it is not realistic to expect to be able to achieve a target of 0 across all domains.

## Patient Experience

Performance measure	Count	What we want	Q1	Q2	Q3	Q4	RAG
Total complaints	413	No target	132	102	108	71	n/a
Total complaints per 1,000 inpatient episodes	31.3	No target	39.7	30.6	32.7	22.1	National Average 28.6
Total compliments	963	No target	231	191	314	229	n/a
Total comments	346	No target	40	64	89	153	n/a
Percentage of complaints closed within the target time	18%	>40%	22	20	19	9	

Note – The total number of complaints in 2022 was 372, this year shows an increase in the reported of complaints.

There were 363 comments received by the PALS service compared to 346 in 2023. As identified in the 2024 Objectives further work is planned to launch the PALS service.

A large number of compliments were received in 2023, work is ongoing to collate and record these as this number is lower than the comments received. It is not always possible to log all compliments with the information given on them.

## Waiting Lists

Performance measure	Average	What we want	Q1	Q2	Q3	Q4	RAG
Percentage of people waiting >90 days for first outpatient appointment	42.75	<35	41	40	43.4	47.2	
Percentage of patients waiting over 90 days for diagnostics	66.3	<35	54.6	56.5	70.1	66.9	
Percentage of patients waiting >90 days for elective admission	56.7	<35	56.1	56.3	58	56.8	

## Clinical Effectiveness

Performance measure	Average	What we want	Q1	Q2	Q3	Q4	RAG
Inpatient Crude Mortality	2.3%	2.5%	2.5%	2.3%	2.2%	2.2%	

Note – A hospital's crude mortality death rate looks at the number of deaths that occur in a hospital in any given year and expresses this as a proportion of the number of people admitted in that hospital over the same period. The crude mortality rate can then be articulated as the number of deaths for every 100 patients admitted. The crude mortality in 2022 was 2.5%

Performance measure	Average	What we want	Q1	Q2	Q3	Q4	RAG
Emergency readmission within 30 days of discharge from inpatient episode	10.4	<10%	10	10.7	10	10.7	

## Mental health

### Jersey Talking Therapies (JTT)

Performance measure	Average	What we want	Q1	Q2	Q3	Q4	RAG
Percentage of clients that have waited over 90 days for JTT appointment	2	<5%	1.3	2.7	2	1.6	
Percentage of clients that have shown reliable improvement	76%	>75%	72%	78%	70%	83%	

### Community Mental Health Services

Performance measure	Average	What we want	Q1	Q2	Q3	Q4	RAG
Percentage of referrals to Mental Health Crisis team assessed within 4 hours	85.7	>85%	86.8	91%	85%	80%	
Percentage of referrals to Mental Health Assessment team assessed in 10 working days	82%	>85%	80.5%	86%	80%	81%	

## Inpatient Mental Health Services

Performance measure	Average	What we want	Q1	Q2	Q3	Q4	RAG
Adult acute admissions per 100,000 population (rolling 12 months)	205	<255	229	223	211	203	
Older adult admissions per 100,000 population (rolling 12 months)	370	<475	370	355	371	385	

## Adult Social Care Group

Performance measure	Average	What we want	Q1	Q2	Q3	Q4	RAG
Percentage of patients with physical health check in the last year	75%	>80%	69%	72%	74%	83%	
Percentage of assessments completed and authorised within 3 weeks (ASCT)	81.1%	>80%	77.7%	70.7%	85%	91%	
Percentage of new support plans reviewed within 6 weeks (ASCT)	58%	>80%	59.3%	51%	62%	59%	

Note - \*Although the average throughout the year has not met the target, in December 2024 90% of clients had received a physical health check within the last year

# Safety Alerts and Notices

## Medical Device Alerts and Field Safety Notices

Medical Device Alerts (MDAs) are issued from the Medicines and Healthcare Products Regulatory Agency (MHRA). These alerts are the prime means of communicating safety information to healthcare organisations, and the wider healthcare environment on medical devices. Field Safety Notices (FSNs) are communications sent out by medical device manufacturers or their representatives in relation to corrective actions and associated safety information to reduce the risk of using the device.

MDAs and FSNs issued during 2023 and their status					
Title	Reference	Action type	Opened	Progress/ Action	Closed
HeartStart Intrepid Monitor / Defibrillator (867172) Device Failures After FSN# 2021-CC-EC-002 Correction or Software Update to 1.00.39 or Higher	FSN-2023-CC-EC-009	Action Complete	27/09/23	Alert was disseminated to relevant department, assurance given appropriate software is being used.	29/09/23
SteriFeed Colostrum Collector	FSN - NC2023 /61	Action Complete	12/10/23	Policy and patient information leaflet updated. All staff members in maternity / JNU have been advised.	24/10/23
Possible shutdown of Drager anaesthesia workstation Atlan due to possible backup battery failures	PR136065	Action Complete	04/12/23	Alert has been disseminated, all workstations tested and passed.	24/01/24
Urgent FSN. MMS-23-4881 CME/ BD BodyGuard™ Infusion Pump Systems (Large Volume Infusion Pump Systems)	MMS-21-4135, BD	Action Complete	14/12/23	Alert disseminated. No further action required.	18/01/24
Urgent FSN. NIM TriVantage™ EMG Endotracheal Tube Model Numbers 8229706, 8229707, 8229708, 8229736, 8229737, and 8229738 Recall	FA1369	Action Complete	15/12/23	Affected items identified and quarantined. Representative contacted for new stock and recalled items sent back.	18/12/23



Hand surgeons or orthopaedic surgeons that have implanted or are intending to implant the Motec Wrist Joint Prosthesis, Radius PE-cups Ø15mm, manufactured before October 2021	FSN TIC02315_EN	Action Complete	15/12/23	Alert disseminated. No further action required.	29/12/23
Updating the instructions for use (IFU) Rhinotamp®, Rhinotamp®, latexfrei	FSN U473	Action Complete	15/12/23	Alert disseminated. No further action required.	29/12/23
HeartStart Intrepid Monitor/Defibrillator (867172) Service Manual Electrical Safety Test Issue	FSN-2023-CC-EC-026	Action Complete	18/12/23	Alert disseminated. No further action required.	22/12/23
Bronchofiberscope, Bronchovideoscope. All serial numbers	QIL FY24-EMEA-06-FY24-OMSC-04	Action Complete	19/12/23	Alert disseminated. No further action required currently.	01/02/24
Urgent FSN. Bugzi. For attention of all persons connected with the use, supply, and maintenance of Bugzi powered wheelchairs.	FSN-01-2023	Action Complete	19/12/23	Alert disseminated. No further action required.	18/01/24
Urgent FSN. High Flow Insufflation Unit. For attention of Endoscopy, Surgical Department; Risk Management Department	IL FY24-EMEA-19-FY24-OMSC-19 UHI-4	Action Complete	19/12/23	Alert disseminated. No further action required currently.	31/01/24
Confirm safe and correct maintenance and inspection criteria for the Oxford Classic range of mobile hoists listed in a table.	FSN000021	Action Complete	27/12/23	Alert disseminated. No further action required.	18/01/24
FSN. Viscopaste PB7	FSCA Ref: CO26271	Action Complete	28/12/23	Alert disseminated. No	29/12/23

				further action required.	
Secufill TM – Recall	SCA ref: 23024	Action Complete	28/12/23	Alert disseminated. No further action required.	01/02/24
Urgent Field Correction Notice. Nova Biomedical Stat Profile Prime Plus Analyzer	FCN 01-23	Action Complete	28/12/23	Alert disseminated. No further action required.	01/02/24
Urgent FSN. Figulla Flex II ASD Procedure Pack	FSN -2023-001	Action Complete	28/12/23	Alert disseminated. No further action required.	01/02/24
Urgent FSN. We have identified a potential issue that affects the Samsung Digital Diagnostic Mobile X-ray System GM85 arm frame strength for systems produced during a certain time	Ref: FSCA-GM85_231117-1	Action Complete	28/12/23	Alert disseminated. No further action required.	12/01/24
Increased Potential for Reduced Energy or No Energy Delivered During High Voltage Therapy When Programmed AX>B	FA1326	Action complete	22/05/23	Alert disseminated. All 'affected' patients have been seen and action undertaken to correct the issue. No further action required.	23/08/23
Ethypharm Aurum pre-filled syringes are incompatible with some manufactured needle-free connectors, risk of delay in administering potentially lifesaving medication.	DSI/2023/008	Action Underway	23/08/23	Alert disseminated: Action underway (in progress)	
Specific brands of carbomer eye gel: recall of AACARB eye gel, AACOMER eye gel and PUOPTICS eye gel: potential risk of infection.	DSI/2023/11	Action Complete	24/11/23	Alert disseminated. No affected stock held by Pharmacy Department.	01/02/24

Euroking maternity information system	NatPSA/2023/014/NHSPS	Action Underway	13/12/23	Alert has been disseminated, currently awaiting Care Groups response.	Due June 2024
Urgent FSN. L-arm rotation cover may fall on Philips Allura and Philips Azurion systems with monoplane fixed ceiling mounts.	# 2022-IGT-BST-002	Action Complete	15/12/23	Alert has been disseminated. All staff aware. No further action required	12/1/24
Potential dot or line shaped artifacts caused by the presence of lubricating grease within the headband of the over-ear headphones listed below when used during head examinations with the MAGNETOM MRI system.	SCF V12	Action Complete	15/12/23	Alert has been disseminated. All staff aware. No further action required	
TruSignal SpO2 Sensors — potential reduction of energy reaching patient during defibrillation, potential contact with unintended voltage, or inaccurate measurement.	GE HealthCare Ref. # 39004	Action complete	03/08/23	Alert has been disseminated. All staff aware. No further action required	10/08/23
BD BodyGuard MicroSets and residual ethylene oxide: devices may continue to be used to treat paediatric patients 5kg and above	DSI/2023/004	Action complete	09/03/23	Alert has been disseminated. All staff aware. No further action required	10/03/23
Recall. MiniMed™ 600 series insulin pump retainer ring.	FA896 Phase II	Action complete	20/07/23	Alert has been disseminated. All staff aware. No further action required.	24/07/23
Intersurgical Clear-Therm™ 3 HMEF with Luer Port and Retainable Cap	FSN 403646	Action complete	09/03/23	Alert has been disseminated. All staff aware. No further action required.	26/10/23

HeartStart Intrepid Monitor/Defibrillator (867172) Service Manual Electrical Safety Test Issue.	FSN-2023-CC-EC-026	Action Complete	28/11/23	Alert has been disseminated. All staff aware. No further action required.	22/12/23
High Flow Insufflation UNI	OIL FY24- EMEA-19- FY24-OMSC-19 UHI-4 Overpressure	Action complete	28/11/23	Alert has been disseminated. insufflators have been removed and quarantined and two replacement rental units are in place.	13/12/23
Acutronic Medical Systems AG TV1 Ventilator (REMOVAL)	FSCA-23-003-FSN-1	Action Underway	13/12/23	Alert has been disseminated, currently awaiting Care Groups response.	Due August 2024
Virusolve® Concentrate and Virusolve® Ready To Use.	Amity Ltd FSCA Ref: 255	Action Underway	14/12/23	Alert has been disseminated, effected departments are working on replacements and Risk Assessments.	
Urgent FSN. INTEGRA – CODMAN® VPV® SYSTEM. Incorrect Instructions for use	823192R	Action Complete	15/12/23	Alert has been disseminated. All staff aware. No further action required.	17/01/24
Proclaim™ XR SCS and Proclaim™ Elite SCS System. Proclaim™ DRG Neurostimulation System. Infinity™ DBS System	FA-Q223-NM-1-Update	Action complete	14/12/23	Alert has been disseminated. All staff aware. No further action required.	14/12/23
No-React® cardiovascular bioprosthesis implantables: discontinuation of CE marking and manufacture. Remaining stock may continue to be used and any adverse incidents reported nationally	DSI/2023/009)	Action complete	05/09/23	Alert has been disseminated. All staff aware. No further action required	05/09/23

## Patient Safety Alerts

National Patient Safety Alerts (NatPSAs) are official notices giving instructions to rapidly warn healthcare systems of risk. They provide guidance on preventing potential incidents that may lead to harm or death.

Alerts issued during 2023 across HCS and their current status					
Title	Reference	Action type	Opened	Progress action	Closed
Influenza season 2022/23: ending the prescribing and supply of antiviral medicines in primary care.	CEM/CMO/ 2023/002	Action complete	10/05/23	Alert has been disseminated. All staff aware. No further action required.	10/05/23
Potential risk of underdosing with calcium gluconate in severe hyperkalaemia.	NatPSA/ 2023/007/MHRA	Action in progress	03/07/23	Alert has been disseminated, currently awaiting Care Groups response.	
Shortage of GLP-1 receptor agonists	NatPSA/ 2023/008/DHSC	Action Complete	18/07/23	Alert has been disseminated. All staff aware. No further action required.	
Shortage of methylphenidate prolonged-release capsules and tablets, lisdexamfetamine capsules, and guanfacine prolonged-release tablets	NatPSA/ 2023/011/DHSC	Action Complete	27/09/23	Alert has been disseminated. All staff aware. No further action required.	18/01/24
Use of oxygen cylinders where patients do not have access to medical gas pipeline systems.	NatPSA/ 2021/001/NHSPS	Action complete	10/01/23	Alert disseminated. Assurance given we have enough concentrators to many any surplus demand.	19/04/23
Supply of Licensed and Unlicensed Epidural Infusion Bags	NatPSA/ 2023/002/CMU	Action complete	08/03/23	Alert has been disseminated. All staff aware. No further action required.	04/05/23

Class 1 Medicines Recall: Emerade 500 mcg and Emerade 300 mcg auto-injectors, due to the potential for device failure	NatPSA/ 2023/004/MHRA	Action complete	09/05/23	Alert disseminated. Assurance that effected stock was quarantined and returned. Any patients effected were contacted and notice sent to all community pharmacies.	10/05/23
Removal Of Philips Health Systems V60 And V60 Plus Ventilators From Service - Potential Unexpected Shutdown Leading To Complete Loss Of Ventilation.	NatPSA/ 2023/005/MHRA	Action complete	18/05/23	Alert disseminated. Assurance that effected stock was risk assessed. Removed by September 2023 deadline.	13/06/23
Potent synthetic opioids implicated in heroin overdoses and deaths.	NatPSA/ 2023/009/OHID	Action complete	11/08/23	Alert has been disseminated. All staff aware. No further action required	11/08/23

## Alcohol and Drug Services Alerts

Alcohol and Drug Services Alerts are official notices giving instructions to rapidly warn healthcare systems of risk. They provide guidance on preventing potential incidents that may lead to harm or death.

Alcohol and Drug services alerts Issued During 2023 and their status				
Title	Reference	Action type	Opened	Closed
Potent synthetic opioids implicated in heroin overdoses and deaths	NatPSA/2023/009/OHID	Action complete	27/07/23	27/07/23

## Chief Medical Officer Alerts

Chief Medical Officer Alerts are official notices giving instructions to rapidly warn healthcare systems of risk. They provide guidance on preventing potential incidents that may lead to harm or death.

Chief Medical Officer alerts issued during 2023 and their status				
Title	Reference	Action type	Opened	Closed
Urgent Public Health message. Enhanced genome sequencing for hospitalised patients returning from China	Enhanced genome sequencing	Action complete	03/01/23	03/01/23

## Dear Doctor Alerts

Dear Doctor alerts, are official notices giving instructions to rapidly warn healthcare systems of risk. They provide guidance on preventing potential incidents that may lead to harm or death.

Dear Doctor alerts issued during 2023 and their status				
Title	Reference	Action type	Opened	Closed
Simponi (golimumab) 50 mg and 100 mg: Important changes to the injection instructions for the SmarUect Pre-filled Pen.	GB-NON-07788	Action complete	06/09/23	23/10/23

## Drug Safety Alerts

Drug Safety Updates are official notices giving instructions to rapidly warn healthcare systems of risk. They provide guidance on preventing potential incidents that may lead to harm or death.

Drug Safety Update alerts issued during 2023 and their status				
Title	Reference	Action type	Opened	Closed
Hyoscine hydrobromide patches (Scopoderm 1.5mg Patch or Scopoderm TTS Patch): risk of anticholinergic side effects, including hyperthermia	Drug Safety Update volume 16, issue 12: July 2023: 1	Action Complete	31/07/23	31/1/24

## Health and Safety Alerts

Health and Safety Alerts are official notices giving instructions to rapidly warn healthcare systems of risk. They provide guidance on preventing potential incidents that may lead to harm or death.

Health and Safety Alerts issued during 2023 and their current status				
Title	Reference	Action type	Opened	Closed
Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls	NatPSA/2023/010/MHRA	Action in progress	01/09/23	Re-audit commencing to identifying outstanding numbers

## Other Type Safety Alerts

Safety Alerts are notices giving instructions to rapidly warn healthcare systems of risk. They provide guidance on preventing potential incidents that may lead to harm or death.

Other Type Safety Alerts issued during 2023 and their current status				
Title	Reference	Action type	Opened	Closed
Caution in use: Bupivacaine hydrochloride 0.5% w/v with glucose solution for injection, Risk of selection error due to change in name	CiU - Bupivacaine hydrochloride 0.5% w/v with glucose	Action complete	31/07/23	23/08/23
Urgent public health message – outbreak of food botulism in France involving a number of British nationals	Food Botulism	Action complete	15/09/23	15/09/23



## Medication Alerts

Medication Alerts are official notices giving pharmacy to rapidly warn of risk relating to medication. They provide guidance on preventing potential incidents that may lead to harm or death. Alerts where no action was required, or this was not relevant have not been included.

Medication Alerts issued during 2023 and the HCS and their status				
Title	Reference	Action type	Opened	Closed
Class 4 Medicines Defect Information: Drugsrus Limited / Dawa Limited, Metronidazole 200 mg/5 ml Oral Suspension	EL (23)A/19	Action complete	23/05/23	23/05/23
Class 4 Medicines Defect Information: Kyowa Kirin Limited, Tostran (Testosterone, 2% gel)	EL (23)A/33	Action complete	05/09/23	23/10/23
Company led medicines recall: Sun Pharma UK Ltd, Gemcitabine 10mg/ml Solution for Infusion PL 31750/0062 (Single dose Infusion bag, 2000mg/200ml)	CLMR(23)A/06	Action complete	07/09/23	23/10/23
Class 3 Medicines Recall: Chiesi Ltd., Trimbaw 87/5/9 mcg pressurised inhalation solution	EL(23)A/36	Action complete	20/09/23	20/09/23
Valproate: organisations to prepare for new regulatory measures for oversight of prescribing to new patients and existing female patients	NatPSA/2023/013/MHRA	Action in progress	04/12/23	Working group underway
Class 4 Medicines Notification: Teva UK Ltd., Caramet 25/100mg CR Tablets	EL (23)A/40	Action complete	04/12/23	04/12/23
Class 4 Medicines Defect Information: Strandhaven Ltd t/a Somex Pharma, Clarithromycin 250mg and 500mg film-coated tablets	EL (23)A/42	Action Complete	07/12/23	01/02/24

Class 4 Medicines Defect Information: Strandhaven Ltd t/a Somex Pharma, Tramadol Hydrochloride 50mg Capsules	EL (23)A/41	Action Complete	07/12/23	01/02/24
Class 3 Medicines Recall: AstraZeneca UK Ltd., Fluenz Tetra nasal spray suspension	EL (23)A/39	Action Complete	30/11/23	01/02/24
Class 3 Medicines Recall: Action Within 5 days, Pharmacy/ Wholesaler Level Recall	MDR 090-12/23	Action in progress	19/12/23	No update
Class 4 Medicines Notification, Defect Information, Caution in Use	MDR 008-11/23	Action Complete	19/12/23	01/02/24
Class 3 Medicines Recall: Biocon Pharma UK Ltd., Posaconazole Biocon 100mg Gastro- resistant Tablets,	EL (23)A/44	Action Complete	21/12/23	01/02/24
Diocetyl 100 mg Capsules	MDR 056-01/23	Action complete	25/01/23	25/01/23
T&R Methadone 1mg/mL Oral Solution BP - Sugar Free, Methadone Mixture 1mg/ml	MDR 146-02/23	Action complete	07/03/23	09/03/23
MHRA - Class 2 Medicines Recall: Various Marketing Authorisation Holders, pholcodine-containing products	EL (23)A/09	Action complete	15/03/23	23/03/23
MHRA Class 3 Medicines Recall: Sildenafil 10mg/ml Oral Suspension	EL(23)A/11	Action complete	21/03/23	23/03/23
COVID-19 Therapeutic Alert	CEM/CMO/2023/001	Action complete	04/04/23	14/04/23
Emerade 500 micrograms solution for injection in pre-filled syringe	PL 33616/0015	Action complete	10/05/23	10/05/23

MHRA Class 3 Medicines Recall: Hikma Farmacêutica Portugal S.A., Gemcitabine 1g/26.3ml and 2g/52.6ml Solution For Infusion Vial	EL(23)A/16	Action complete	12/05/23	12/05/23
Class 2 Medicines Recall: Aventis Pharma Limited (t/a Sanofi), Sabril 500 mg film- coated tablets and Sabril 500 mg granules for oral solution	EL(23)A/25	Action complete	14/07/23	14/07/23
Class 2 Medicines Recall: B. Braun Medical Ltd, Various Products	EL(23)A/27	Action complete	31/07/23	31/07/23
Class 4 Medicines Defect Information: Ethigen Limited, Briviact 75mg and 100mg film- coated tablets, EL(23)A/13	MDR 221-03/23	Action complete	04/04/23	04/05/23
MHRA Class 4 Medicines Defect Information: Sandoz Limited, Co-amoxiclav 125/31.25mg/5ml, 250/62.5mg/5ml powder for oral suspension	EL (23)A/14	Action complete	21/04/23	10/05/23

# Safeguarding

The Health Safeguarding team's mission is: "To Safeguard and promote the welfare and wellbeing of babies, children, young people and adults at risk of abuse and neglect across the health economy. We will continually drive the culture that safeguarding is everybody's responsibility and not a choice. We recognise safeguarding is integral to building a safer community, this is strengthened by working in partnership with agencies and aligned to our core values to achieve measurable outcomes".

Health and Community Services is committed to safeguarding all patients, service users and staff emphasising safeguarding is everyday business and not a choice. To achieve this, robust safeguarding practices and safeguarding governance must be embedded across all services and in every aspect of the Organisation's work. Everyone who accesses HCS' services should feel safe and assured staff will keep them safe.

## The Health Safeguarding Team

The team provides leadership and expertise to staff and agencies on safeguarding matters related to babies, children, young people and adults at risk. The team does this through the delivery of safeguarding training, safeguarding supervision, advice and support to staff to enable them to carry out their duties in identifying signs of abuse, harm and neglect and to know what to do. The Health Safeguarding team is committed to ensuring HCS has a culture of listening to the voices of babies, children, young people and adults at risk to promote positive outcomes for their welfare.

