



Health and Care  
Jersey



Gouvernement  
d'JÈRRI

# 2024 Annual Plan End of Year Report

# Version Control

Status	Version	Sign-off Date	Changes
Draft	V0.1	20 Jan 2025	Final draft for ELT approval
Draft	V0.1	30 Jan 2025	Final draft for Board approval
Approved	V0.2	24 Mar 2025	<p>Final draft for ELT approval with the following updates:</p> <ul style="list-style-type: none"> <li>▪ Page 2: Introduction. Updated with information on new Health &amp; Care Jersey.</li> <li>▪ Page 2: Introduction. Status key updated.</li> <li>▪ Page 4: Improvement Recommendations. Introductory paragraph updated with new figures.</li> <li>▪ Page 4: Improvement Recommendations. Table re-drawn to show number of recommendations open at end of each quarter, by report and author.</li> <li>▪ Page 7: Jersey Care Commission Preparation. Last entry in table updated with new date of anticipated opening of registration process.</li> <li>▪ Page 13: Quality and Performance Metrics. Information added to explain delay between end of the month and publication of QPR on gov.je.</li> <li>▪ Page 14: Quality Account. Section moved to fall between Quality and Performance Metrics and Financial Recovery Plan sections.</li> <li>▪ Page 14: Quality Account. Information added on when and where Quality Account document is published.</li> <li>▪ Page 14: Quality Account. Narrative added to table.</li> <li>▪ Page 18: Financial Recovery Plan (FRP). Link added to the Board webpage.</li> <li>▪ Page 19: Financial Recovery Plan (FRP). Summary table added.</li> <li>▪ Page 20: Culture and Workforce. Status and narrative updated.</li> </ul>
Approved	V0.2	25 Mar 2025	Final draft for Board approval with updates as above.

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# Introduction

As of 1 January 2025, Health and Community Services became part of the broader Health and Care Jersey (HCJ) and joined with Strategic Health Policy and Public Health. This report looks back at work undertaken over the year 2024 and therefore, references to HCS, relate to Health and Community Services.

In HCS, our aim is to enable Islanders to live longer, healthier, and productive lives by providing safe, sustainable, affordable, and integrated services in partnership with others. We also want to create a well-managed workplace that helps us improve care and outcomes by working with others.

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

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

Status		
Not Yet Started / On Hold		Activity did not start or is placed on hold
Delayed		Activity is delayed
Partially Complete		Activity was partially completed
Complete		Activity completed

## Commissioning

Commissioning in Jersey is defined as ‘the process of continuously developing services and committing resources to achieve the best health outcomes for individuals and the population, ensure equity and enhance experience within the resources available’. Working in partnership with other Government Departments, Commissioning has made progress on the delivery of the high-level tasks shown in the table below.

Action	Measure	Due Date	Status	Supporting Narrative
Use the Mental Health Provider Framework to procure services in a fair and transparent way. Run a mini competition for low level anxiety and depression services.	Contract award following mini competition	Q2 2024		<b>Complete.</b> Following the launch of a mini-competition, bids were evaluated at the end of May. After the evaluation report was signed off, all bidders were notified of the outcome and the contract awarded. Further mini competitions are planned later in the year.
Develop and deliver a neurodiversity strategy for Jersey, working in partnership with Autism Jersey and key stakeholders.	Ratification of strategy	Q3 2024		<b>Partially Complete.</b> The draft strategy document has been completed. There is a steering group meeting on 30 January 2025 for final sign off, after which it will be shared with the Minister for approval. Implementation will then commence.
Recommission community services to up-to-date specifications based on assessment of need, testing value for money.	Contract award following commercial process	Q3 2024		<b>Complete.</b> The commercial process determined that a direct award to the incumbent provider was the appropriate course of action. A 3-year contract has been signed.
Continue implementation of the Palliative and End of Life Care Strategy through commissioning education and end of life care at home services.	Education and end of life care at home service commencement	Q4 2024		<b>Complete.</b> Contracts have been awarded for education and end of life care at home services and service mobilisation has commenced.

# Improvement Recommendations

Reviews and audits conducted by the Comptroller and Auditor General (C&G), Public Accounts Committee (PAC) and Scrutiny Panels, HCS receive recommendations for improvement. Progress on the implementation of these recommendations is monitored, with evidence of progress and completion provided quarterly to HCS' Senior Leadership Team. This year has seen the closure of **82 recommendations**, and all but 3 of the remaining 9 recommendations will be closed by the end of Q1 2025. The number of HCS' open recommendations by quarter is shown in the table below.

Report Details			Total Number Accepted	Number of Recommendations Open at End of Quarter				
Date	Author	Title		Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
12 Nov 21	Scrutiny	Our Hospital Outline Business Case & Funding Review	2	2	2	-	-	-
10 Nov 23		New Healthcare Facilities Programme – Interim Report	2	2	2	2	-	-
26 Apr 22		Regulations for medicinal cannabis in Jersey	1	1	1	1	1	-
09 Mar 19		Assessment of Mental Health Services	9	9	9	4	4	-
27 Nov 20		Government Plan 2021-2024	1	1	1	-	-	-
10 Dec 21		Government Plan 2022-2025	4	4	1	1	-	-
31 Aug 22		Follow-up Review of Mental Health Services	20	20	20	11	11	-
22 Sep 22		Review of Maternity Services	23	23	23	3	3	-
29 Apr 21	PAC	Response to the Covid-19 Pandemic by GoJ	1	1	1	1	-	-
12 Oct 15	C&AG	Review of Community and Social Services	1	1	-	-	-	-
20 Oct 21		Governance Arrangements for Health & Social Care	1	1	-	-	-	-
22 Sep 22		Child & Adolescent Mental Health Services	3	2	1	1	-	-
24 Jan 23		Deployment of Staff Resources in HCS	12	12	10	10	8	7
15 May 23		Learning from Previous Hospital Projects: Follow Up	6	6	1	1	-	-
09 Oct 23		Handling and Learning from Complaints: Follow Up	2	2	1	1	-	-
22 Jul 24		Commissioning of Services	3	-	-	3	2	2
		Total	91	87	73	39	29	9