The team work in partnership with agencies and participate in multiagency audits and safeguarding reviews (Serious Case Reviews, Rapid Reviews, Domestic Homicide Reviews and Thematic Reviews). We follow evidence-based practice including learning from local and national reviews and ensure learning and recommendations are included in practice quality improvements. To provide assurance across Health and Community Services there are several key safeguarding Leads including Safeguarding Champions.

## Safeguarding Arrangements

The Children and Young People (Jersey) Law 2022 comes into effect early March 2024. The Law aims to promote and support the wellbeing of children and safeguard their welfare and includes new responsibilities for all organisations who work with children, young people and their families. The new law requires named safeguarding partners to produce arrangements that are reasonably practicable for ensuring that they and relevant providers discharge their functions to safeguard and promote the welfare of children and young people. This will require all HCS colleagues to complete training in advance of the enact of the law.

## Health and Community Services Safeguarding Committee

This HCS Safeguarding Committee has been established since 2022. The purpose of the Committee is to seek assurance across HCS on safeguarding activities and emerging trends and issues impacting systems. There has been a significant amount of work including the development of a safeguarding dashboard. The HCS Safeguarding Committee continues to develop and evolve. Since November 2023 the Committee has evolved to incorporate two functions. Bi-Monthly Meetings are held to review actions from recommendations, Serious Case Reviews, Rapid Reviews, Domestic Homicide Reviews and the Safeguarding Partnership Board, Organisational Standards Audit.

## Working in Partnership

The team work closely in partnership with multi-agencies and provide services to drive forward the quality of safeguarding. The team play an active role in the responses and development of priorities, ensuring the views and voices of children, young people and adults at risk are incorporated as business as usual to achieve the outcome's they want.

PART THREE:

REVIEW OF OUR

QUALITY

PERFORMANCE

# PART THREE: REVIEW OF OUR QUALITY PERFORMANCE

## Learning from Serious Incidents and Never Events

Health and Community Services promotes a strong safety culture that ensures learning occurs following a patient safety event to support the provision and delivery of high-quality care. Patient safety events are recorded to ensure learning takes place and to help HCS identify new and under recognised safety risks, so that we can develop advice and guidance to reduce the risk of similar events reoccurring.

Health and Community Services uses Datix, a risk management system, to manage all patient safety data. This system facilitates the review and analysis of all patient safety data, providing the Organisation with a greater understanding of priorities for safety improvement. It also helps to identify emerging risks and issues that might not be recognised at departmental level. Where appropriate, patient safety events will be reported to external organisations so that learning of significance is shared and to meet legislative or best practice requirements, (HCS, 2019).

Serious Incidents in health and social care are rare, but it is acknowledged that systems and processes have weakness and human error can occur. It is essential that as an organisation we can recognise harm and the potential for harm and undertake swift, thoughtful, practical actions in response ensuring there are opportunities for learning and improvement, ultimately reducing the risk of recurrence.

Patient Safety Events	Serious Incidents
A patient safety event can be described as any unexpected or untoward event that has a short or long-term detrimental effect on any person (HCS, 2019).	Serious Incidents are adverse events where the potential for learning is so great or the consequences to patients, family, carers, staff or organisations are so significant that they warrant using additional resources to mount a comprehensive response (NHS England, 2015)

### Patient Safety Incident Response Framework (PSIRF)

The Patient Safety Incident Response Framework (PSIRF) sets out the NHS’s approach to developing and maintaining effective systems and process for responding to patient safety events for the purpose of learning and improving patient safety (NHS England, 2022). HCS are working towards adopting, implementing and embedding this framework. HCS have begun to use a wider range of system-based approaches to learning from patient safety events rather than using the Root Cause

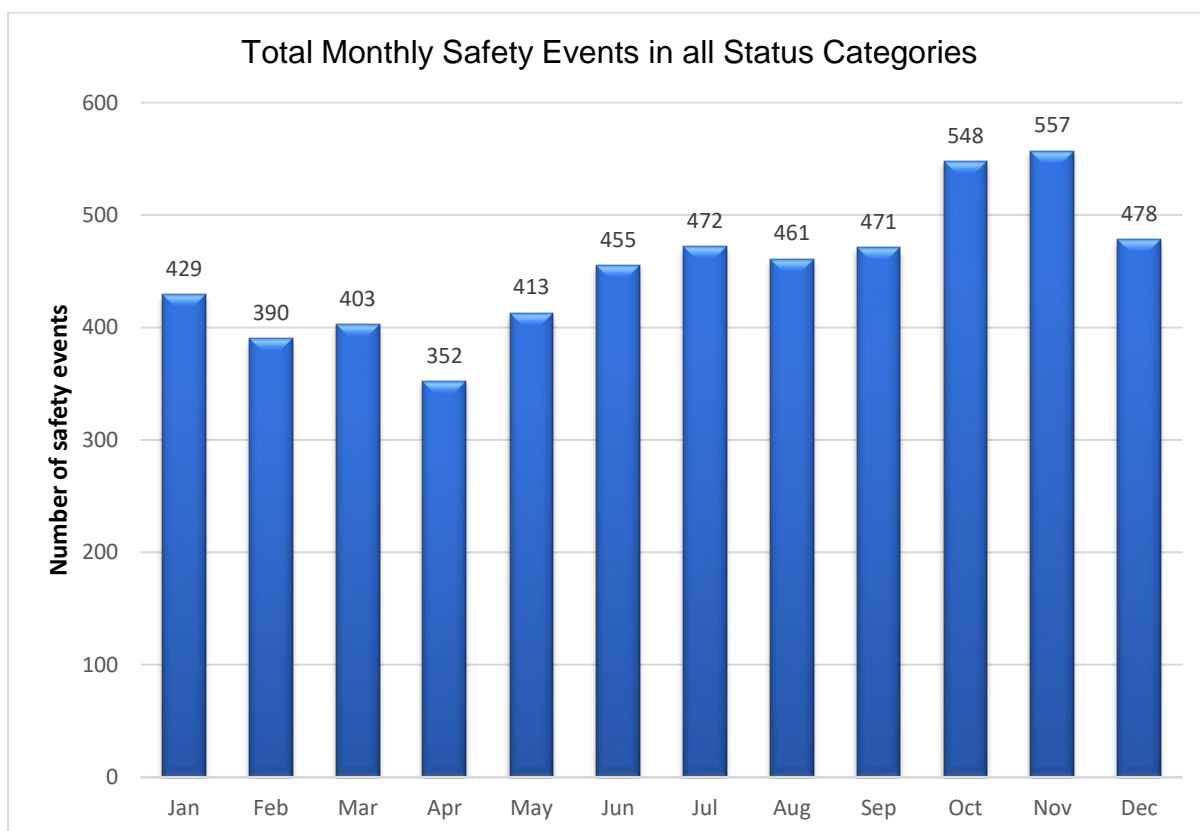
Analysis methodology. PSIRF will facilitate the inquisitive examination of a wider range of patient safety events in the spirit of reflection and learning.

It will support systematic, compassionate, and proficient response to patient safety events, anchored in the principles of openness, fair accountability, learning and continuous improvement.

## Patient Safety Events Reported in 2023

There was a total of 5,475 safety events reported in 2023, excluding the rejected safety events and those reported by the Ambulance Service and CAMHS, leaves a total of 5,426. This is an increase of 884 reported safety events from 2022 (19.5%) which demonstrates an improving safety event reporting culture. The data below shows the number of reported safety events per month.

## Incidents Reported in 2023

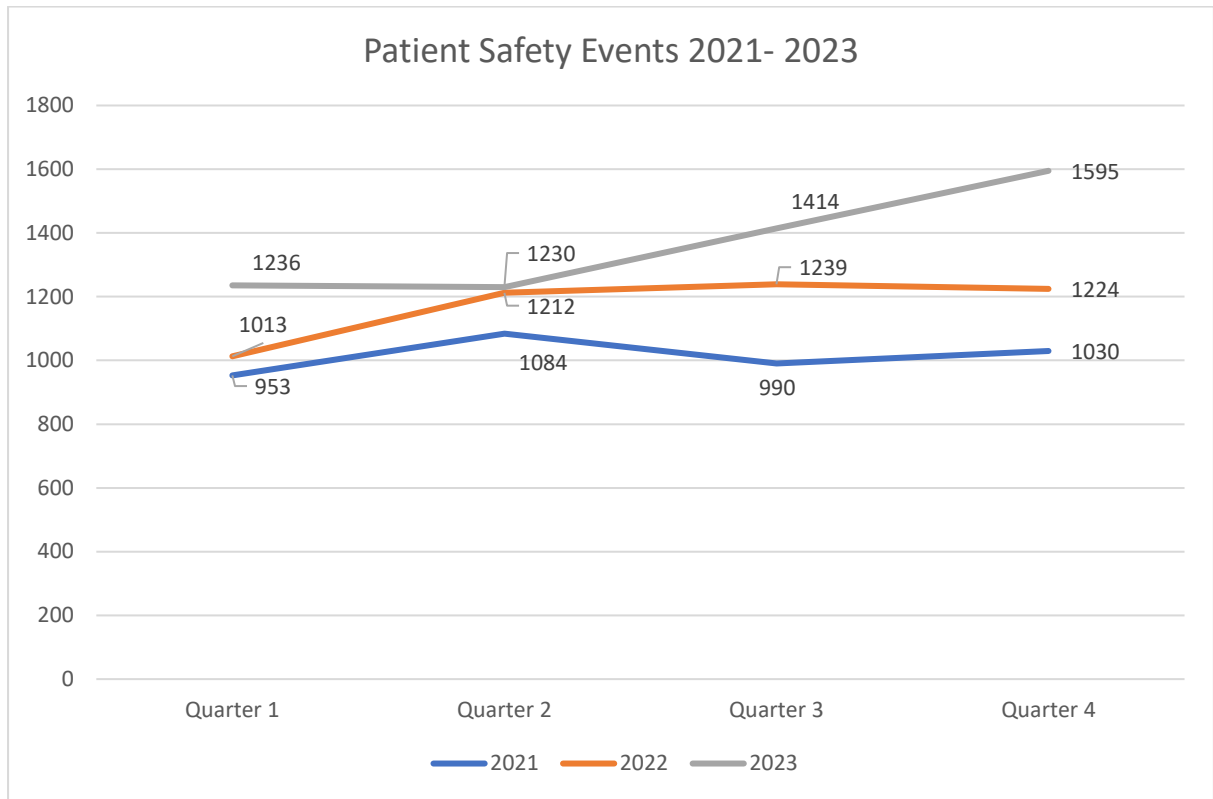


## Reporting of Safety Events

Health and Community Services strives to provide high quality, safe and effective patient care. The Organisation recognises that patient safety events occur and Datix is the reporting system for staff to report and investigate safety events to ensure that learning occurs following the event. Over the past three years, HCS has seen an increase in the reporting of safety events, with 4,057 safety events reported in 2021, increasing to 4,542 in 2022 and increasing further to 5,475 in 2023. The increase in



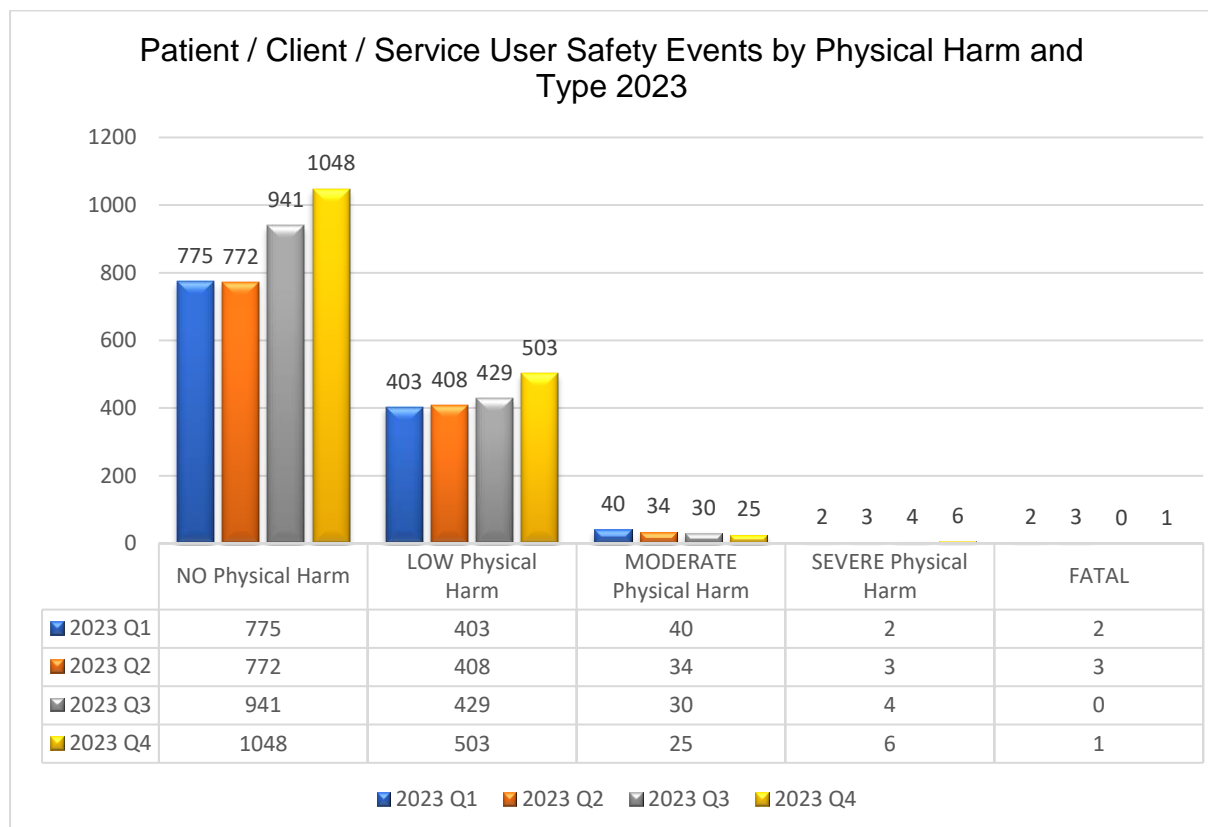
reporting demonstrates an improvement in the safety culture as a good safety culture relies on staff being open and transparent when safety events occur.



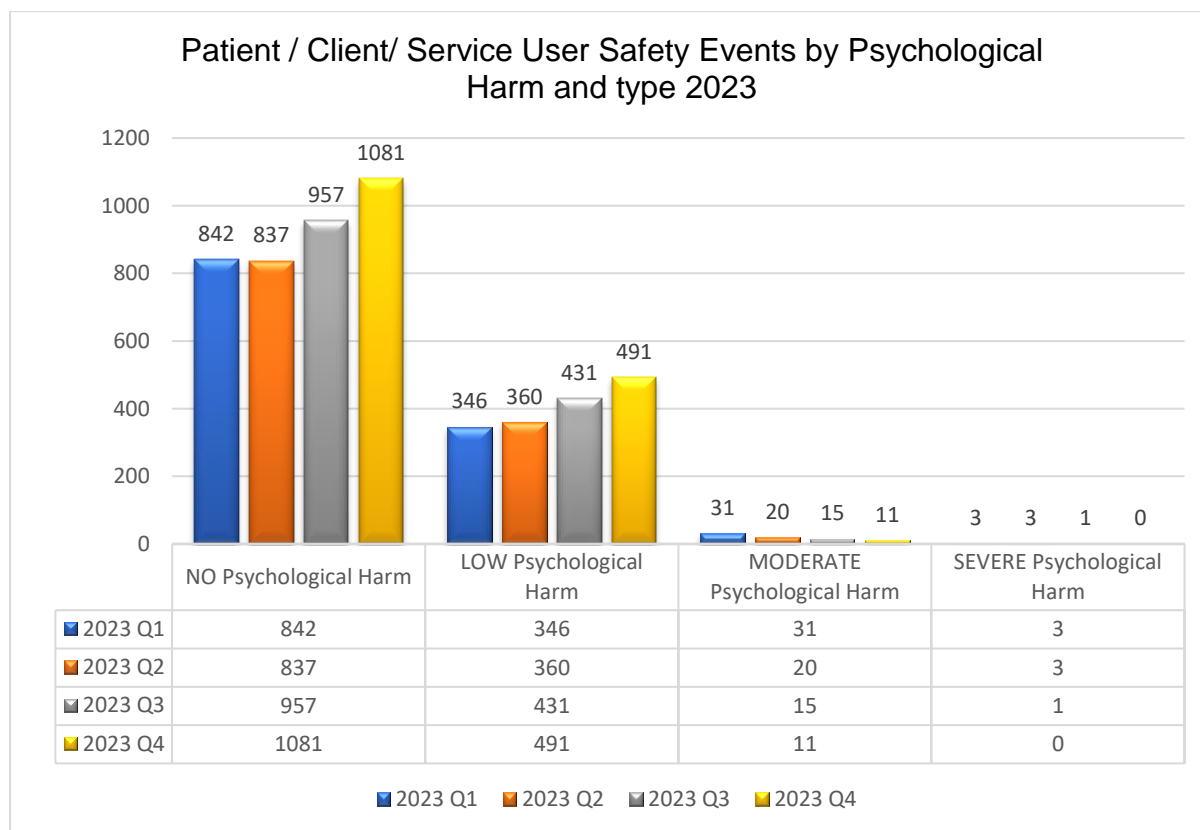
The data below shows the safety events by severity of harm. It should be noted that the degree of harm may be subject to change, as and when the patient safety investigation concludes.

## Levels of Harm Reported Quarterly

### Physical Harm



### Psychological Harm



## Top Five Most Frequent Safety Event Themes Reported in 2023

Safety Events by category	Number Reported 2022	Number Reported 2023
Accident that may / did result in personal injury	643	555
Behaviour / harassment / violence / abuse / self-harm	576	730
Appointment / Admission / Discharge / Referral / transfer	326	469
Pressure Ulcer	486	428
Medication	325	440

## Accidents That May / Did Result in Personal Injury

This category remains the largest category of safety events reported in 2023. The largest subcategory remains as slips, trip and falls with a total of 555 reported safety events. The majority 293 (53%) resulted in no harm, 248 (45%) resulted in low harm, 16 in moderate harm and two in severe harm.

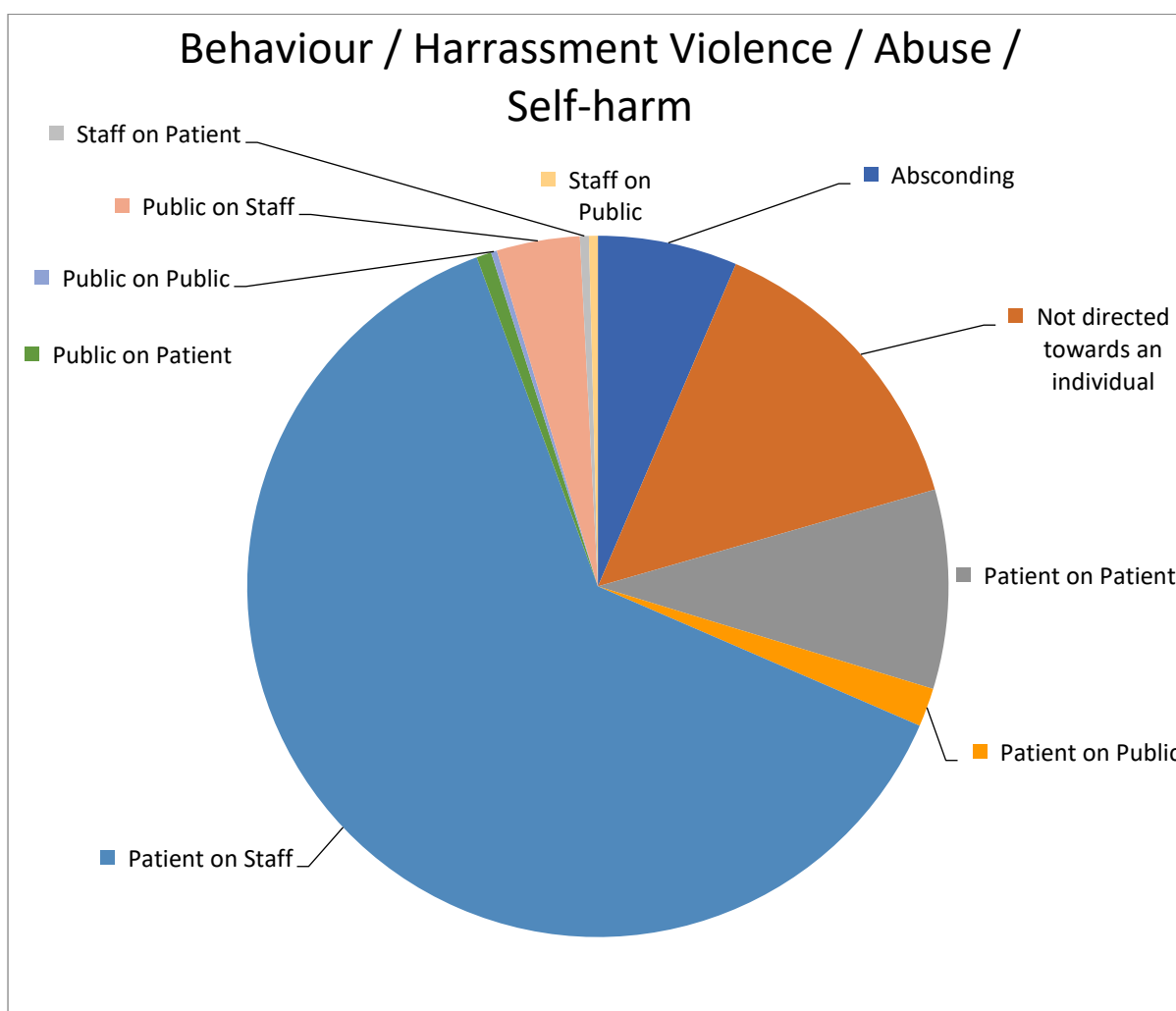
Patients' abuse on staff is the second highest subcategory with 459 reported safety events. Four are reported as moderate harm with 455 reported as low or no harm.

## Behaviour / Harassment / Violence / Abuse / Self-harm

There were 730 reported safety events of behaviour / harassment / violence and abuse. This is a 27% rise of the reporting of these safety events from 2022. The majority were classified as no or low harm with a few classified as moderate harm.

The highest subcategories reported relate to:

- abuse to staff by patients / clients / service users, 459 events
- abuse not directed towards an individual, 102 events
- abuse to patients by patients, 67 events



## Access - Appointments, Admission, Transfer, Discharge

In 2023 there were 469 reported safety events associated with appointments, admission, transfer and discharge. This is an increase of 44% since 2022. There were 382 events reported as causing no harm, 81 were reported as causing low harm with 6 reported as causing moderate harm. Of these six moderate safety events, one is still being investigated and the level of harm may change post investigation.

## Pressure Ulcers

In 2023, of the 428 pressure ulcers reported, 277 (65%) of these were present before admission to HCS, 149 developed in care of HCS and 33 (8%) deteriorated whilst in the care of HCS.

Of the pressure ulcers that developed within HCS, 22 were graded as moderate harm and one was graded as severe harm.

Please note some of the final quarter 2023 safety event investigations are yet to be fully investigated or approved at the time of compiling this report. The safety event grading may be altered as a result of the investigation being fully approved.

## Medication

During 2023, there were 440 reported safety events relating to medication. 372 of these safety events were reported as causing no harm, 58 reported as causing low harm and 10 reported as causing moderate harm. Not all these safety events have been finally investigated or finally approved. The severity may change as a result of the investigation.

## Serious Incidents (SIs) and Never Events

There were 43 SIs declared in 2023.

No 'Never Events' were declared in 2023. Never Events are patient safety events that are preventable where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and have been implemented by healthcare providers.

Total number of Never Events and SIs declared	2022	2023
SIs declared excluding Never Events	28	43
Never Events declared	2	0
Total number of SIs within HCS including Never Events	30	43

## Categories of Serious Incidents

Category of SI	2022	2023
Care and treatment issues	12	27
Delayed or failed diagnosis	3	7
Recognition, Escalation and Rescue of deteriorating patient	4	5
Sudden and unexpected death	9	4
Never Events	2	0
Total SIs	30	43

## Learning from SIs

An independent UK company has been commissioned to thematically review 20 cases involving Massive Obstetric Haemorrhages (MOH) which have occurred within the organisation within the last year. The Care Group are ensuring safety huddles are occurring following an MOH. Work on the recognition of Post Partum Haemorrhages within the Department has happened and all MOHs are now documented on a proforma. This work is being overseen by the Medical Director.

During the first half of the year 100% of all the MOH SI notifications were declared as SIs at the Serious Incident Review Panel (SIRP). During the second half of the year, 28% of MOH SI notifications presented to SIRP were declared as SIs. It was felt that 72% cases had been well managed and did not require further investigation. This demonstrates a significant improvement in the management of MOHs.

On the back of a number of SIs in 2022 the RER Quality Improvement project continued across HCS, this continued throughout 2023 consolidating learning from SIs and incidents and working with the Multi-Disciplinary Teams looking at numerous aspects of care including handovers, ward rounds, safety huddles, education and training. This is being overseen by the Medical Director.

# Infection, Prevention and Control (IPaC)

## Healthcare Acquired Infections (HCAI)

Healthcare Acquired Infections are infections that patients acquire within a healthcare setting, while receiving treatment for other conditions.

The ageing estate presents a real challenge to practice and has a particularly notable effect on IPaC. The emphasis on reducing the incidence, and improving the management, of infection including HCAI continues.

Whilst Covid-19 remained the predominant burden in 2023, it was also important to ensure that the overall HCAI rates improved or at least did not deteriorate. In general, our alert organism bacteraemia rates are about half those of the England and Wales average and our *clostridium difficile* rates are approximately the same as their average. These rates and related elements are monitored and addressed through infection control and reported into the monthly Quality and Risk Assurance Committee. Efforts are made to reduce relevant infection rates within the community not only as an important end point in its own right but to also further reduce risk to the Hospital.

## SARS-CoV2 Outbreaks

COVID activity in the Hospital is managed by:

- timely testing and screening
- appropriate use of PPE
- isolation
- cohort nursing (where necessary)
- pop-up ventilated isolation rooms on open wards (where necessary)
- the widespread use of antiviral air purifiers

The latter are now used throughout the Hospital. Staff COVID and flu vaccination continues to be offered. As we moved away from a pandemic stance mitigation in the community is largely dependent on vaccination to prevent severe disease, use of antivirals to prevent admission of seriously compromised individuals and staying at home if unwell.

## Clostridium Difficile Infections (CDI)

*Clostridium difficile* is a bacterium that can infect the bowel and cause serious diarrhoea. It can spread from person to person directly and indirectly. Spores remain viable in the environment for very long periods. Disease is most commonly seen in people who have recently been treated with antibiotics. All cases of *clostridium difficile* noted by the laboratory are reported to IPaC and the relevant clinician for action and designation as hospital onset and non-hospital onset cases, based upon the timing of admission.

A target for CDI cases is set annually bearing in mind that we can only achieve a plateau – this was set at 11 for the Hospital and 12 for the community (i.e., the same or lower than the previous year's numbers – in the previous period we noted 11 hospital and 12 community). Additionally, there should be no hospital patient-to-patient spread.

For the period 2023:

- 15 cases were designated as Hospital Onset / Healthcare Associated (HOHA) or Community Onset / Healthcare Associated (COHA) cases
- 17 were designated as Community Onset / Community Associated (COCA)

(There were no Community Acquired / Indeterminate Associated cases).

Root Cause Analysis (RCA) investigation of all of the 15 HOHA and COHA cases has been undertaken in conjunction with the relevant clinical staff. Geotemporal and ribotyping monitoring indicate that there was one episode of patient-to-patient spread in the Hospital in this period i.e. the other inpatient associated infections would appear to have arisen in patients who came in already colonised by *clostridium difficile*.

In addition to urgent testing of possible *clostridium difficile* cases to instigate urgent appropriate management and isolation there is a general emphasis on cleaning and ongoing staff and patient education. Additionally, we employ the most effective decontamination procedures possible in relation to cases depending on circumstance. Wherever possible Hydrogen Peroxide Vapour (HPV) decontamination is used for the cleaning of any area that had been occupied by a patient with a CDI before use of that area by another patient. If this is not possible e.g. onset in an open ward with bed constraints, then a pre fogging protocol is used pending fogging. UV light may supplement a terminal clean in other circumstances.

Antimicrobial stewardship is hugely important in relation to patient care including the *clostridium difficile* risk. Hospital and community antibiotic guidelines are updated regularly and are accessible via an application called MicroGuide. Inpatient antibiotic prescriptions are regularly reviewed by the Antimicrobial Stewardship team and prescriptions in primary care are monitored via external and local community pharmacist supervisors.

Hospital acquired bacteraemias (defined by first detection in blood cultures taken 48hrs + after admission).



## Methicillin-Resistant Staphylococcus Aureus (MRSA) and Methicillin Sensitive Staphylococcus Aureus (MSSA)

*Methicillin-Resistant Staphylococcus Aureus* or MRSA is a type of *Staphylococcus aureus* that is resistant to most antibiotics of the penicillin family and usually several other widely used antibiotics. This means infections with MRSA can be harder to treat. MRSA infections mainly affect people who are staying in hospital. The principal concern is delayed use of the right antibiotics because the presence of MRSA is not noted. There is a national zero tolerance for MRSA bacteraemia cases and MRSA screening is undertaken preoperatively with clearance before surgery and is also undertaken routinely in renal patients. Jersey had a zero MRSA bacteraemia rate in 2023.

Methicillin-sensitive *Staphylococcus aureus*, or MSSA, is the same type of bacteria as MRSA, but is sensitive to most antibiotics of the penicillin family. The number of Hospital attributed cases of MSSA bacteraemia for 2023 is four.

Root cause analysis investigations are again undertaken for all these hospital-attributable cases. Themes identified as a result of these investigations were pre-existing colonisation with MSSA and the presence of chronic wounds.

To reduce the risk of *Staphylococcus Aureus* infection of prosthetic joints routine pre-operative screening for MSSA was commenced in 2018 for all major orthopaedic surgery again with clearance preoperatively. Routine screening and decolonisation as well as antimicrobial dressing have been introduced to reduce MSSA infections in dialysis patients.

## Klebsiella Pneumoniae Bacteraemia

*Klebsiella* species are a gram-negative, rod-shaped bacteria belonging to the Enterobacteriaceae family. They are commonly found in the environment and in the human intestinal tract (where they do not normally cause disease). These species can cause a range of hospital acquired infections including:

- pneumonia
- bloodstream infections
- wound or surgical site infections
- meningitis

These can be acquired endogenously (from the patient's own gut flora) or exogenously from the healthcare environment. Patient-to-patient spread occurs through contaminated hands of healthcare workers or less commonly by contamination of the environment. Vulnerable patients, like the immune compromised, are most at risk. Infections can be associated with use of invasive devices or medical procedures. We had one case of inpatient associated *klebsiella pneumoniae* bacteraemia in 2023. There was no evidence of acquisition of colonisation in hospital

## Pseudomonas Aeruginosa (P.Aeruginosa)

This is a gram-negative, rod-shaped bacterium found in soil and ground water and colonises the gut in about 10% of patients. *Pseudomonas aeruginosa* (or *P. aeruginosa*) is an opportunistic pathogen and it rarely affects healthy individuals. It can cause a wide range of infections, particularly in those with a weakened immune system, for example:

- cancer patients
- newborns
- people with severe burns
- diabetes mellitus
- cystic fibrosis

*Pseudomonas aeruginosa* infections are sometimes associated with contact with contaminated water. In hospitals, the organism can contaminate moist wounds and indwelling devices such as respiratory equipment and catheters. *P. aeruginosa* is resistant to many commonly used antibiotics. We had four cases of hospital onset *Pseudomonas aeruginosa* bacteraemia in 2023. There was no evidence of acquisition of colonisation in hospital.

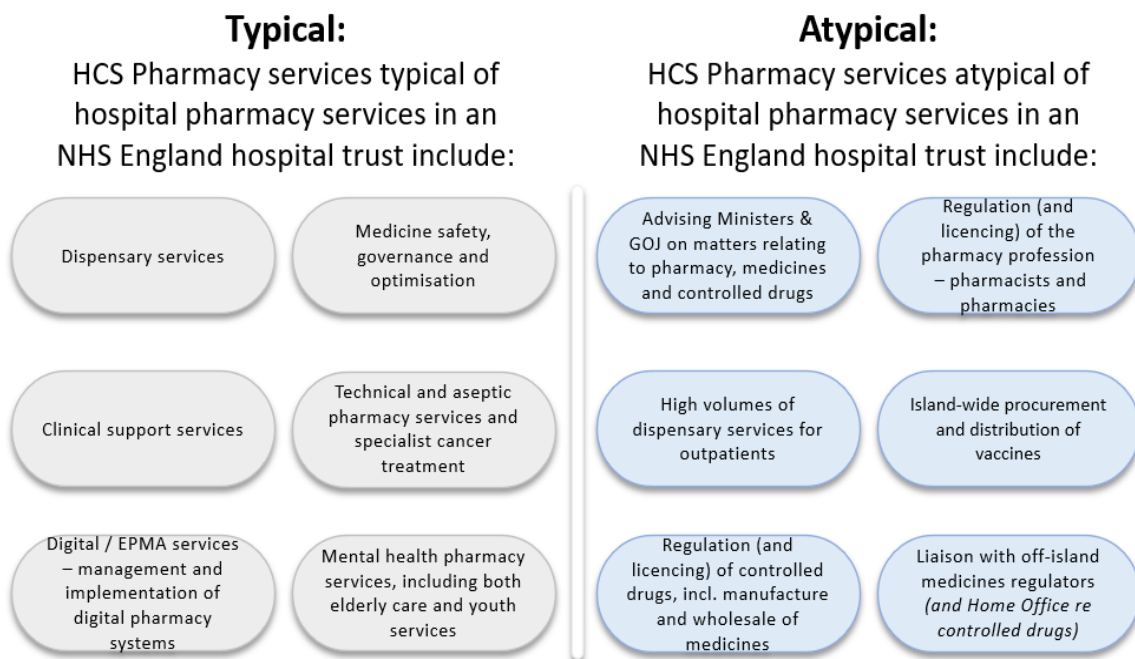
## E-coli Bacterium

*E-coli* is a bacterium found in everyone's gastrointestinal tract. Resistance is variable. It can cause infection when it enters normally sterile sites or near sterile sites and is a very common cause of urine, abdominal, soft tissue and line infections from whence it can cause bacteraemia. There were five *E-coli* hospital acquired bacteraemias in 2023 (five in 2022) mostly derived from underlying urinary and abdominal infection.

# Pharmacy and Medicines Optimisation

## Pharmacy and Medicines Optimisation / HCS Pharmacy Services

Health and Community Services' Pharmacy delivers services across a wide range of responsibilities. These duties can be split broadly between those that are typical of a provider NHS Trust in England and those that are atypical. This is due to the uniqueness of Jersey being a self-governing small island jurisdiction, with the Chief Pharmacist being head of profession in Jersey as well as having statutory responsibilities:



## Hospital Pharmacy Services

The Hospital Pharmacy aims to ensure patients and HCS get the maximum benefit from medicines. We achieve this through optimising medicines use, ensuring the safe, effective, and sustainable use of medicines.

The team consists of pharmacists, pharmacy technicians and pharmacy assistants who undertake a wide range of services and functions.

### Clinical Pharmacy

Clinical pharmacists visit the wards, to review patient medication, and to observe patient's response to medication. This helps ensure the safety, efficacy and cost effectiveness of medicines use. They provide a valuable risk management function within the Organisation and help ensure that the Hospital gets the best value for money from the medicines it uses.

Pharmacy Technicians support patient safety by ensuring that the medicines a patient is initially prescribed in hospital are the same as those that they have been taking while under the care of a General Practitioner, or in a previous care setting. They can also support patients with discharge medication to help them understand how to take the medication they have been prescribed. This reduces the risk that they will be re-admitted, due to a medication related cause.

Staff and patients are supported by the Medicines Information Service within the Pharmacy which has access to a wide range of information sources relating to medicines. This service is important, because evidence on medication changes rapidly, so skills in accessing the available evidence provides other healthcare professionals with expert advice on safe and effective use of medicines.

Specialist services are also provided for supporting Antimicrobial Stewardship, helping to preserve the effectiveness of antibiotics used within the Hospital service.

Mental Health clinical pharmacy services provide both expertise and training to support safe use of medicines in conditions that will affect over a third of all people at some point in their lives. A Consultant Pharmacist for Mental Health has been appointed this year, which is the first Consultant Pharmacist post in Jersey.

The Clinical Pharmacy team support the training of other healthcare professionals in the safe and effective use and handling of medicines.

### Aseptic Services



This service provides a range of specialist products including intravenous chemotherapy, for cancer treatment, and nutritional products (Total Parenteral Nutrition). Preparation takes place within an Aseptic Unit and within an isolator which uses specially filtered air and pressure gradients to ensure a sterile environment.

Staff operating in this area have undergone full and comprehensive training and are under the supervision of an Accountable Pharmacist. This is known to reduce risks of both inadvertent errors, and the risks of microbial contamination.

An external audit of the Aseptic Unit was undertaken in May 2023 by Pharmacy Quality Assurance Specialist Services East of England. The audit was measured against the Quality Assurance of Aseptic Preparation Services Standards which requires that all pharmacy units preparing sterile medicines are to be regularly inspected, so that safe and quality standards are maintained. (The overall risk assessment can be determined to be High, Medium, or Low risk). The outcome and overall risk assessment to patient safety was determined to be 'low' risk, one of only a small number of units in the NHS Southwest region to achieve this result.

## Dispensary Services

The Dispensary Service prepares medication for inpatients, outpatients and patients being discharged from hospital. Pharmacists professionally 'verify' all prescriptions, often liaising with doctors and nurses to ensure the safe and effective use of medicines for individual patients. Prescriptions are checked for their appropriateness in both therapeutic terms and in dose, frequency, and duration as well as legality. They are often amended to increase therapeutic benefit and outcomes for patients.

## Pharmacy Procurement and Distribution

The Pharmacy Procurement and Distribution team are responsible for the procurement, ordering, receipt, storage, and distribution of over 4,000 different medicine lines to ensure medicines are available for patients when they need them. They obtain all medicines from the UK supply chain and have access to NHS national or regional negotiated contracts. This means that they can purchase medicines at the best available price, providing value for money to the taxpayer.

The team also ensure the accurate assembly and delivery of medicines to wards and departments across HCS, including external sites to the acute hospital. Dispensing and stock control are supported by an automated dispensing system (robotic dispensing). Alongside medicines used by inpatients and outpatients at the Hospital, this team are responsible for the procurement and distribution of vaccines to support Island-wide vaccination, including childhood, Influenza and COVID vaccines.

## Digital

The Pharmacy Digital team supports and drives the introduction of the Electronic Prescribing and Medicines Administration (EPMA) system, along with other linked and related electronic systems. These reduce the risks of several types of errors for medicines use, contributing to safer systems.

## Medicines Optimisation

Several other functions and activities undertaken by HCS Pharmacy underpin the safe and effective use of medicines across the Organisation. HCS established a Medicines Optimisation Committee in September 2023, which was developed to provide assurance of the safe, effective, and cost-effective use of medicines across HCS and is supported by a Specialist Pharmacist. Introduction of new medicines, review of clinical policies involving medicines and the management of medical gases are also supported by this Committee, chaired by the Chief Pharmacist.

As well as safety and effectiveness of medicines use, HCS Pharmacy will be supporting the efficient use of medicines to maximise the benefits from money spent on medicines, working with Care Groups to help realise cost savings from the appropriate choice and therapeutic use of medicines. The recruitment of a Lead Pharmacist, High-Cost Drugs is currently underway which will support this work.

## Pharmacy Services Summary

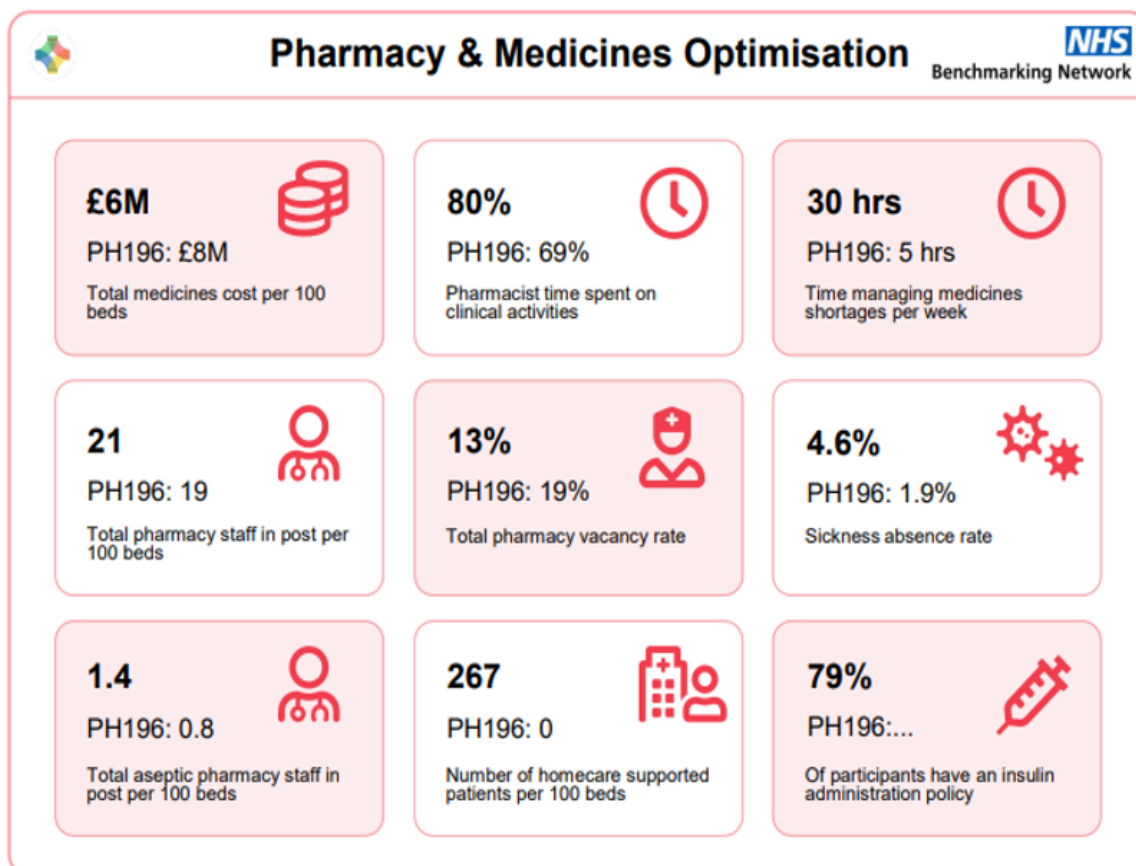
Health and Community Services Pharmacy is an essential clinical service that ensures that Islanders can receive prescribed medicines when needed, that those medicines are safe to use for each patient, and that they are prescribed safely and efficiently, and in ways that will help ensure they are effective to treat patients.

Pharmacy Services were challenged by significant events such as Storm Ciarán, as well as continuing challenges in recruiting staff and weather delayed medicines deliveries. Nevertheless, services have continued to be provided through these challenges.

## Pharmacy and Medicines Optimisation Quality Indicators

HCS Pharmacy have participated in the NHS Benchmarking Pharmacy and Medicines Optimisation project for several years.

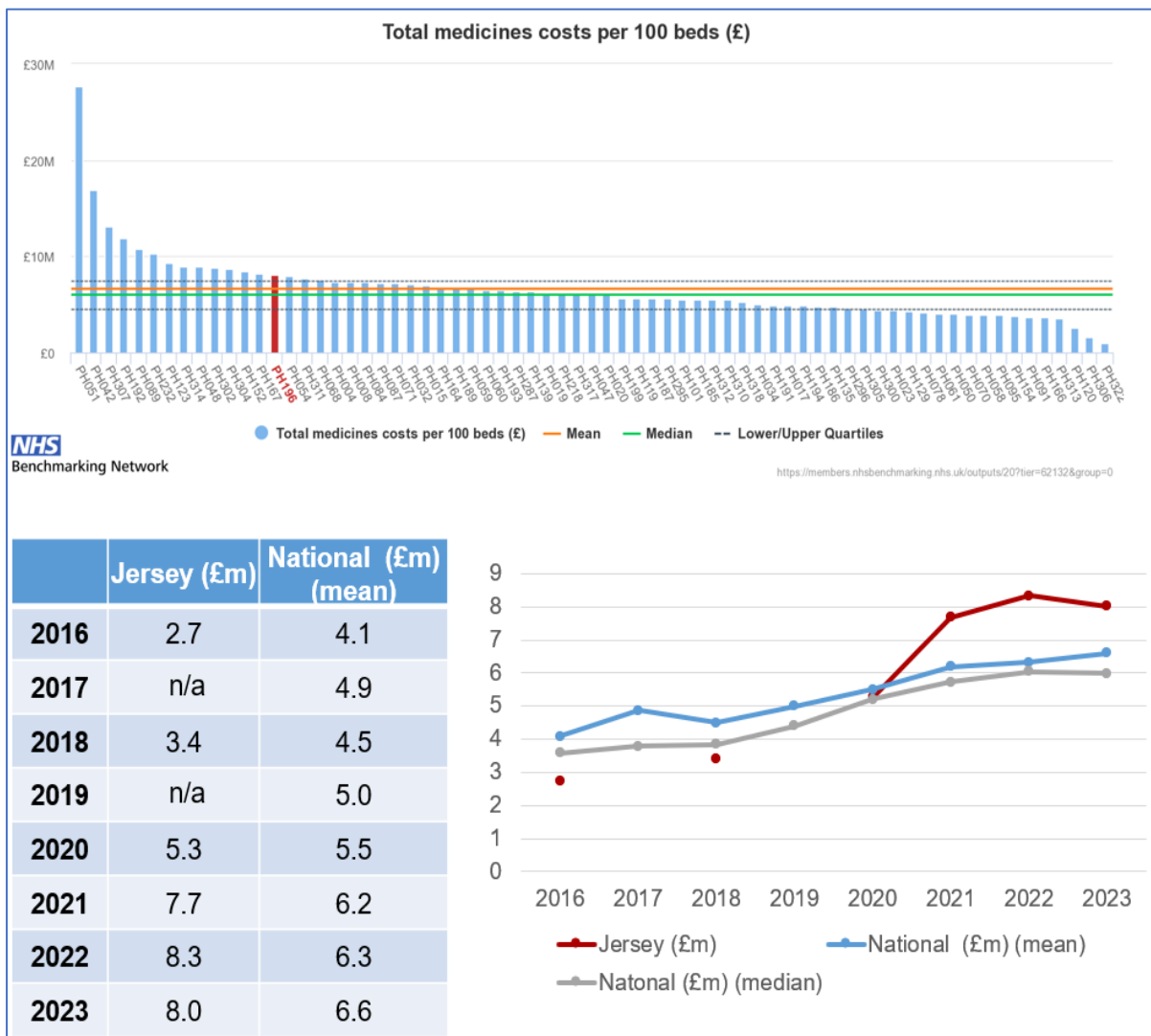
Below is a dashboard of a snapshot of the key findings from the 2023 project. The tiles include the median value across participating organisations (bold) and the submission value for Jersey (PH196). This reflects the position in April 2023.



## Total Medicines Costs per 100 Beds (£)

The cost of medicines continues to increase year-on-year, demonstrating the significant and developing reliance on medicines in modern day healthcare. Medicines are the most common healthcare intervention in the world.

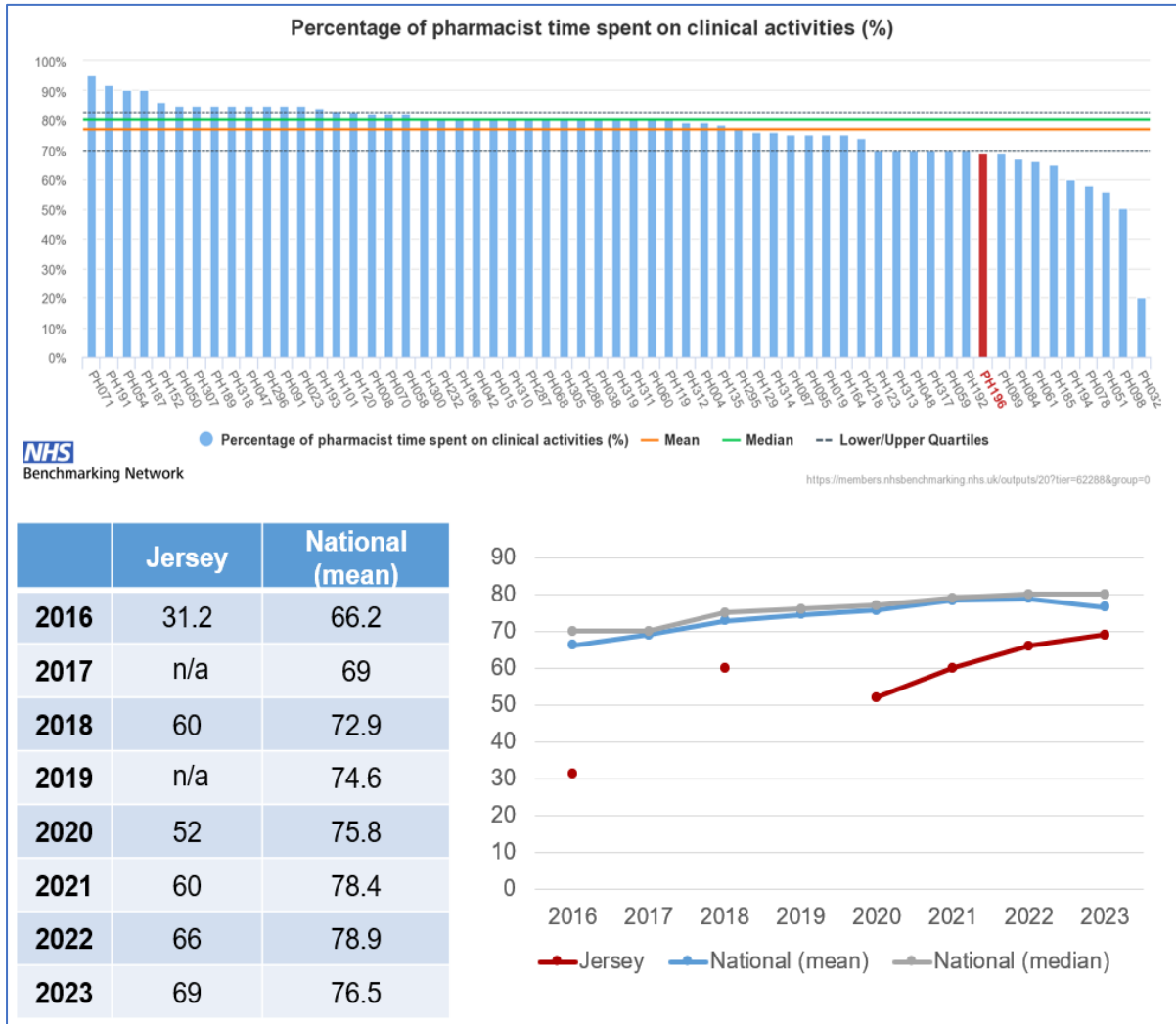
Total medicines costs are 33% higher than benchmark average (£8m vs £6m - per 100 beds). Whilst medicines costs vary significantly by the specialism of hospitals (e.g. specialist cancer centre) and population demographics, this may represent a significant opportunity for savings through the implementation of appropriate medicines optimisation policies.





## Clinical Pharmacy

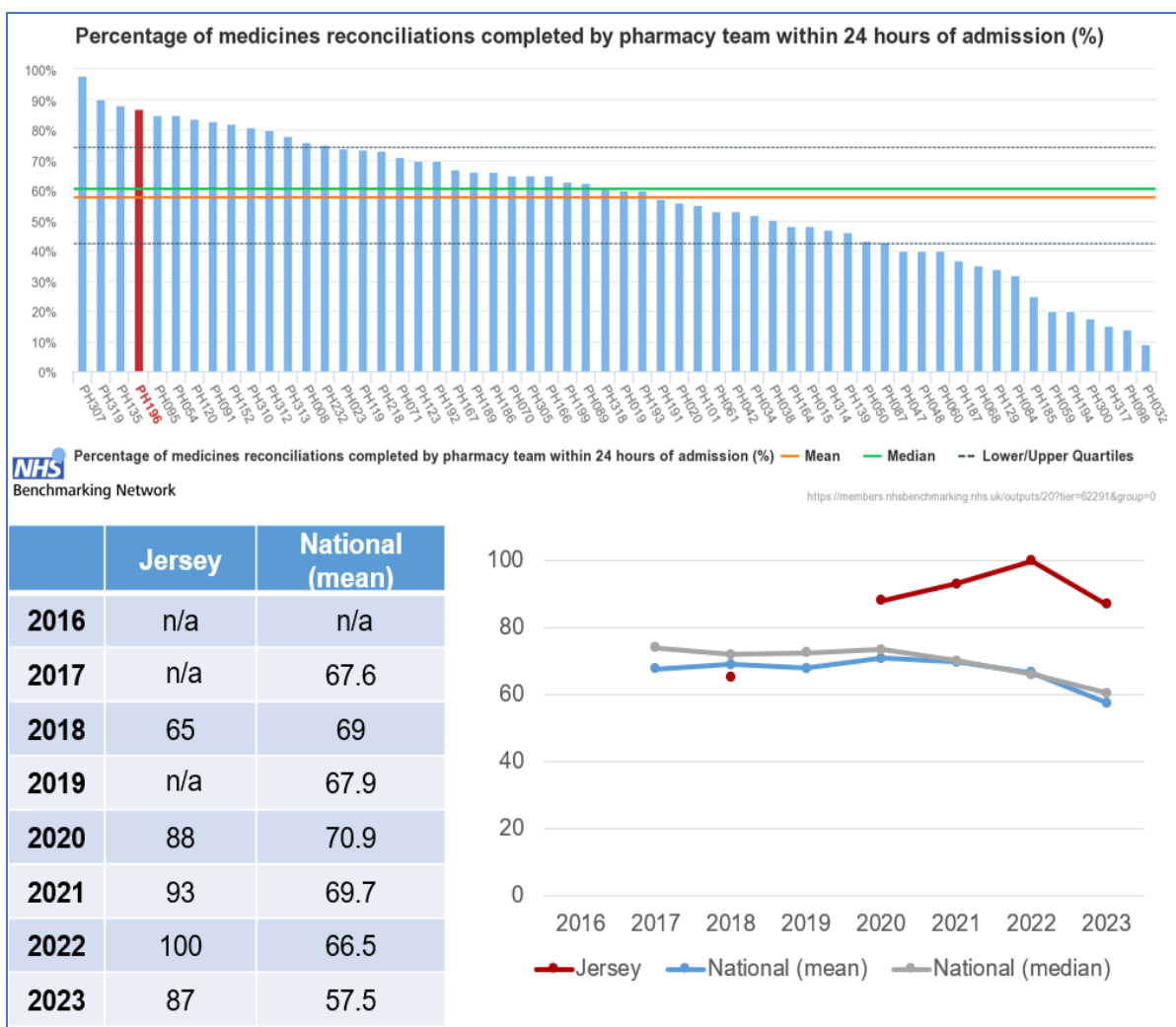
The importance of pharmacy support in a clinical setting should be regarded as critical in delivering optimised patient care. The proportion of our pharmacist time spent on clinical activities is slightly less than the national average. This can be explained in part by the requirement for Jersey to access services which wouldn't be delivered by a hospital this size in the UK, for example intravenous chemotherapy production. Additionally, the hospital pharmacy is processing a significant amount of outpatient prescriptions, which wouldn't be the case for a UK hospital.



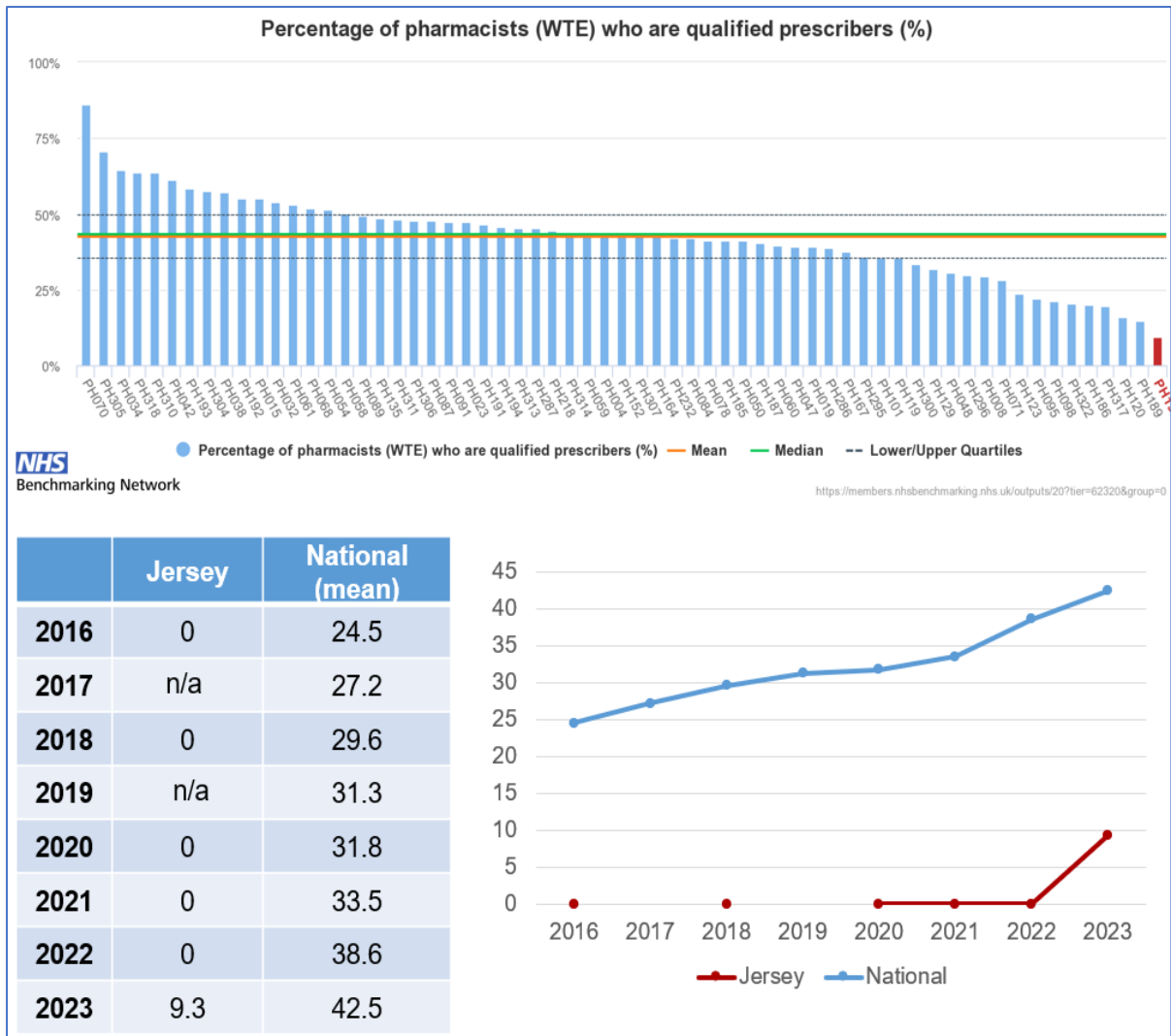


## Medicines Reconciliation

This quality indicator is recommended by NICE. It is the process of accurately listing a person’s current medicines. This indicator provides assurance around the safe and effective use of medicines. For us, it means that relevant information about medicines is reviewed, and medicines reconciled when people move from one care setting to another. This is because medicines errors can happen when people move between services.



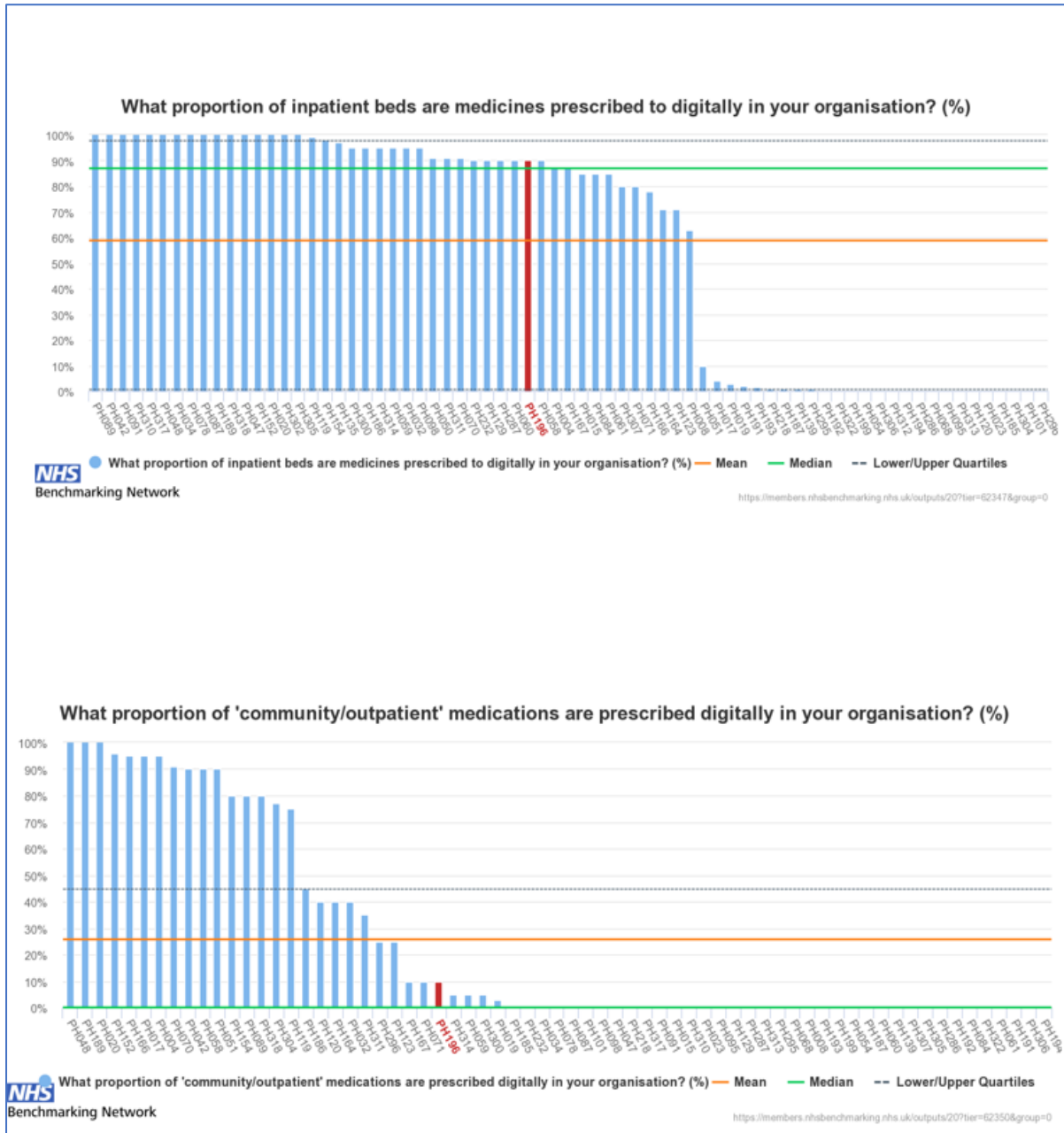
Enabling pharmacist to prescribe has demonstrated benefits in a variety of care settings. Currently we are not taking advantage of this. Furthermore, newly qualified pharmacists will be prescribers by the end of 2025, so this will also affect our ability to recruit and retain staff if we don’t train our current staff.



In response to this, our HCS pharmacists are embarking on a programme of training to become prescribers. Our first pharmacist prescriber has successfully completed their prescribing course provided by UWE Bristol University and is now officially registered in Jersey to allow them to prescribe medications to patients locally.

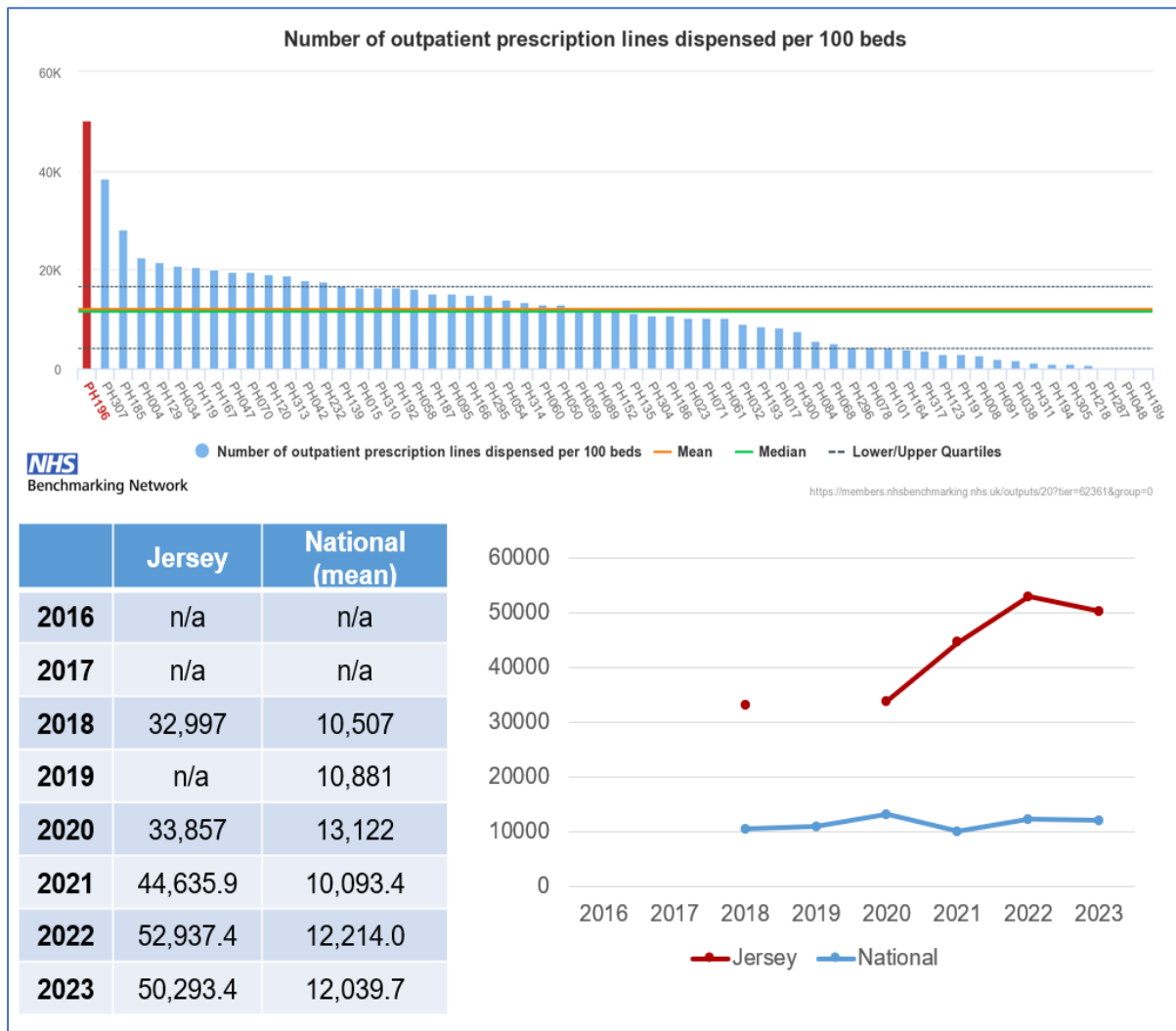
## Digital

Digitising the prescribing and administration of medicines has an enormous potential to improve patient care, increase safety, and make the whole system more efficient. There will be organisations who have implemented digital prescribing, such as ours – and others which haven't so will report zero. Our rates reflect that we have rolled out to most inpatient areas, and outpatient prescribing is starting to be rolled out.



## Dispensary Services

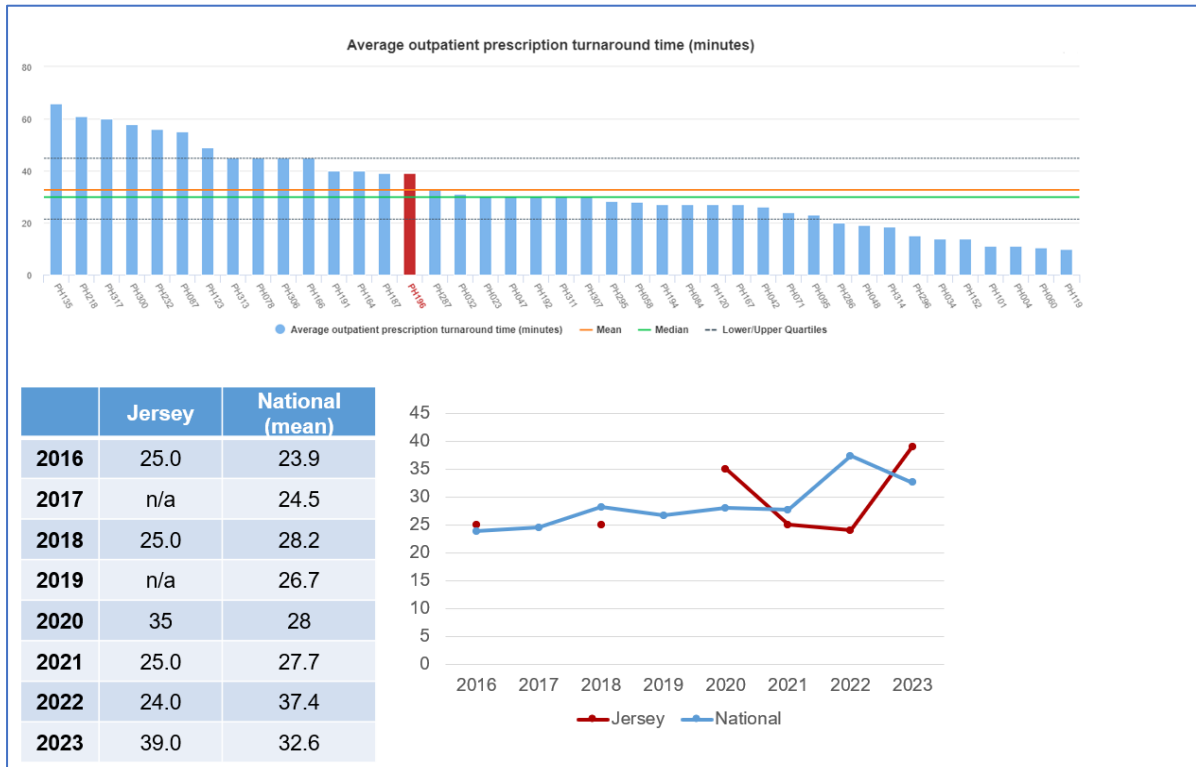
Health and Community Services Pharmacy dispenses around four times the amount of outpatient prescriptions of hospitals in the UK. This workload is increasing and becoming unsustainable for the current facilities and resources. It will be driven by prescribing in outpatient clinics. As of the end of September 2023, the number of dispensed items has increased by 19% when compared with 2020.



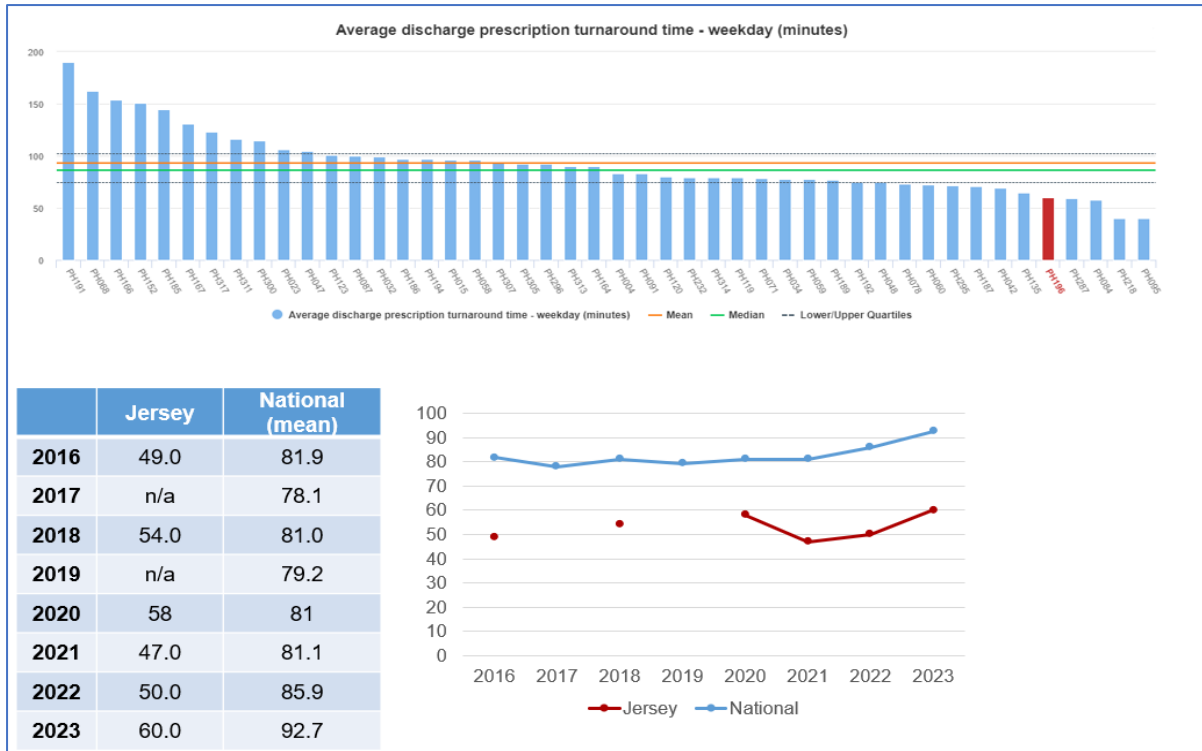
Furthermore, the complexity of dispensing has changed, with far more controlled drugs which require additional checks and records to be kept. The introduction of electronic prescribing will ultimately make the process safer, but while two systems are in place (EPMA and paper prescriptions), the rate at which prescriptions can be processed has decreased slightly.

This increase in complexity and additional steps required have impacted on the overall rate of dispensing of medicines, leading to longer waiting times for outpatients. The project revealed that the benchmarked mean average outpatient prescription turnaround time was 32.6 minutes. However, Jersey's average shows a marked deterioration from 26 minutes in January 2022 to 82 minutes in September

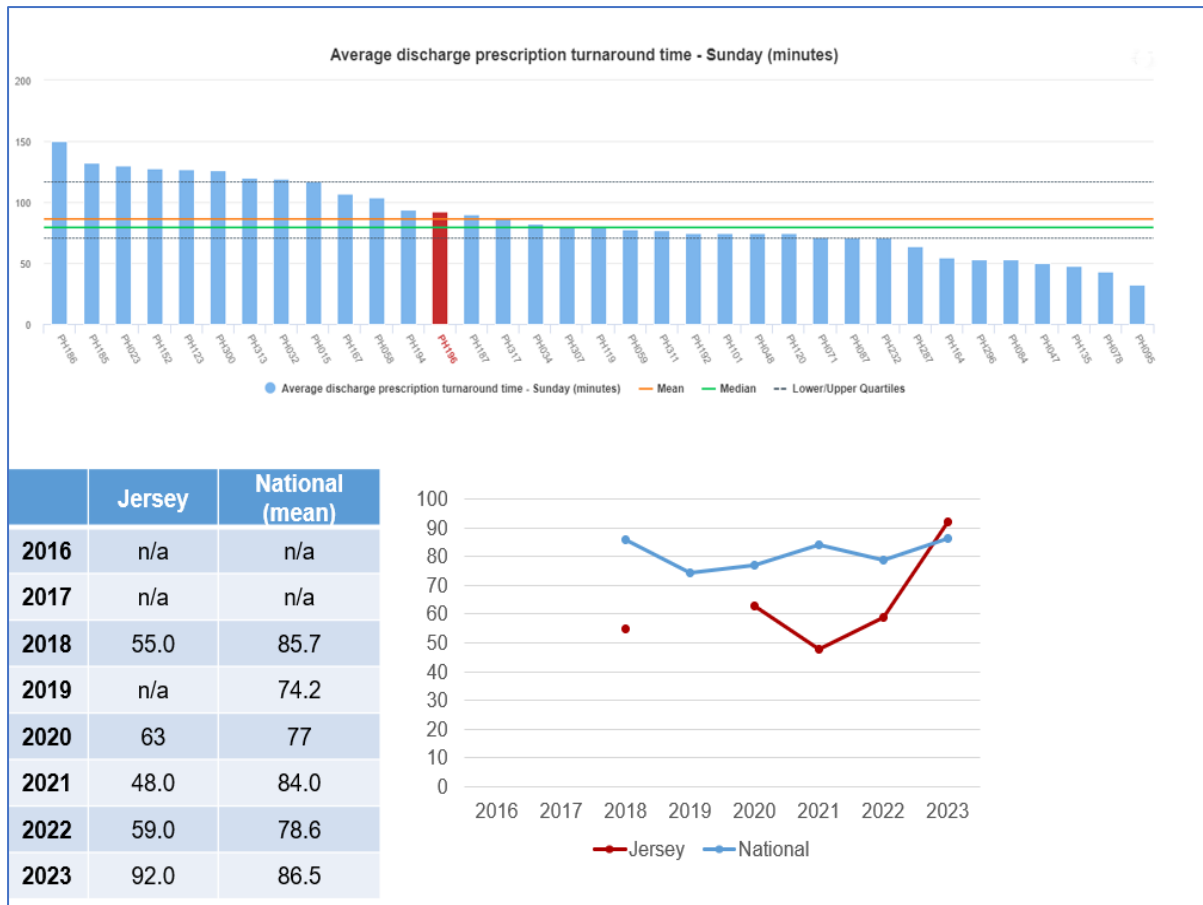
2023. A series of remedial actions to address this are being implemented, or planned for implementation, during 2024.



Capacity available for dispensing is prioritised for inpatients and to support discharge from hospital. This is reflected in the turnaround times for discharge prescriptions, which were markedly faster than the benchmark mean – 60 minutes vs. 92 minutes.



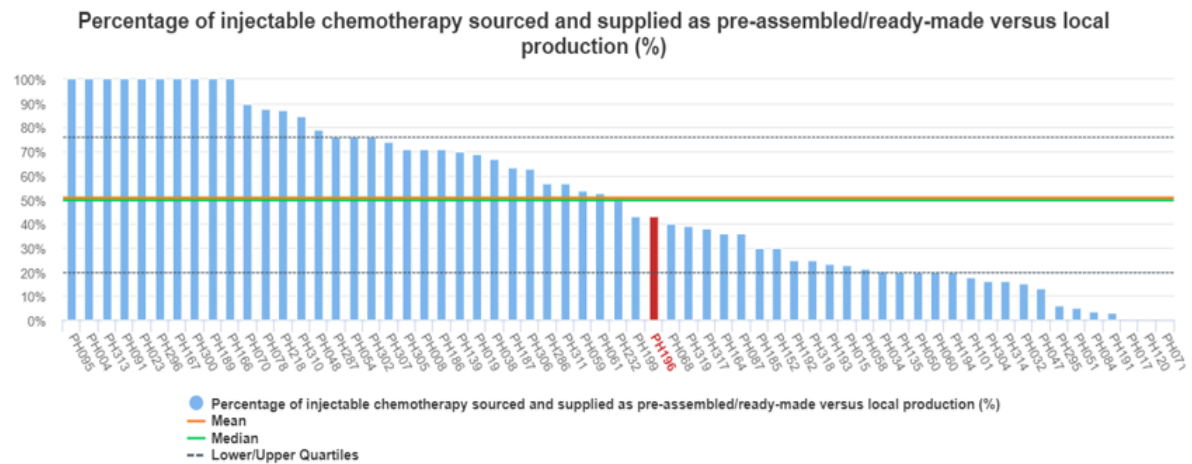
However, for Sundays it was slightly above the benchmark mean. This partly reflects the challenges Jersey has in staffing the dispensary seven days per week.



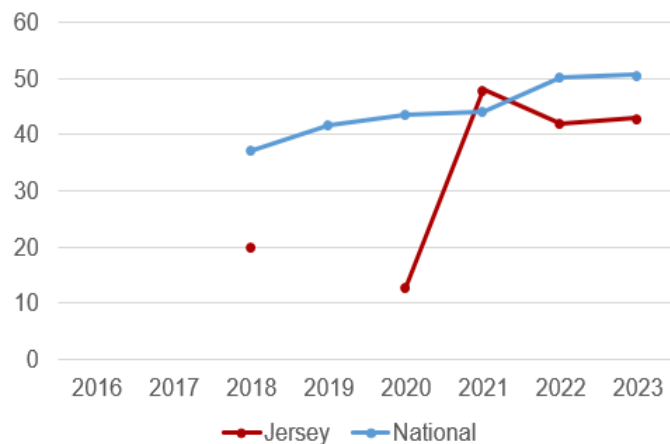
## Aseptic Services

This Service provides around 4,500 doses of chemotherapy to support treatment of patients with cancer, and 500 Total Parenteral Nutrition bags, to support patients who need to be fed intravenously.

The amount of intravenous chemotherapy produced locally is more than the average for a UK hospital. We source as much ready-made items as possible but given the logistics and the short expiry of these products, we inevitably have to produce more on Island.



	Jersey	National (mean)
2016	n/a	n/a
2017	n/a	n/a
2018	20	37.2
2019	n/a	41.8
2020	13	43.6
2021	48	44.0
2022	42	50.2
2023	43	50.7





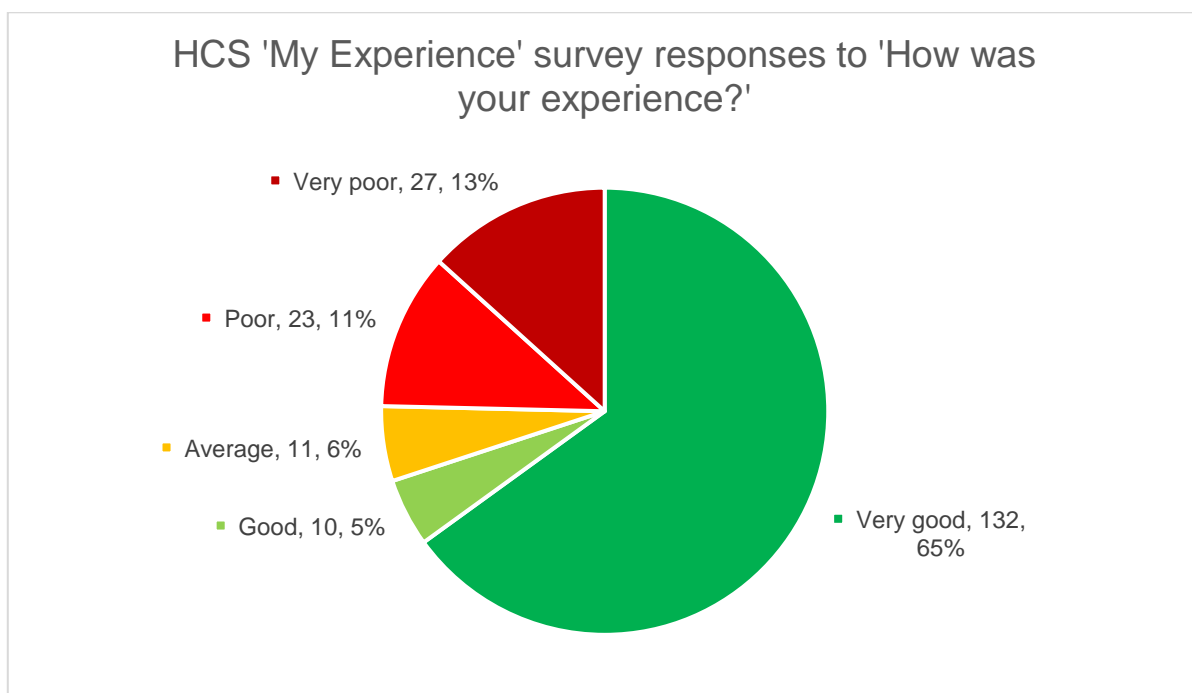
# Learning From Experience, Patient Experience, Complaints and Compliments

## Patient Survey 2023

During 2023 the 'My Experience' patient survey was undertaken, this garnered 203 responses between January and September. The information was collated, it contained compliments and, in some cases, raised issues concerning the care and services at HCS.

All compliments were logged, and the relevant Care Groups notified sharing the positive experiences with staff groups. All responses that were flagged as either 'Poor' or 'Very Poor' experience were reviewed by the Patient Experience Team and Care Group Leads to determine if any immediate actions needed to be taken to address patient experience concerns. It should be noted that not all the comments had contact details and the data remained anonymous, however the learning from the results of the survey is detailed below.

Of the 203 respondents to the survey, 65% reported that they felt their experience was rated as 'Very Good', with a further 4.9% reporting that they had a 'Good' patient experience. However, 13.3% reported that their experience was 'Very Poor', with a further 11.3% reporting a 'Poor' experience of HCS services. The following breaks down the numbers of responses to the question: How was your experience?



The following four areas received the most positive feedback and were rated as 'Very Good' by the respondents to the survey.

1. Dermatology
2. Aubin Endoscopy Unit
3. Radiology
4. Maternity

In contrast, the following four areas were rated as 'Very Poor'

1. Emergency Department
2. Orthopaedic Surgery
3. Gynaecology
4. Pharmacy

The common themes raised by the respondents across these services related to the attitude and behaviour of staff, the care received, and waiting times, with staff behaviours being the primary subject of respondents who rated HCS services as 'Poor' or 'Very Poor'.

## Themes (Subjects) Of Complaints, and Patient Advice and Liaison Service (PALS) Feedback

During 2023 the Patient Experience Team received 416 complaints, as well as 348 PALS enquiries and comments about HCS services. Additionally, there were 971 instances of complimentary feedback about care received logged. In comparison to 2022, there was a 6.1% increase in the number of complaint feedback received, with 72% of those complaints relating to Medical Services and Surgical Services at HCS.

Service / Care group	Total complaints received 2023	%
Medical Services	167	40.1%
Surgical Services	133	32.0%
Women and Children	46	11.1%
Mental Health Services	30	7.2%
Non-Clinical Support Services	18	4.3%
Therapies	9	2.2%
Adult Social Care	7	1.7%
Primary Prevention and Intermediate Care	4	1.0%
Group Medical Director	2	0.5%
	416	

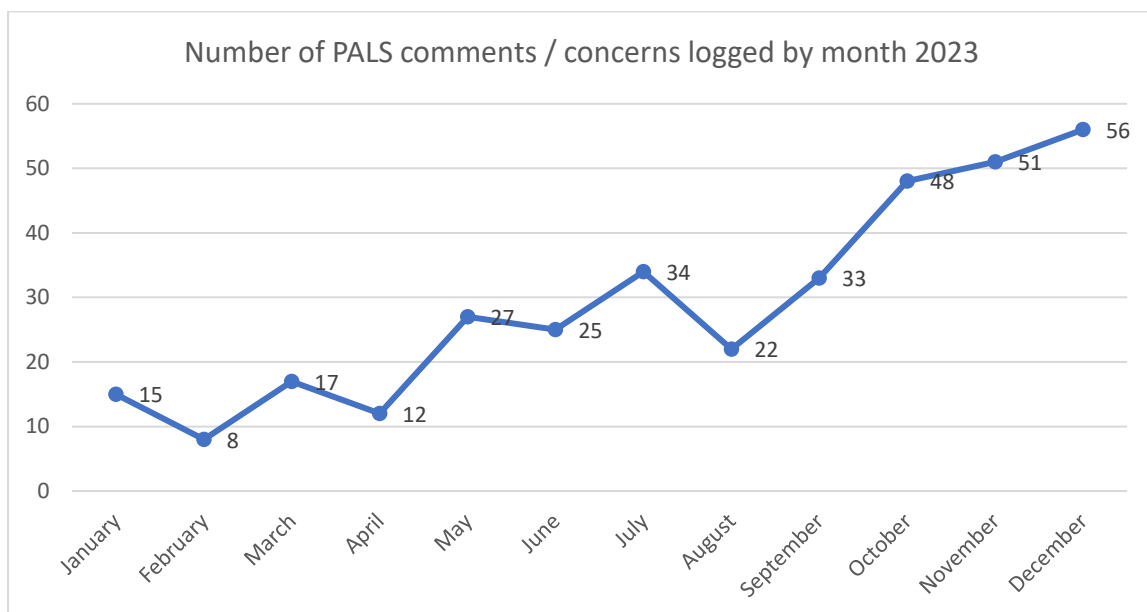
During 2023, 67 individual departments across HCS received complaints against the services they provide. The following five departments received the highest number of complaints.

1. ED (47 individual cases).
2. Surgical wards (38 cases).
3. Trauma and Orthopaedics (32 cases).
4. AAU (27 cases).
5. Gynaecology Outpatients (21 cases).

In total there were 76 different themes and subjects of the complaints received, of which the top four themes related to:

1. Staff Attitude.
2. Waiting Times.
3. Failures to carry out care and/or tests and examinations.
4. Delays in diagnosis.

Throughout 2023 there was a push to further embed the PALS service, which manages the feedback from patients, relatives, and carers who do not wish to make an official complaint, but would like a response to their concerns, support and assistance with their care, or who wish to provide feedback about how HCS can learn and improve the services provided. As a result, there has been a month on month increase in the number of cases handled via the PALS team.



The primary themes of the PALS feedback during 2023 related to – waiting times (across multiple departments), with the top three being:

1. Dermatology.
2. Trauma and Orthopaedics.
3. Ophthalmology.

Issues relating to appointments, transfer to tertiary care off-Island, lack of documentation or communication around admissions and discharges and staff attitude. As with the above complaint themes, these are routinely fed back to the relevant Care Groups to implement actions to address, and performance against the implementation of improvement actions is a focus for 2024.

## Complaints, Compliments and Comments: Actions Underway

Learning from complaints and feedback is fundamental and is the best evidence for bringing about sustainable change and forms the basis for quality improvement projects related to patient experience.

During 2024 there will be a focus on working alongside Care Groups to implement improvement actions highlighted by complaints and feedback.

# Staff Wellbeing

## Health and Community Services BeHeard Survey 2023

The GoJ BeHeard staff engagement survey was implemented in 2023. The results of the survey provided a range of views on the work experiences of HCS staff. As an organisation, HCS has used the survey results to improve care for patients and work experiences for staff.

The overall HCS employee engagement figure was 49% and our response rate was 28.5% as 907 colleagues participated in the survey. When comparing to 2020 data, the results indicate that growth or stability has happened across all eight engagement factors with leadership and management development being identified as an area for improvement.

## Staff Engagement 2023

The HCS Executive Leadership Team are committed to improving the experience of staff in their workplace. In order to improve the overall engagement of HCS staff and to enable them to have a voice, a range of engagement programmes and activity were introduced during 2023;

- Director of Culture, Engagement and Wellbeing has been embedded within HCS to provide executive leadership and strategic direction for employee experiences across HCS
- Schwartz Rounds initiated
- range of employee engagement programmes to strengthen leadership visibility and connectedness across HCS including monthly HCS Team Talks where we actively seek staff stories and enable positive feedback to reach those it was intended for
- targeted service areas were identified in benefiting from organisational development and appropriate organisational and cultural interventions implemented
- recruitment of a Freedom to Speak Up Guardian to enable a work environment whereby employees feel safe in raising workplace concerns
- improved staff recognition and reward programme including HCS Our Stars 2023 awards ceremony

## Health and Community Services Wellbeing 2023

A comprehensive programme of evidence-based individual and team wellbeing initiatives have been undertaken to enable employees to feel happy in the workplace or support employees when an event in the workplace is emotionally challenging.

This included offering

- 467 one-to-one counselling sessions
- 36 group sessions
- 68 mindfulness sessions

Plus, in response to 13 incidents, which involved 80 staff, there was a Trauma Risk Management approach involving 20 assessments and 11 follow-up sessions. Those staff that declined an assessment identified that they did not require any support.

## Freedom To Speak Up Guardian (FTSUG)

Nationally, the concept of developing a Speak Up culture in inpatient settings, with identified FTSUGs, was generated from a review undertaken by Sir Robert Francis in 2015. His report highlighted a need to create psychological safe spaces to enable staff to raise concerns to enhance patient safety, service delivery and support ongoing service learning and development. Locally and more recently, the Professor Hugo Mascie-Taylor review into clinical governance arrangements in JGH identified the need to instil an open, honest, inclusive, and supportive culture across HCS, into which the FTSUG is a part of. The FTSUG provides an independent and impartial route to seek advice and where appropriate, raise concerns.

Across all Health Services what is essential to patient safety is the need to improve the Speak Up culture, including but not limited to the Freedom to Speak Up Guardian route. Having a Freedom to Speak Up culture supports employees to raise concerns via a number of routes in the Organisation. When organisations provide psychologically safe spaces to raise concerns, there is trust that employees will not be humiliated or punished for speaking up about concerns or mistakes and that they can share ideas and ask questions freely and openly.

Organisations that are open and willing to listen to their employees, operate and function better. “More than 20 years of research demonstrates that organisations with higher levels of psychological safety perform better on almost any metric or key performance indicator (KPI) in comparison to organisations that have low psychological safety.” (Horizons 2021).

In line with the wider cultural developmental plan for HCS, the first FTSUG was appointed in January 2023. Being in Jersey this role sits outside the National Guardian’s Office (NGO), but local practice aligns to NGO Guidance regarding performance, case recording and reporting of data.

The NGO require information to be categorised under the following headings:

- patient safety / quality
- worker safety / wellbeing
- bullying / harassment
- other inappropriate attitudes / behaviours

During 2023, the FTSUG was contacted by 63 individuals across the Organisation. Those who came forward to raise concerns were from numerous professions and worker groups. The following information outlines the number of cases which have been brought to the FTSUG and highlights the required categories. Most cases have elements of all the above categories.

The concerns raised will inform the HCS cultural change plan for 2024.

Of the concerns brought forward:

- 25 had a patient safety / quality element
- 32 were related to worker safety / wellbeing
- 25 had elements of bullying / harassment.
- 31 involved other inappropriate attitudes or behaviours

To create a robust Speak Up culture, there needs to be assurance that however issues are raised, employees will be listened to, supported, and their concerns will be acted upon. The expectations of a healthy Speak Up culture will require senior leaders and managers at all levels to be willing to listen to what staff have to say and act on what they hear. Senior leaders will be required to role-model speaking up and set a healthy Freedom to Speak Up culture.

In this first year the focus of the FTSUG has been to raise awareness of the concept of Freedom to Speak Up and why it's important for patients, employees, and the Organisation as a whole. Through raising awareness and being visible and accessible employees have begun to make contact to discuss their concerns. Some of these concerns have been brought forward for further investigation, while others have either been addressed by the individual themselves or no further action has been taken.

As part of awareness raising the FTSUG has been present at:

- staff inductions
- INSET days
- training sessions
- forums
- medical staff training days

Regular drop-ins and walk arounds on medical wards and in departments has also been undertaken.

Information relating to what Speaking up is, is provided on leaflets and posters which have been disseminated across the Organisation.

Staff are informed that there are many ways to contact the FTSUG which include via phone, email and a dedicated FTSU Datix which only the FTSUG has access to. All contact with the FTSUG is confidential. The Datix route enables staff to report issues anonymously also.

The concept of Freedom to Speak Up requires organisations to have a growth mindset so that issues can be raised without fear of detriment or reprisal, can be looked at, addressed, and can then lead to understanding, development, and improvement. This will apply within HCS also.

It is important to note that the Speak Up route is only one way that employees can raise concerns and greater awareness of all routes will be promoted in 2024.

## Next Steps: Widening The Remit and Scope of Freedom To Speak Up

### **Develop A Diverse Network of Champions**

Not only to support a culture of speaking up across the Organisation but one of listening up also. Champions advocate, encourage and support colleagues and contribute to an open culture where raising concerns is business as usual. Champions will help to ensure all staff feel safe and confident to raise concerns and can signpost to appropriate routes. Develop a formalised training and support programme for champions.

### **E-Learning and Training**

Make the National Guardian's Office, e-learning training modules available for everyone. Alongside all staff completing the Speak Up training it will be imperative that managers understand how to respond to staff by undertaking Listen Up training and senior leaders undertake Follow Up training.

Put together a training plan for all staff to highlight the importance of creating a culture where honesty and transparency are welcomed and sought.

### **Support from Senior Leaders and Executives**

Continued ongoing support from senior leaders and executives so that all staff are aware of the importance of Speaking Up, know what to expect if they do Speak Up and that their concerns or suggestions will be listened to and acted on.

This report has served to highlight that HCS is at the starting line in terms of creating and developing a Speak Up culture. What is encouraging is that it has taken this first step in wishing to hear what staff have to say so learning and development can begin and can continue. We will continue to grow and develop this concept across HCS, so that employees feel safe to raise concerns without fear of detriment or reprisal and to ensure that patient / service user care and safety, remain at the centre of all we do.

## Equality and Diversity

As part of the improving Equality and Diversity in HCS, a role has been created to sit as part of the SLT to ensure that this discussion is always part of the agenda and improve cultural awareness. This came from a facilitated session called Safe Spaces which brought together Senior leaders and representative staff from different parts the Organisation discussing how it feels to work within the GoJ as an ethnic minority.

### **Anti-racism Statement for HCS**

Research was conducted using data from our incident recording system (Datix) to understand the reported incidents of racism in HCS and how these have been dealt with. We are now working on the development of an anti-racism statement for HCS. A paper and proposal were put forward and accepted by the SLT to ensure HCS becomes an anti-racist organisation, this was also shared and supported by the Health and Community Services Advisory Board in October 2023. This has included the development of a working group, which includes staff from the Race Ethnicity and Celebrating Cultural Heritage (REACH) network, and the cultural change group from Bob our Best (BoB).



A survey is also about to be launched in HCS to gain wider intelligence about racism and discrimination in the Organisation along with other pieces of work, such as Civility Saves Lives, to be launched in January 2024. Bespoke equality and diversity training is being explored to be delivered in 2024.

### Staff Neurodiversity Forum

A HCS Staff Neurodiversity forum has been set up by HCS colleagues to raise awareness and provide advice and guidance. It is supported by a multi-disciplinary working group on a voluntary basis. The working group has representation from

- Medical, Nursing, Midwifery and AHP Education
- Jersey Adult Autism Service
- Medicine, Nursing and Midwifery staff
- Civil Servants
- Human Resources

The group has planned a programme of monthly presentations and events for 2024 which are open to all GoJ Departments. They will be creating a webpage to provide information and signposting to other services. Most of the working party members are also part of the main government neurodiversity network steering group and are working in partnership with the other government networks to promote diversity, equity and inclusion. Despite being in its infancy, feedback on the forum has been very positive.

# Workforce

## Nursing Workforce

Ensuring HCS have the right staff, with the right skills in the right place at the right time to meet the changing needs of our patients is a priority.

### Nursing workforce goals for 2022 / 2023

1. Review staffing levels within inpatient wards twice yearly
2. Progress has been made with regards to informal review of staffing levels, a formal review process will commence in January 2024 alongside role and career pathway review. The established ratio of 1:6 on day shifts and 1:10 on night shift remains in place in the inpatient areas and is embedded in practice. As changes occurs within ward areas staffing levels and skill mix are reviewed in line with service delivery. The inpatient ward managers remain in a supervisory capacity which enables them to work alongside their team and ensure safe and effective care delivery within their wards.
3. Review nursing staffing levels in real-time and on a shift-by-shift basis to ensure ongoing quality and safety for patients.
4. The Safer Nursing Care Tool (SNCT) remains in use through the inpatient areas enabling the capture of real time patient acuity levels in relation to available nursing hours. This tool is used to support nursing staff in practice when reviewing staffing levels through different areas of the hospital. The acuity levels are reviewed by ward managers, lead nurses and operational leads to ensure that staff with the right skills are in the right place at the right time.
5. Deliver targeted training for registered and non-registered nursing staff to support the delivery of patient care.
6. Over 250 staff have attended training regarding care of those with cognitive impairment; this included patients who may lack capacity and those who require enhanced care. Work is ongoing surrounding care delivery for those who require enhanced care in conjunction with mental health colleagues

### Nursing workforce goals for 2024

1. Development of a nursing, midwifery and allied healthcare practitioner strategy.
2. New talent management system will be rolled out in 2024 which recruiting managers will be trained on to ensure timely and efficient nursing recruitment processes.
3. Roll out the HCS mandatory and statutory training policy, and skills matrix, to ensure all staff have the right skills. This will demonstrate a commitment to ensuring that statutory and mandatory training is completed alongside local policy requirements.
4. Look at new roles for both the registered and non-registered workforce which will boost staff morale, improve patient safety, and support the provision of patient centred care.
5. Establish a working group to ensure that rostering KPIs are reported from ward to Board.

6. Further development of the supervisory ward managers with additional accredited courses available.
7. Create a 'Ward Manager Handbook' to standardise the approach to ward management across the inpatient areas which will support the ward managers in their own roles.
8. Review the role of the specialist nurse and Allied Health Professional collaboratively with relevant stakeholders.

## Medical Staffing Rota / Workforce

Health and Community Services continue to work to improve and enhance the medical workforce throughout all grades.

In 2023 the Royal College of Physicians completed a review of Acute Medical Services which affirmed the need to expand and develop the Consultant workforce in medical specialties to ensure the recommendations made in the Hugo Massie-Taylor (HMT) report of 2022 can be delivered.

The intention in 2024 is to expand this workforce to allow this to happen. Further to the recommendations made in the HMT Report work is needed to ensure middle grade doctors can admit patients to relevant specialties without impediment, placing the patient at the forefront of the conversation. HCS have commenced a programme of Civility Saves Lives to embed cultural change and help facilitate those conversations to the benefit of patients.

The HMT report noted that the lack of clarity around consultant job plans led to confusion as to when and where senior doctors should be at any given time. HCS embarked on a process of formalised job planning with all medical staff in 2023 and this work continues. It has been recognised however that this needs to be more robust and the objective for 2024 is to ensure job plans are matched against service delivery for the benefit of patients in Jersey to reduce waiting times and increase access to medical care.

In a response to concerns raised by the HMT Report, with respect to the hours worked by middle grade doctors, there has been a significant increase in the numbers of Clinical Fellows working in HCS. These additional doctors allow an overall reduction in hours for those in the middle grade tier thus addressing the concerns raised in the HMT report.

Further changes to the Medical Model have ensured that all wards have a named consultant each day responsible for the care of all patients. Outside of medicine and further to the work described with respect to Maternity improvement programme there will be an expansion in the consultant workforce in maternity to address aspects of care raised through their royal college report.

Within surgery the Acute Surgical on-call rota has been strengthened by the employment by a substantive Acute Surgical Consultant. It is hope that in 2024 appointment of the second position will be confirmed to solidify this as the model of care for Jersey.

Throughout all specialties the direction for 2024 is to encourage substantive appointment of Consultants and replacement of locums to deliver a sustainable consultant workforce for the long-term delivery of care to the people of Jersey.

Throughout 2024 the intentions will be to continue to recruit to vacant positions, continue and finalise job plans and increase the number of middle grade doctors where necessary to maintain safe and effective rotas.

## Mortality

In October 2023, the Improvement Academy were commissioned by HCS to deliver Structured Judgement Review (SJR) training, this was co-ordinated by the Mortality team. An SJR is a form of mortality case note review which is done retrospectively to produce knowledge of the systems of care within an organisation. It provides an overall care score for a patients care episode. This supports learning and identifies good practice to share throughout the Organisation (Royal College of Pysicians, 2018).

Twenty three senior nurses and clinicians completed the training successfully and gained skills and competencies in SJR methodology. Following completion of the training HCS renamed SJRs to be Mortality Learning Reviews (MLRs) with some clinicians and nurses having undertaken their first MLR within two months of completing the training. The Mortality team have reviewed and fed back to staff about the quality of their MLRs and have identified recommendations which will strengthen future thematic analysis of MLRs.

The mortality strategy is being drafted and will be published early in 2024. The strategy will outline the ambitions for HCS in relation to learning from deaths. There will be some other supporting documents published in 2024 including the inquest management policy, and the MLR policy.

An important development in 2023 was the recognition of the need to undertake mortality reviews for patients with a Learning Disability that die whilst in the care of HCS. Initial contacts and meetings with LeDeR in the UK have taken place with a view to report into the nationally recognised service improvement programme in 2024.

### Number of Deaths Within HCS In 2023

There were 361 deaths within HCS inpatient settings during the reporting period from 1 January 2023 to 31 December 2023. This is similar to the previous year where there was 366 inpatient deaths. As an integrated organisation this also includes patients in areas such as the ED, ICU, rehabilitation ward, and the adult inpatient mental health wards. This comprises of the following number of inpatient deaths which occurred in each quarter of the reporting period:

Quarter (2023)	Number of deaths
Q1	93
Q2	92
Q3	90
Q4	86
<b>Total</b>	<b>361</b>

Number of Deaths Subject To Mortality Learning Review 2023

### Number of Deaths Subject To Mortality Learning Review

Although the MLR programme was not formally rolled out in 2023, there were some MLRs undertaken. The total number of deaths subject to a MLR during the reporting period was 29 which is 8% of the inpatient deaths that occurred in 2023. Twelve MLRs were triggered during the last quarter of the reporting period following the training undertaken by the Improvement Academy. A total of 26 of the 29 MLRs subject to review in 2023 were completed, three remain under review.

The average length of time taken to complete the 20 MLRs that have been finally approved since Q2 of the reporting period was 10.2 days. Only data from Q2 of the reporting period onwards has been analysed for average length of time taken to complete the MLR. This is to prevent misleading data due to a lack of resources before this period, and therefore a delay between triggering and uploading the MLR on to the Datix system.

The average length of 10.2 days is within the time expected to complete the MLR as determined within next year's MLR key performance indicators. This is significant because it enables duty of candour to be initiated promptly where problems in care have been identified.

Quarter (2023)	MLRs triggered	MLRs completed
Q1	6	6
Q2	9	9
Q3	3	3
Q4	11	8

MLR's triggered and completed within each quarter of the reporting period.

## Number of MLRs Triggering a Stage Two Review or Higher

When an overall care score of one or two is identified ('urgent action required' or 'action required'), a stage two review is triggered. A stage two review uses the MLR methodology, however it is undertaken by a different member of clinical staff. There are circumstances where a review with a low overall care score is automatically notified to the SIRP because the reviewer, or the Mortality team, recognise that it may require urgent escalation and response.

The tables below illustrate the number of completed MLRs that generated an overall care score of one or two. The data from Quarter 3 shows that 66.6% of the MLRs concluded an overall care score of one or two. This appears to be a large percentage however there were only three MLRs completed during that period. Similarly, the percentage of MLRs generating a low score of one or two in Q4 appears high. This percentage will likely reduce when the three MLRs still under review from Quarter 4 2023 are finally approved.

Quarter (2023)	No. deaths with overall care score of 1 or 2 requiring a stage 2 review or notified to SIRP	% of deaths with overall care score 1 or 2 requiring a stage 2 review or notified to SIRP
Q1	0	0%
Q2	0	0%
Q3	2	66.6%
Q4	2	28.5%

Completed MLRs that generated an overall care score of one or two

Quarter of the year (2023)	No. deaths requiring a stage 2 review or notified to SIRP and escalated as requiring a detailed case review or round table review	No. deaths requiring a stage 2 review or notified to SIRP and escalated to level 2 PSII
Q1	0	0
Q2	0	0
Q3	1	1
Q4	0	2

Completed MLRs that were escalated to more detailed reviews or investigations

Thematic analysis of MLRs, and implementation of learning throughout HCS will be a priority for 2024 as the MLR programme matures. Below are some examples of the excellent care identified within the MLRs, and which have been shared and should be celebrated by individual staff, wards and departments:

- timely clinical intervention and investigations in ED
- thorough plans for continuing clinical care during the acute and ongoing care phases
- timely referrals and efficient communication between clinicians where speciality specific guidance was required

Areas identified as requiring improvement and therefore will be the focus of quality improvement initiatives in 2024 are:

- a need for consistent and timely End-of-Life care interventions and management
- treatment Escalation Plans need to be initiated in a timely manner and be well documented, to include evidence of involvement from the patient and their loved ones
- improve the quality of written documentation including the use of nursing risk assessments and care bundles

# Information Governance

Information Governance (IG) refers to the way in which organisations process or handle information in a secure and confidential manner. It covers personal information relating to our patients and clients.

Information Governance provides a framework in which HCS can deal consistently with, and adhere to, the regulations, codes of practice and legislation on how information is handled, for example the Data Protection (Jersey) Law 2018, Public Records (Jersey) Law 2002, UK General Data Protection Regulation, the Freedom of Information (Jersey) Law 2011.

HCS IG, is therefore, responsible for overseeing:

- **Data Protection and Privacy;** governance controls in place to enable the fair, lawful and proportionate use of patient and client information, as well as its security.
- **Records and Information Management;** the management of information in an organisation throughout its life cycle as well as the organisation of information to ensure that employees can access relevant information, such as policies, guidance, and protocols.
- **Freedom of Information (FOI);** legislation that provides individuals with a general right to access all types of recorded information held by all public authorities.

## Data Protection and Privacy

### Disclosures

Health and Community Services IG manage disclosure of information relating to patients and clients. We receive requests from the individuals for access to their own records, or for us to provide their information to a third party, such as a care provider for a second opinion, or tertiary care. The team will disclose information to the police to support an investigation or to lawyers to enable an individual's representation, for example, the Mental Health Review Tribunal (MHRT) process which safeguards individuals who are subject to an Article of the Mental Health (Jersey) Law 2016.

Type	2022	2023
Disclosure	111	369
Subject Access Request	405	596
Police	183	252
MHRT	32	31
Viscount*	-	58
Total	731	1304

\*The processing of hospital record requests, for disclosure to the Viscount, moved to the IG function in early 2023



The disclosure of information to patients is an important component of transparency in healthcare, allowing patients to have access to information that helps them make informed decisions on their care and treatment, and building trust through accountability.

### Privacy Compliance

This covers requirements such as:

- accountability
- roles and responsibilities
- risk frameworks and privacy impact assessments
- regulatory requirements
- external data sharing controls
- incident and breach management
- subject rights, including transparency and access requests

In 2023, HCS IG supported the development of Information Sharing Agreements, undertaking Data Protection Impact Assessments, delivered contract due diligence and review, and provided advice on how to mitigate risks. We have ensured that HCS is represented at GoJ cross-departmental Data Protection boards and forums.

In 2024, HCS IG aim to develop the maturity of their function and privacy compliance in HCS by undertaking the Data Security and Protection Toolkit so that we can benchmark against other UK healthcare providers and will focus on the development of key Information Governance policies, specific to the needs of the health and social care service. This policy work will include the development of updated guidance on:

- the acceptable use of patient and client data
- information security
- incident management
- information sharing and disclosures

### Data Sharing in the Jersey Health and Care Economy

2023 saw progress in a number of digital projects that support the delivery of healthcare in Jersey; care delivered by HCS, and in partnership with primary care, and other health providers. The overarching aim is to use data in a way that facilitates shared care, enhances the delivery of quality services and enables clinicians to make decisions quickly, using accurate and up to date information.

This progress is to be balanced with appropriate governance protocols, safeguards and agreements that protect patients from disproportionate impacts on their privacy, and with the appropriate transparency in relation to how HCS use their information to support their care.

In 2023, HCS IG developed governance protocols in relation to the Jersey Health and Care Index, a demographic service designed to support the linking of patient records across a number of providers. This index does not share patient data but provides the data quality infrastructure to share relevant patient records when there is a clinical need, and as it develops will become the backbone of the Jersey Care Record.

We also saw the launch of the Clinical Audit Opt-Out, a facility that enables patients to opt-out of their data being used for the purpose of national clinical audit and research. Whilst the participation in national audit is vital for HCS to develop its services, understand their service and focus on key areas for improvement, it is necessary to ensure that patients can make this choice.

## Projects for Completion in 2024

As well as providing advice, guidance and support across the Organisation, HCS IG will work with project teams and service areas to ensure good governance and reduced privacy risk for health and care projects and implementations, including but not limited to:

- Maxims: new developments and phased launches
- Porter Service application: to allocate and track tasks and actions
- Glue IT: the ICU patient record
- Jersey Health and Care Index: Phase two
- FIT Order Comms: process management for screening programme
- PACs: the radiology management system implementation

## Cyber Security

Health and Community Services is engaged with the Modernisation and Digital (M&D) Information Security team, and its partners, to deliver robust security frameworks across the Department to secure and protect data from ransomware, phishing and cyber-attack.

In 2023, HCS benefitted from funding that provided a Departmental Information Security Officer to join the team, support the IG function and enable us to:

- progress in a number of areas that needed improvement, such as training and awareness, and prioritise such actions for maximum impact
- articulate information risks in a more structured and informative way, identifying ways that we could mitigate such risks
- investigate security incidents or issues, identifying the root cause and supporting the response, liaising with key stakeholders and providing the technical expertise to best support HCS

In 2024, HCS will no longer have access to this resource and will therefore maintain the progress made in 2023. The key areas of focus will be:

- timely response to incidents and co-ordination of incident response
- communicating learning and key messaging across HCS via all available channels
- work with the M&D Information Security to develop and deliver information security training to all HCS employees that do not ordinarily use computers to undertake their function and who will need the training delivered in a more effective way

## Information Management

The management of information and HCS knowledge is key to delivery of quality services, enabling health and social care professionals to access the information they need for safe decision making, in the form of policies, guidelines and procedures and data. In delivering care, providing our patients with information about their condition, or the procedure they are facing, could be paramount in developing understanding, building trust and awareness. HCS IG is responsible for making sure that this information is accessible and delivered to an appropriate standard.

During 2023, HCS IG registered and published a total of 149 ratified documents:

- 99 procedural documents (policies, procedures, guidelines and associated documents)
- 50 patient information leaflets, including translations

This compares to a total of 165 documents published in 2022:

- 65 procedural documents, (policy, procedure, guidelines and associated documents)
- 100 patient information leaflets

In 2023, HCS commenced the project to migrate stored information from network drives to Microsoft SharePoint to enhance accessibility, make use of the additional functionality and structure knowledge in line with best practice.

The first phase of the project involved creating a robust organisational structure within the SharePoint environment for each HCS Care Group and Directorate and was supported by resource provided by M&D and Prosperity 24/7. This phase was completed on schedule at the end of December 2023.

In phase two, we will start to locate information held across the network drives, working with each Care Group and Directorate to migrate documents, identify what is required, apply retention schedules, where necessary, and transfer electronic public records to Jersey Archive.

Whilst funding and support for this project has now ended, the HCS Information Management Officer will lead the Department's progress throughout 2024, delivering guidance, training and support.

## Records Management

Information Governance is responsible for ensuring that we meet the needs of both Public Records legislation, and records management best practice, working with service areas to rationalise records and apply retention periods and collaborating with Jersey Archive to review and maintain retention schedules.

Progress to review the HCS retention schedules was impacted by the rise in disclosures managed by HCS Information Governance, but the focus in Q1 of 2024 will be to finalise and publish updated HCS retention schedules, and an associated HCS Health Records Policy.

In 2023, as part of the GoJ Records Transformation Programme (RTP), HCS began a significant rationalisation of paper records, applying retention schedules across the estate, and those records that are retained will be considered for digitalisation, enabling quicker and immediate access to medical records online, reducing the risks associated with paper records and the resource required to assure governance controls.

Supported by the RTP, the HCS IG team focussed on rationalising records in the Psychology Service, managing the records of deceased individuals in storage, and made significant inroads in understanding the records management issues that need to be addressed across the estate. This work will continue throughout 2024 and will be enhanced by the launch of the scanning service and electronic document management solution later this year.

## Freedom Of Information (FOI)

In 2023, HCS received 197 FOI requests, either as the lead, or as an aggregated, Department. We completed 191 requests in 2023 (including 13 which carried over from the end of 2022). FOIs that remain in progress total 19 (as at 11/01/2024). The FOI responses provided in 2023, include, but are not limited to:

- staffing and vacancies
- agency staff use and spend
- medicinal cannabis
- waiting lists
- Rheumatology Service
- Dermatology Service
- Radiology Service
- bariatric surgery
- complaints
- commissioned services
- ADHD diagnoses
- major haemorrhaging policies and incidence
- staff health and wellbeing

FOI responses can be found at: [Freedom of Information \(FOI\) \(gov.je\)](#)

In 2023, HCS IG conducted a thematic review of FOI requests received over the last five years to determine popular subjects that the public want to know about. We are using the findings of this review to develop a Transparency Agenda and Publication Scheme so that we can proactively publish data in line with Islander's needs and interests.

An overview of requests received from 2019 through to March 2023 is shown in the table below, according to the main theme, though each FOI may have several questions on a variety of matters.

Main Theme	Requests Received
Patient Data	141
COVID	136
Staffing	117
Budget / Costs	85
Service Provision	55
Mental Health	41
Facilities	36
Cannabis	31
Policy	27
Demand	24
Commissioning	13
Safety	13
External Reports	12
Maternity	12
Reports	11
Suicide	10
Boards	9
Regulatory	8
Disciplinary	7
Complaints	6
Haemophilia / IBPs	3

Health and Community Services spending, staffing, waiting list data and cancellations continued to be key areas of interest, as does the subject of medicinal cannabis importation, licensing and prescribing, with a particular increase in requests through 2023 for meeting minutes of the Misuse of Drugs Advisory Council, as well as several FOI requests for correspondence.

A key deliverable for 2024 will be to progress and publish the Transparency Agenda and Publication Scheme, building on the publication of HCS Advisory Board records and reports in 2023, and better directing the public to already published information, such as the staffing and vacancy levels in the staff report. We also aim to build

learning from FOI requests and whether we can gather data in a different way so that it can be easily extracted, presented, and published.

# Digital Health

## Electronic Patient Record (EPR)

In May 2023, the Hospital transitioned from the TrakCare EPR system to the replacement solution, IMS MAXIMS. This new EPR system not only allows for the integration of third-party systems and applications but also paves the way for an extensive rollout of new functionality over a four-year period.

Historically, HCS operated on a hybrid system involving both paper and EPRs. This approach resulted in data fragmentation, hindering comprehensive access to a patient's medical history. Furthermore, the hybrid system lacked a robust data analysis platform, with security concerns surrounding Personal Identifiable

Information (PII) and related activities.

The initial implementation of releases one and two of the replacement solution was completed in June 2023, with releases three, four and five scheduled for deployment over the course of 2024 and into early 2025. These are significant implementations which are designed to drive clinical and operational change. These in turn, should drive improvements in clinical processes and health outcomes.

Key benefits and improvements:

- accessibility and efficiency - less dependency on paper notes, with easy access to electronic patient information
- improved co-ordination of care - better communication among healthcare workers inside and outside HCS
- enhanced patient care and safety - reducing the likelihood of errors by automating issues like drug interactions
- data analytics - uncovering trends, track outbreaks, and ensure cost efficiency and regulatory compliance

Despite these improvements, the transition to the new system has posed challenges:

- **Resistance to change:** concerns about the learning curve, disruptions to established workflows.
- **Interoperability:** ensuring that the new system can seamlessly integrate with existing systems and communicate effectively.
- **Data security and privacy:** implementing EPRs requires robust security measures to prevent unauthorised access, data breaches, and ensure compliance with privacy regulations.
- **Training and user adoption:** healthcare professionals need to learn how to use the new system effectively to minimise errors and optimise its benefits. resistance to learning or adapting to new technologies can be a challenge.

- **Workflow integration:** EPR systems should ideally integrate seamlessly into existing workflows. If the system disrupts or complicates daily routines, it can lead to inefficiencies and frustration among healthcare providers.
- **Wi-fi:** there are areas in the hospital where wi-fi signal is weak, and which could impact the use of mobile applications on smart handheld devices

## Electronic Prescribing and Medication Administration (EPMA) (Paediatrics, ED, Outpatients, ITU)

Patient prescriptions are electronic. The system provides allergy information that affects drugs and interactions between drugs, plus providing a clear view of what drugs need to be given to a patient and when.

### **TMC – Radiology**

Allowing overseas radiologists to report on radiology studies.

### **NHS England HSCN POSA / agreement signed**

Initial agreement signed with NHSE that allows Jersey to access NHS digital services offering.

### **Bookwise Oncology**

Implementation of the oncology management system.

PART FOUR:

QUALITY

IMPROVEMENT –

OUR SERVICES



# PART FOUR: QUALITY IMPROVEMENT – OUR SERVICES

## Adult Social Care

A new website, transforming how adults with learning disabilities access information, on Gov.je went online in January. The Adult Learning Disability Service website was developed with clients and the GoJ Web Services team. It improves how information is presented and makes it easy to understand. The project has helped Islanders with learning disabilities who may struggle with complex information online and need help to understand it.

The website uses an Easy Read format. Easy Read is a global standard and is useful for people with learning disabilities and those with other conditions affecting how they process information. It presents information as a combination of images and clear, understandable text.

The launch of the website was met with praise from clients and their families, supporters and carers. The Minister for Health and Social Services at the time of launch, Deputy Karen Wilson, said: “Everyone has the right to receive really good information in a way in which they can understand. This is a fantastic website, and I would like to congratulate all of those who have been involved in its look, feel and content.”

We have a number of ways of collecting client feedback in the Adult Social Care, Care Group, but it was clear that we were not collating and analysing this data effectively. We face very specific challenges around client feedback. We have a number of non-verbal clients, clients with learning disabilities and vulnerable and isolated clients.

We put together a working group to develop a cohesive Client Feedback Strategy for the Care Group to address this. The working group successfully mapped a process to ensure that we increase the diversity of our feedback sources. One new initiative in 2023 was the introduction of a touch screen client satisfaction monitor in our Day Service provisions. The data produced from this can now be analysed to identify trends in client satisfaction.

The Adult Social Care, Care Group, Client Feedback Strategy is due to be finalised during Q1 2024. It will then be shared with all staff to ensure they are following the proper processes, so we can gather as much feedback as our clients and their supporters and carers are willing to give us. From this, our Quality Assurance Officers will be able to identify learning which will help us improve our services.

August 2023 saw the production of our first Principal Social Worker report. These are standard practice in UK Local Authorities and are designed to give a strategic overview of activity, achievements, challenges and areas for further development across adult social care. This helps us identify our successes and also help us learn how we can improve our service to Islanders.

The Strategic workforce plan was completed and presented to staff at the end of 2023. This is embedded into the Care Group business plan for 2024. This is a plan as to how we will ensure we provide optimum working conditions and systems, in order to make us an employer of choice, thus maintaining high levels of success in attracting and retaining skilled and valued staff.

In 2023 performance in relation to Key Performance Indicators was consistently monitored and reported on to ensure that services were delivered with the efficiency aspired to. The data that is reported on will be expanded in 2024 and have a business objective of improving how we collect qualitative data (which explores how people felt they were assisted by our services).

A consistent framework for the way declined assessments are dealt with has been developed and implemented, with practice guidance on this issued. This now requires embedding into practice and the Care Partner recording system, providing assurance that when people decline our services but remain at risk, all practicable steps are being taken and recorded thoroughly in a consistent manner.

Across services for adults, practitioners had questioned whether there was a need for an Adult Multi-agency Safeguarding Hub. Finding from various serious case reviews has shown poor information-sharing between agencies. Multi-agency Safeguarding Hubs are designed to facilitate information-sharing and decision-making on a multi-agency basis. Such hubs in adult safeguarding can prove effective in preventing abuse, and spotting patterns of abuse and repeat offenders through effectively sharing information. The need was agreed, and work began in May 2023 to develop a Hub for Jersey.

Having experienced recruitment challenges in 2022, a full team in our Business Support Hub was successfully recruited to by August 2023. This was a major step forward in supporting frontline staff, allowing them to spend less time on administration and more time on client work. It also relieved the pressure on the existing Business Support Officers who had managed a huge workload with only 50% of the team being in place. The team has worked hard over the year to modernise and streamline our administrative processes to ensure that our services run efficiently, economically and effectively.

## Mental Health

During 2023, the Mental Health Care Group continued to embed many of the changes that had commenced in 2022. This included the new community mental health model; a workshop was held in March for over 70 staff, which focussed on collectively reviewing the implementation of the model to date.

Further work was undertaken to complete and publish the Standard Operating Procedures for the different teams (with the Home Treatment team SOP outstanding due to the plan to review the model in early 2024).

The detailed KPIs that were agreed as part of the new model have been monitored (and published in the Quality and Performance Report) throughout the year – and in particular, significant, consistent, improvement has been made in relation to:

- crisis assessment being completed within 4 hours (86% across the year)
- initial assessment by mental health services within 10 working days (81% across the year)

This is a significant achievement of a key objective of the community redesign – to improve ease of access and timeliness of response of mental health services.

During Quarter 4 of 2023, the Care Group Senior Leadership Team commenced a programme of quality review and caseload audit with staff across the working age adult Community Mental Health Team. Partly in response to service user feedback, this focussed on reviewing the implementation of the Care and Recovery Framework (CARF) ensuring that service users have an assessment, care plan, risk assessment and are being seen at an appropriate frequency. The case review also supported a review / discussion about the types of interventions being used by care co-ordinators, assisting to identify any potentially unmet needs or service delivery gaps.

A new general manager was recruited in 2023 for Mental Health Services, to further strengthen the operational management and leadership across these services, along with a dedicated Quality and Safety Manager for Mental Health and a new Practice Development Nurse for mental health services. Towards the end of 2023, two Carer Support Workers were employed –again, a key priority following the previous review of community services – who will introduce a formal carer assessment process and co-ordinate carer support activity.

In mid-2023, the Inpatient Care Improvement Programme was launched at a workshop involving staff, service users, carers and key partners. This programme of service development and quality improvement will be ongoing and spans a number of key areas that will collectively improve and develop the inpatient mental health service (across all three mental health wards). This includes

- the admission and discharge processes
- care and treatment programmes available within the wards
- service user and carer involvement
- the physical environment of care
- staffing (including staff support)

It is particularly pleasing to report that – following a specific focus on this – the specific patient safety KPI relating to follow up of inpatients within 72 hours of discharge has been achieved in 86% of cases for working age adults and 84% of cases for older adults during 2023.

We continue to have a Mental Health and Capacity Law Steering Group that monitors, reviews and reports on the use of mental health and capacity legislation. With the establishment of the HCS Advisory Board in 2023, there is now a formal assurance report received by the Board on a 6 monthly basis (with any required escalation occurring exceptionally to the Board outside of this timeframe as required). As a result of the partnership work co-ordinated by this group – and

supported by the community mental health review – both the use of Article 36 and the level of (inappropriate) police involvement in mental health work have continued to drop significantly. Annual reports on the use of both Mental Health Law and Capacity Law were also produced and published on behalf of the Minister for Health and Social Services in 2023.

Open staff engagement forums for the Care Group have continued throughout the year, and the Care Group has continued to maintain a focus on staff development and training. This has included purchasing on-Island training for groups of staff in clinical interventions and use of legislation, as well as seconding two support workers to undertake their nurse training. Reapproval processes for Approved Practitioners, Authorised Officers and Capacity and Liberty Assessors were also introduced in 2023, in line with other jurisdictions.

Finally, the Mental Health Strategic System Partnership Board continued to meet during 2023 and has commissioned some specific pieces of work including the creation of a Co-production Framework (led by the Jersey Recovery College on behalf of the Partnership Board) and the development of four system KPIs for mental health for 2024 (relating to service user outcome measure, carer outcome measure, homelessness and equality of access).

## Primary, Prevention, Therapies and Community Dental

The Senior Leadership Team was strengthened this year with the newly appointed Chief of Service and Lead AHP position (start date January 2024) this has allowed for the enhancement of services and improved governance and financial control across the Care Group.

There has been a key focus on quality safety and risk, performance, workforce, and service development. The Care Group continue to drive positive change in all areas and strive to achieve future investment. Business cases submitted included:

- making breast and cervical screening opt out
- additional administration staff to release clinicians for therapy work
- additional clinicians to support patient flow, discharge and community services

Work continued in 2023 to develop the performance metrics for all services, in-line with national benchmarks.

### Dental COVID Recovery

Throughout 2023 a scheme was undertaken with local private dental practices to reduce the waiting time within the Hospital Community Dental service. Dental was one of the first departments to close due to COVID and the last to reopen. This meant an increase in the waiting times for both new and follow-up appointments. Through the scheme, new appointments were outsourced which increased capacity within the Service to see follow-ups. The new patient waiting list reduced by around 70%. 2023 also saw the launch of the HCS Tooth Fairy initiative in collaboration with Jersey Post which allowed children to send freepost letters to the tooth fairy who sent personalised replies about; health promotions, advice on oral

health, and healthy eating. This allowed us to personally engage with nearly 1,000 children.

## Therapies

Within the therapies there have been targeted recruitment drives which have seen a significant increase in our substantive staffing and a decrease in the use of locums. Funding has been acquired for additional posts and in Podiatry (using volunteering hours and a 'Connect Me' grant) we have started a scheme with Aztec House to provide free Podiatry, shoes, and socks to residents. This will hopefully keep the residents more active and reduce any pain and issues they may be having. New services were developed within Physiotherapy to support patients with Lymphedema following the closure of the charity Lymphedema Jersey.

## Screening

All screening programmes have recovered to pre-COVID cycle times through the hard work and dedication of the teams.

- **Diabetic Retinal Screening:** has increased its cycle time for those patients without any signs of problems for the last two years – this means that patients have to come for fewer appointments and require less time off work.
- **Breast screening:** has returned to a two-year cycle
- **Bowel screening:** at home (FIT) testing has increased the eligibility age criteria meaning that more people can be screened for bowel cancer

## Women, Children and Family Care

Over this last year, the primary focus of the Care Group has continued to be the effective, safe, high-quality care of services. Work has been ongoing to improve the support available to women, children, young people, and families.

The Maternity Unit has been refurbished, and a Child Development Centre has been opened at Enid Quenault Health and Wellbeing Centre.

In 2023 the Senior Leadership Team was strengthened with a newly appointed Chief of Service and substantive Director of Midwifery and Nursing. Recruitment to the following areas was also successful:

- a community based Paediatric Consultant
- two Practice Development Nurses covering paediatrics and midwifery to enhance our approach to clinical governance within by expanding the team and its scope
- a Perinatal Mental Health Specialist Midwife
- a Counsellor for Women's Services
- an Infant Feeding Specialist Midwife
- a Lead Allied Health Professional for Paediatric Therapies

## Governance and Effectiveness

In order to deliver the most effective care, and work towards identifying and co-designing outcomes that are important to women, children and young people, during 2023 the Care Group:

- increased the number of Early Years Clinics, where children are waiting for early autism diagnosis
- set up a further community paediatric clinic in Mont à L'Abbé for children unable to access the clinic at the Enid Quenault Wellbeing Centre
- set up an Early Intervention Clinic for babies at risk of cerebral palsy which commenced in January.
- held neonatal and anaesthetic joint simulation training
- developed good practice crib cards to enable effective infant feeding
- attended the public health week for Family Nursing and Home Care
- ensured that staff are up to date with developments across the UK and wider, attending the educational conference for enriched lactation
- upgraded every TV station on Robin Ward based on patient feedback and in collaboration with Youthful Minds Jersey
- improved the menu on Robin Ward in line with patient feedback
- updated the pregnancy and birth website [Getting pregnant \(gov.je\)](https://gov.je/Getting-pregnant)
- improved the Paediatric Phlebotomy Service wait time for children under 12. Over 12s were directed to Adult Services, and the Adult Phlebotomy team was upskilled.
- increased the number of diabetic children on closed loop pumps to 75%
- reduced waiting list for outpatient appointments in Paediatrics
- contributed to the delivery of [Advanced Paediatric Life Support \(APLS\) course](#), Newborn Life Support (NLS) course, and the child health study day via our Paediatricians, Nurses and Practice Development.
- commenced a forensically trained Paediatrician
- delivered teaching to the police via our Paediatricians
- further developed Paediatric and Intensive Care Unit simulation training
- celebrated Children In Need with the staff and public and raised money for children on Robin Ward

The Care Group also achieved level 1 of the United Nations International Children's Emergency Fund (UNICEF) Baby Friendly Initiative (BFI). Health visitors and midwives implemented the UNICEF BFI level 2 standards. The BFI is a programme designed by UNICEF to help staff empower parents to build close and loving relationships with their babies, and to make feeding choices which support optimum health and development.

## Surgical Services

### Operational

The COVID recovery pathway for surgery continued in 2023. Initiative lists for Ophthalmology, General surgery and Urology enabled the Care Group to increase surgical throughput leading to a reduction in waiting lists for operations. The Care Group continued to ring fence inpatient beds to ensure the continuity of elective surgery, this decision supported both public and private elective patients.

The successful appointment of a Waiting List Manager and trial period of Surgical Flow Co-ordinator allowed the surgical Care Group to improve inpatient flow for both elective and emergency surgical patients. The Surgical Flow Co-ordinator post has since been made substantive as a result of the success of the role.

The Care Group recently appointed (end of 2023) their first Surgical First Assistant (SFA); to facilitate additional surgical activity by allowing the utilisation of Registrars and Junior doctors in other areas (ward rounds, safe staffing etc).

A Governance Lead for theatres was successfully appointed to support quality assurance within the Operating Department with a focus on patient safety.

The appointment of a new Ophthalmology Surgeon with experience in plastics will see the reduction of waiting lists in 2024. The projected plan is for Ophthalmic Minor Operating list re-implementation.

The Trauma and Orthopaedic team welcomed the appointment of a Spinal Surgeon and two Associate Care Practitioners within the speciality of Physiotherapy, their main focus being on alternative treatments.

The Trauma and Orthopaedic team conducted additional outpatient clinic sessions in a drive to reduce their waiting list.

The Care Group continues to support the Operating Department Practitioners (ODPs) through their apprenticeship scheme. A total of six are currently undertaking their training, during 2023, two ODPs complete their training.

The Radiology department maintained their accreditation. During 2023 MRI wait time reduced from 52 weeks to seven weeks as part of their targeted 12-week plan. Reductions were also seen in CT and Ultrasound. As part of expanding on-Island training and learning opportunities, the Radiology department commenced on-Island training for their first Apprentice Radiographer during March 2023.

The Radiology department successfully recruited a full team for interventional radiology (three registered nurses, two Health Care Assistants and an Interventional Radiographer). This means that fewer cases are flown off-Island for treatment.

Waiting list initiatives for Dermatology were undertaken to help improve treatment wait times. These lists were undertaken by the General surgeons and ENT Consultants working in partnership with the Dermatology Consultant. Dermatology also recruited a General Practitioner with an interest in Dermatology who currently undertaking two clinics sessions per week. This has helped to reduce wait times from point of referral.



We now have better visibility over the Audiology department and their appointments, since the introduction and transition into using Maxims in May 2023.

The Central Sterile Services Department (CSSD) moved from using the Scan Track to the T-DOC system for tracking of their instruments. This has improved safety, improved audit of their equipment and aided in maintaining their accreditation.

Our yearly Health and Safety walkabout highlighted challenges and identified changes to be made; however there has been a positive shift in health and safety culture throughout the Care Group.

### Clinical Governance

Surgical INSET days were reinstated during 2022 and continued throughout 2023. INSET days provide the Care Group with dedicated time to develop their knowledge with training sessions as well as departmental governance meetings.

Topics covered during 2023 included (not exhaustive);

- infection control
- freedom to speak up
- the future of digital health
- understanding DNACPR orders in surgical and orthopaedic patients
- setting up and running an investigation

Individual departmental and speciality meetings follow a clinical governance agenda, with an expectation that the following is discussed within the meeting and evidenced:

- review of incident reports and themes
- mortality and morbidity, including specific case reviews
- departmental audits
- patient experience and feedback
- risks

Departments also facilitated inhouse training within their teams, these included;

- fire evacuation training
- MAYBO training
- learning disabilities training
- equality, diversity and LGBTQ+



## Medical

The Medical Care Group Senior Leadership Team has been focused on quality safety and risk, financial grip and control, performance, workforce, and service development.

The achievements the Care Group delivered in 2023 are:

- recruitment of a General Manager, who commenced in February, that has operational responsibility for all areas within Medicine
- a Lead Nurse for Medicine was recruited and commenced in October who has responsibility for AAU, ED, and some specialties
- Nursing Leadership in AAU was substantiated. This will allow for key quality indicators to be embedded in these areas. Their key area of focus is recruitment and upskilling of staff to perform within a high acute area
- a Practice Development nurse was appointed for the AAU and ED. Their key area of focus is surrounding our triage of patients and to improve the ambulance handover times
- embedding of our INSET days for shared learning of governance across the Care Group. Several individual departmental and speciality governance meetings continue to be embedded across the Care Group
- significant investment was achieved for our expansion beds to allow for substantive recruitment for better quality care. This recruitment is underway
- significant investment in our Clinical Fellows which has allowed for better safer care across our ward base
- an electronic rota for medical staffing was implemented which has improved our visibility, real-time live information and our ability to deploy staff flexibly
- the Acute Medicine Improvement plan was initiated from the Royal College of Physicians report of the service
- the Rheumatology department review commenced which initiated from the Royal College of Physicians report of the service
- a Consultant in Rheumatology was appointed and commenced in July 2023.
- a Clinical Lead for Acute Medicine was appointed and commenced in May 2023
- Advanced Clinical Practitioner investment was achieved for Emergency Department of overnight nursing
- the Cardiology department were part of a national trial involving four centres looking at the management of heart failure
- embedding of our INSET days for shared learning of governance across the Care Group
- Cardiology Services won Team Of The Year at the Our Stars Awards
- Rozel Ward won Patient Experience Team Of The Year at the Our Stars Awards
- a nurse from Rozel Ward was a finalist in Pride of Jersey Awards
- the Cancer Strategy was endorsed and launched in 2023
- a Cancer manager commenced in post along with the Multi-Disciplinary Team's (MDT's) co-ordinators for Cancer services

## Office of the Medical Director

### Quality and Safety

The Quality and Safety team grew and developed during 2023. The majority of the team are now employed in substantive positions.

The team consists of:

- Associate Director of Quality and Safety team
- Deputy Medical Director
- Consultant of the Office of the Medical Director
- Head of Patient Safety
- Quality and Safety Manager for Serious Incidents
- Quality and Safety Manager for Mortality
- Quality and Safety Manager for Mental Health
- Quality and Safety Manager for Women's and Children
- Patient Safety Practitioner for Mortality
- Patient Safety Practitioner
- Datix Manager
- Datix Business Support Officer
- Head of Quality Improvement
- Head of Compliance and Assurance
- Clinical Audit and Effectiveness Manager
- Two Clinical Audit and Effectiveness Officers
- Two Compliance and Assurance Managers
- Quality and Safety Manager for Policy
- HCS Risk Manager
- Library and Knowledge Manager
- Two Business Support Officers

#### Care Group Governance: Mental Health

The Care Group Governance Lead for Mental Health sits under the Quality and Safety team. This creates an opportunity to work together with and support the Mental Health Care Group with quality and safety governance. This role is diverse and involves a variety of tasks across all areas of the Mental Health Service, working closely with different staff groups. Collaborative working allowed the creation of the new Mental Health Clinical Risk and Management Policy.

Mental health governance data is collated monthly to discuss with senior staff and share with staff across services, this ensures that everyone is aware of quality and safety issues identified and areas of practice to celebrate. Specific focused work is undertaken in response to need identified and are part of regular governance meetings across the Care Group. Finding ways to share learning identified about patient safety events so that staff can embed learning into routine clinical practice remains an ongoing priority.

## Quality Improvement

The Quality Improvement (QI) function moved into the Quality and Safety department in June 2023. Since then, work has been undertaken to improve data quality and consolidate existing quality and safety information. There has been significant improvements in SI recommendations, further details and metrics can be found in the 2022 achievements section, objective 3c.

Extensive work has also been undertaken to understand the impact of the new ordering system on HCS services. This was shared with the HCS Executive team and wider Government colleagues.

Until June 2023 there was a team of QI practitioners working on a range of improvement projects in acute and community services. This included continued support for the RER programme, (see 2022 achievements, priority 5 for further details). Other activities have included process mapping and improvement plans for a variety of services, dementia inpatient improvement work and ward-based observations. Work in mental health concentrated on improvements to inpatient services and the rehabilitation pathway.

## Datix

The last year has been one of considerable achievement for the Datix team. The team manager, Leah Carr, undertook her Datix training and subsequently obtained Datix certified professional status after completing a challenging assessment that involved establishing a complete Datix system from scratch.

A new Datix Business Support Officer was appointed in September and undertook basic Datix training.

A number of successful Teams-based, and face-to-face Datix training sessions were delivered leading to improved knowledge of, and use of Datix. Awareness of the vital role Datix plays in quality improvement across all areas of HCS activity increased as demonstrated by the increasing number and accuracy of Datix entries submitted.

## Serious Incidents (SIs)

Following a safety event the Patient Safety team, and Care Group Governance Leads triage all Datix incident reports to decide if a safety huddle is convened. In 2023 over 100 safety huddles were held to ensure prompt review, identify any notable practice and / or learning from an event and agree actions to be taken.

Serious Incident Review Panel (SIRP) meetings consisting of executive and clinical staff are held to hear SI notifications and agree the investigation level. Once an investigation is complete the report findings and recommendations return to the SIRP to ensure organisational oversight of learning. The panel moved from fortnightly to weekly meetings in 2023, meeting 42 times versus 29 times in 2022.

A key role of the Patient Safety team is to work collaboratively with Care Groups and clinical teams to share and embed learning from SIs into practice across HCS. In 2023 the Quality and Safety team presented at a variety of meetings, Care Group INSET days, essential training days for clinical staff, audit days and ward / department governance meetings, enabling them to reach large numbers of staff.

The ongoing work towards the implementation of Patient Safety Incident Response Framework (PSIRF) in 2024 will strengthen the voice of the service user with the aim of ensuring early collaboration and capturing their experience and expertise.

## Policy

There was a consistent focus on policy improvement work during 2023. Approval was granted for a dedicated policy management system to securely hold all policies. Improved search functionality will mean all policies can be easily accessed by all staff. This is due for implementation in 2024.

During 2023, the total number of policies increased by 15%, the number of overdue policies decreased from 68% to 54%. The number of in date policies nearly doubled in the past 12 months, since the Policy Manager started in post. Around 100 policies have been updated or newly published.

The Policy Manager delivered individual and group training sessions on policy development and implementation. The policy template was updated with additional governance checks including an audit statement and applicable NICE guidelines. In July HCS approved a policy adopting NICE guidelines as a default for our clinical approach.

## Risk

Health's strategic priorities and services are subject to a number of risks. The GoJ risk management strategy 2023-24 sets out how departments identify and manage these risks through a risk framework. HCS have broadly adopted this and have roles and responsibilities within risk management at all levels and activities.

2023 was a busy and challenging year with financial issues, clinical reviews, system changes and severe weather all presenting challenges and opportunities to improve / change. The risk metrics (below) and committee / SLT activities provide evidence that HCS is moving in the right direction in terms of risk management maturity. HCS applies a continuous service improvement to its risk management activities and as part of this has produced three new risk management dashboards and automated the overdue risk notification which has saved time, money and improved performance.

We use a clinically proven system to manage our departmental risks which feed into the Government's risk management system to support the golden thread of enterprise risk management. In the first half of 2023, in preparation for HCS Advisory Board reporting, HCS changed its risk classification from two to three levels and has the following breakdown of its 271 open moderate / high risks at each level:

1. HCS Principal Risks.
2. HCS Corporate Risks.
3. HCS Operational Risks.

In 2023, HCS closed 117 risks and reduced the total number of risks on the register by 32 which demonstrates that the risk management process is alive and HCS has a healthy throughput. In terms of Key Performance metrics, HCS improved its overdue risk position from 95 in December 2022 to 53 in December 2023 and significantly

reduced the length of time risks are overdue a review. HCS also improved the number of risks with assurances following agreement to add this as a KPI at the end of Q1 2023 with 100% of live Principle and Corporate risks achieving this KPI.

## Mortality

The newly appointed Mortality team took up their positions within Quality and Safety during 2023. Since they came into post, they have spent time building relations with the Executive, Care Group SLTs and other key staff and stakeholders including:

- the Mortuary team
- Informatics
- the PALS
- Chaplaincy
- the Viscount's Department
- the Law Officer's Department

The Mortality team have also been fundamental to ensuring that other requests from the Viscount's Department, such as the need for witness statements and clinical records, are actioned in a timely manner.

## Non-Clinical Support Services

Non-Clinical Support Services (NCSS) had a busy year in 2023 supporting its business-as-usual functions as well as HCS' major incident response, Financial Recovery Programme, and development of New Healthcare Facilities. This included the opening of the Enid Quenault Health and Wellbeing Centre. All of this work was underpinned by continuing management development, governance work and strategic workforce planning to ensure NCSS delivered a thriving service in support of our clinical colleagues.

The Catering Service had a particularly busy year with the opening of the Thyme Out West Café at the Enid Quenault Centre and continuing to develop its other public outlets to ensure they deliver a service that fulfils the requirements of staff and the public. These services were key to assisting HCS with its Financial Recovery Plan generating £926,000 of income to offset the cost of providing support services, allowing more money to be directed to clinical activity.

There was significant work done in developing environmental health policies and procedures as well as contributing to the HCS Nutrition and Hydration Strategy to ensure better patient care and experience whilst reducing length of stay.

Partnerships with other Government Departments also developed, enabling a OneGov approach to catering provision for several projects.

Laundry Services developed an income generating arm with the on-boarding of commercial customers utilising the facilities additional capacity, which generated £50,000 of new income in Quarter 4 of 2023. This has been very successful and is testament to the team's flexibility and broad understanding of the benefits this initiative brings to HCS, again offsetting the service costs and enabling more funding to be directed to clinical services.

Our essential hospital facilities services continued to effectively deliver their services throughout 2023. The Porterage team maintained their patient focussed approach and continuously went above and beyond to support clinical services across HCS.

This was replicated by our Domestic team who kept up with the challenges of new infection prevention and control processes whilst driving significant financial efficiencies through efficient deployment of staff and improved purchasing processes for consumables.

Development in HCS stores also contributed substantially to more efficient procurement, storage and issuing of medical consumables whilst working through the challenges of a new digital financial and inventory system.

The Switchboard team maintained a professional and approachable service to enable vital communication from the public and within the Department.

Administration teams worked tirelessly to facilitate the implementation of MAXIMS and streamline processes to enhance clinical productivity and improve the patient experience.

In tandem with this, the Medical Records Service improved operational efficiency and contributed to the Government Records Transformation Programme (RTP) to prepare for the future paper-light method of record management.

Clinical Coding worked hard to embed new practices following the implementation of MAXIMS and address backlogs to enable data availability for clinical planning.

The Overseas Treatment and Travel Service worked extremely hard to embed efficiencies in supporting patients who receive treatment overseas as well as contributing to policy development to ensure this service remains patient centric. The contracting of accommodation in our high-volume care areas also ensured a pleasant environment for patients whilst driving financial efficiency. This great work will continue in 2024 with team enhancements and development of eligibility for travel companions.

The Health and Safety team merged with the Estates Compliance team. This drove efficiency by on boarding some services which were previously outsourced.

An overhaul of the governance structures and accountable roles also gave greater oversight and assurance of safe practices across the HCS estate.

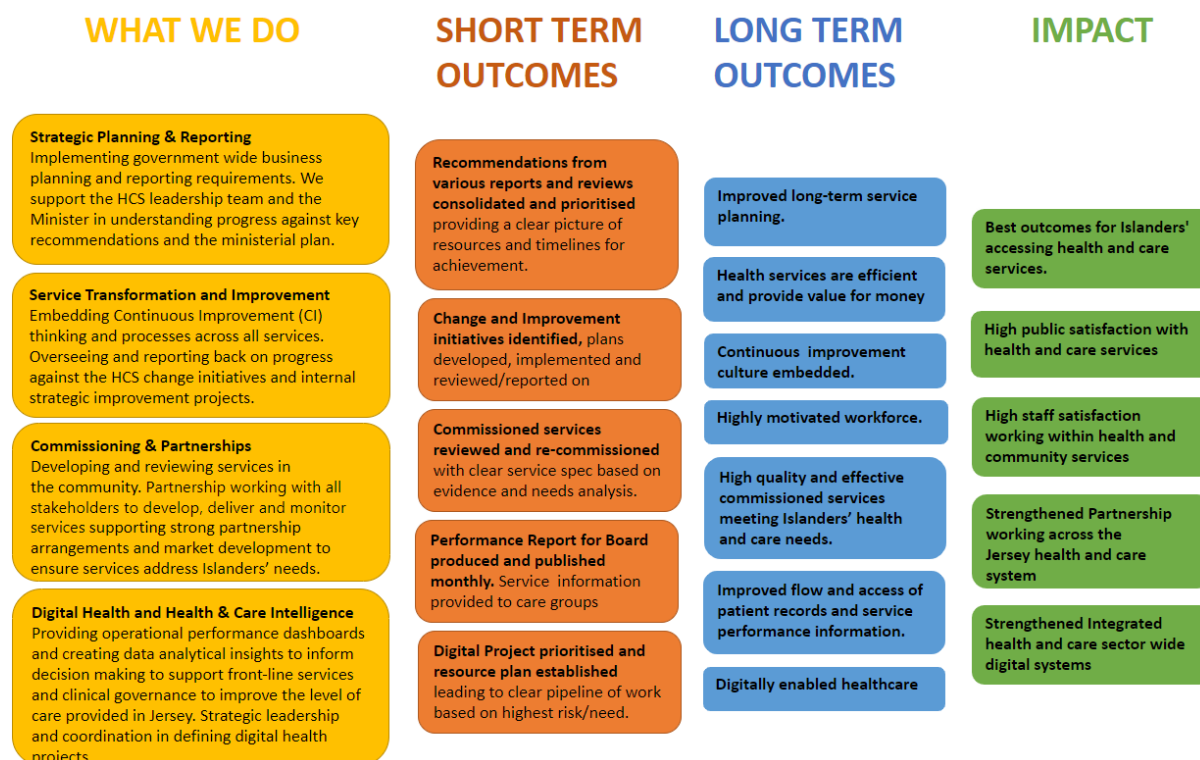
## Improvement and Innovation

In 2023 the Improvement and Innovation team saw a restructure, significantly reducing the size of the team. During the year many projects or work initiatives were delivered and supported including:

- supporting development of the Government plan, Ministerial plan and priorities
- overseeing implementation of review recommendations such as: HMT, Scrutiny, PAC, C&AG

- supporting emergency responses
- facilitating co-design of strategies such as: End of Life, Cancer, Dementia
- managing the Health and Care Partnerships and Health and Care Partnership Group (HCPG)
- supporting and delivering programmes of work:
  - Maternity Improvement Plan
  - Jersey Private Patients Strategy
  - Community Pathways
  - Inpatient Care Improvement Programme RER
  - Mental Health Redesign Programme
  - Mental Health review recommendation implementation
  - Be Our Best programme of work
- supporting 15 commissioned providers
- supported the development of the co-production framework
- developed the Commissioning Academy and the Community of Practice
- re-commissioned service e.g., Lymphoedema
- project managed the installation of new anaesthetic machines.
- delivered a new contract for Jersey Health and Care providers.
- supported the implementation of MAXIMS the new HCS Patient Administration System
- supported the EPR team to deliver a fully functional waiting list dashboard / Patient Tracking List (PTL)
- initiated the Ops Hub dashboards, running on five-minute refresh cycles, 24 hours per day, seven days per week.
- expanded the Diagnostics PTL with a new dataset being automatically extracted
- developed new dashboards from MAXIMS data
- published the Quality Performance Review (QPR) monthly from month five onwards
- developed, and presented internationally, new machine learning model





## Staff Development

Staff have been supported to develop through secondment opportunities, formal and informal learning including:

- Change management
- Prince 2
- Agile
- World class managers
- Lean and QI methodology
- Degree programmes

The Directorate was also successful in the 2023 Our Stars programme being nominated in many categories and being finalists and winners in a range of areas.



PART FIVE:

# STAKEHOLDER FEEDBACK

# PART FIVE: STAKEHOLDER FEEDBACK

The Quality Account was sent to the following identified stakeholders.

- Family Nursing and Homecare
- Child and Adolescent Mental Health Services (CAMHS) / Children Young People Education and Skills (CYPES)
- Jersey Care Commission (JCC)
- Primary Care Body
- States of Jersey Ambulance Service / Justice and Home Affairs
- Safeguarding Partnership Board
- Jersey Care Federation

The Jersey Care Commission thanked us for the opportunity to provide feedback but as they are not regulating the hospital or mental health services at this time did not feel that commenting would be possible. The following feedback was received.



## Family Nursing and Homecare

### **Rosemarie Finley | Chief Executive Officer**

FNHC are contracted by HCS to provide a significant amount of the Jersey community health services. All providers are ambitious to work together to support structured reviews for key health conditions, as this helps to support earlier intervention and health promotion and a continuum of care approach.



## Child and Adolescent Mental Health Services

### Dr Darren Bowring | Acting Group Director Integrated Services

Children, Young People, Education and Skills (CYPES) have reviewed the Health and Community Services 2024 Quality Account. The account describe the Care Group's working relationship with the Child and Adolescent Mental Health services (CAMHS). CAMHS welcome the opportunity to comment on the report.

CAMHS welcomed the objective (Priority 3) to develop, ratify and implement a quality and safety strategy that includes the service. Recommendation 11 in the Comptroller and Auditor General (CAG) Report 2022 was a requirement to document and implement a comprehensive quality and safety programme across CAMHS and oversight and input of the Quality and Safety team has enabled us to meet this recommendation. Further work was also completed in 2023 to clarify roles and responsibilities for Risk Management are set out in in the Children's Governance Oversight Group (CGOG) Terms of Reference as mandated by the delivery of the Target Operating Model (TOM) and is supported by the Memorandum of Understanding between CYPES and HCS. Specifically, the CGOG is responsible for the leadership and implementation of the joint governance, risk, and the quality assurance framework detailed in the Memorandum of Understanding (MOU) between HCS and CYPES. CGOG also maintains a joint Risk Register of identified risks, rating and mitigation relevant to the governance and oversight of these services, and review this on a regular basis. This ensures escalation of significant issues and risks to the appropriate oversight group within both HCS and CYPES.

Both CYPES and HCS have risk structures in place. CYPES hold a frequent risk forum which feeds into the CYPES Risk Committee for ratification. HCS hold monthly risk governance meetings, Care group performance meetings which feed into monthly Risk Management committee (RMC) which CAMHS and CYPES Head of Governance frequently attend. The RMC includes CAMHS risks in its monthly progress report and passes this to the Quality and Risk Assurance Committee for assurance and oversight.

In 2024, the MOU will be updated between CYPES and HCS. This will allow us to describe the Quality and Safety Service's working relationship with CAMHS in more detail to clarify the oversight of areas of involvement such as serious incident reviews, inquests, audits and policy development



## Jersey Hospice Care

### Mike Palfreman | Chief Executive

As representatives of Jersey Hospice Care, we were pleased to be asked to review the latest HCS Quality Account and welcomed the opportunity to comment.

The document very comprehensively demonstrates the range and depth of services provided by HCS on Jersey and shows clearly the thought and effort that has gone into developing and improving these. It is also heartening to see the number of targets that have been achieved fully or in part.

Partnership with other providers on Island is clearly going to be increasingly vital moving forward and it is encouraging that work has already taken place in collaboration, notably the creation of a dementia strategy and, in particular from Hospice's perspective, the creation of the Island's first ever palliative and end-of-life strategy.

The Palliative Care and End-of-Life Strategy for Adults 2023-6, launched in October 2023 by the Minister for Health, was the culmination of significant collaborative work undertaken over 2+ years by Hospice, Health and Community Services (in particular the Commissioning and Partnerships team within the Strategic Planning Directorate) and many other partners and providers across island who came together as the Jersey End of Life Partnership group.

It should be noted this strategy is for adults. Our hope is that a similar exercise will shortly take place for children and young people with life-limiting and life-threatening conditions.

This adult strategy will be essential in ensuring positive access to high quality care for all people approaching the end of their lives, as well as their families. It acknowledges that palliative and end-of-life care is a continuum that encompasses the entire journey from the diagnosis of a life-limiting condition to death and bereavement. It provides a framework for delivering high-quality care, emphasising the importance of early identification of individuals in need of palliative care, the integration of palliative care with chronic condition management, and the development of skills necessary to anticipate and provide quality end-of-life care. Crucially this strategy also recognises and promotes the invaluable contribution of family carers in providing informal care for their loved ones within our community.

Much collaborative work has taken place between Hospice and HCS around this and in our day-to-day work and we look forward to working even more closely with HCS to ensure the goals of the strategy are realised. We also look forward to seeing this vital area of collaboration given greater prominence in next year's Quality Account.

# We value your feedback

If you would like to give a compliment or raise a concern, there are several options available to you.

## Contact us

Patient Advice and Liaison Service (PALS)

[PALS@health.gov.je](mailto:PALS@health.gov.je) +44 (0) 1534 443515

Feedback

[feedback@health.gov.je](mailto:feedback@health.gov.je) +44 (0)1534 442044

Or search 'health feedback' on the Gov.je website.

# References

Comptroller and Auditor General: 2023 *Jersey Audit Office Annual Report of Findings 2022 published*. Available at: <https://www.jerseyauditoffice.je/wp-content/uploads/2023/05/JAO-Annual-Report-2022.pdf>

Francis R, (2013). *Report of the Mid Staffordshire NHS Trust*. Available at: <https://researchbriefings.files.parliament.uk/documents/SN06690/SN06690.pdf>

Health and Community Services 2019. Patient Safety Learning Event Policy.

Hogan. H, Healey. F, Neale. G, Thomson. R, Black. N, Vincent C. 2012 *Preventable deaths due to problems in care in English acute hospitals: a retrospective case record review study*. Available at: <https://qualitysafety.bmj.com/content/21/9/737>

Lown BA, Manning CF. (2010) *The Schwartz Center Rounds: evaluation of an interdisciplinary approach to enhancing patient-centered communication, teamwork, and provider support*. Available at: <https://psnet.ahrq.gov/issue/schwartz-center-rounds-evaluation-interdisciplinary-approach-enhancing-patient-centered>

Mascie Taylor H (2022). *Review of Health and Community Services (HCS) Clinical Governance Arrangements within Secondary Care* Available at: <https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/Review%20of%20Health%20and%20Community%20Services%20Clinical%20Governance%20Arrangements%20within%20Secondary%20Care.pdf>

National Quality Boards, (2017). *National Guidance on Learning from Deaths*. Available at: <https://www.england.nhs.uk/wp-content/uploads/2017/03/nqb-national-guidance-learning-from-deaths.pdf>

NHS England, (2015). *Serious Incident Framework: Supporting learning to prevent recurrence*. Available at: <https://www.england.nhs.uk/wpcontent/uploads/2015/04/serious-incident-framwrk-upd.pdf>

NHS England, (2022). *Patient Safety Incident Response Framework*, Available at <https://www.england.nhs.uk/patient-safety/patient-safety-insight/incident-response-framework/>

Novartis Pharmaceuticals UK Limited (2021) *A practical guide to the art of psychological safety in the real world of health and care*. Available at <https://www.pslhub.org/learn/culture/staff-safety/nhs-horizons-a-practical-guide-to-the-art-of-psychological-safety-in-the-real-world-of-health-and-care-june-2021-r7130/>

Royal College of Physicians, (2018). *National Mortality Case Record Review (NMCRR): Annual report 2018*. Available at: <https://www.rcplondon.ac.uk/projects/outputs/national-mortality-case-record-review-nmcrr-annual-report-2018>

Sanghavi DM. (2006) *What makes for a compassionate patient-caregiver relationship?* Available at: <https://pubmed.ncbi.nlm.nih.gov/16761793/>