Table: Number of C&AG, PAC and Scrutiny Recommendations Open by Quarter

## Jersey Care Commission Preparation

The Jersey Care Commission (JCC) regulates and inspects services for both adults and children provided by the Government of Jersey, Parishes, private providers, and the voluntary sector. The services currently regulated include care homes providing nursing and personal care, domiciliary care, adult day care, and children's services. The JCC are currently working with the Care Quality Commission (CQC) and have drafted the JCC's Care Standards - Single Assessment Framework (SAF) for hospital services, which were open for consultation until the end of May 2024. A further proposed amendment to the Regulation of Care (Jersey) Law 2014 has now been closed for consultation. Once the amendments to the Law have been finalised, HCS will be required to register our services and will then be subject to inspection in 2025. Whilst the JCC's Care Standards - Single Assessment Framework is being ratified, HCS will focus on ensuring that we can evidence the JCC's five Key Elements of Care (KEC) and what these mean for service users.

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

Action	Measure	Due Date	Status	Supporting Narrative
Establish a Steering Group of key senior staff to develop a programme of work, including mock inspections and benchmarking against CQC standards.	Steering Group established	Q1 2024		<b>Complete.</b> A compliance team has started within the Quality and Safety Team, who have established a Regulatory Oversight Steering Group to which all additional parties are invited. A Peer-to-Peer review process is being run by the Chief Nurse's office, which works closely with the Compliance and Assurance team (C&A). The peer review process allows clinical and non-clinical perspectives, including staff and patient feedback and governance processes.
Picker Institute to conduct a patient experience survey and publish results	Results published	Q1 2024		<b>Complete.</b> The Picker Institute's Patient Experience survey is complete and has been published. Services have been encouraged to use the

Action	Measure	Due Date	Status	Supporting Narrative
which will inform our understanding of patient experience and any changes since the 2022 survey.				survey results to celebrate good work and to identify areas of improvement. The Compliance and Assurance team will use it as evidence to reflect against the standards of the JCC's Single Assessment Framework.
Secure capacity to support clinicians in preparing for JCC inspections and to lead on preparation and response to JCC inspections.	Capacity established	Q2 2024		<b>Complete.</b> All Care Groups and key staff have been consulted on the consultation of the JCC Single Assessment Framework. The Compliance and Assurance team are meeting with each Care Group to ensure relevant support is provided.
Timely registration of HCS services once JCC opens the registration process.	Registration completed	Q1 2025		<b>Not Yet Started.</b> Change in Regulation of Care (Jersey) Law 2014 draft amendment is to be debated in July 2025. It is anticipated that the Registration process will commence Q1 2026.

# The New Healthcare Facilities Programme

We know that our current facilities (buildings) are deteriorating, this represents a considerable risk to our capacity to deliver acute health and care services. We need environments to be fit for purpose and to meet modern healthcare standards. As well as the continual maintenance of our current facilities, several capital construction projects will be delivered. Key elements of the planned work include delivery of a new acute facility at Overdale and a health village at St Saviours which integrates elements of physical health with mental health services. There is also the development of Ambulatory Care facilities on Kensington Place, whilst utilising some of the existing on the General Hospital site.

Action	Due Date	Status	Supporting Narrative
Transfer of the current Rehabilitation Ward into new, temporary facilities, where they will stay until the development of the Health Village is completed.	Q1 2024		<b>Complete.</b> The lease for St Ewold's has been signed and all patients and staff have been transferred. Although not delivered by Q1, the project is now fully complete and delivered for Q2.
Completion of Outline Business Case for an acute site at Overdale.	Q2 2024		<b>Complete.</b> The draft Outline Business Case has been completed. It will undergo review and approval through the New Healthcare Facilities Programme governance channels.
Submission of the Planning application for the revised plans to develop the Acute Hospital on the Overdale site.	Q3 2024		<b>Complete.</b> In September 2024, a Planning Application was submitted for the Acute Hospital. The outcome of the Application will be determined by Planning Committee and the outcome is expected in Q1 of 2025.
The demolition of buildings on the Overdale site, in preparation for the acute hospital build.	Q3 2024		<b>Complete.</b> Demolition of the former healthcare buildings at the Overdale site (including dilapidated and unused) has been completed, in anticipation of the Acute Hospital construction.
Improvements on the Kensington Place site, with some possible temporary use of the site for HCS requirements.	Q3 / Q4 2024		<b>Complete.</b> All properties have been purchased on Edward Place and a former Andium site is being used for HCJ storage and operational requirements. Next steps in 2025 are to progress the brief for Development Works, subject to permissions.
States Assembly funding debate: to secure finances to support the delivery of the first phases of the Programme.	Q4 2024		<b>Complete.</b> Funding for Phase 1 of the Programme was agreed by the States Assembly in November 2024, which will deliver the Acute Hospital and allow for work to start on the Kensington Place Ambulatory and St Saviour's Health Village sites.

## Digital Health Programme

The Digital Health Strategy is a five-year programme, which has the vision of making Jersey a digitally-world-class health and care system that uses technology everywhere to deliver accessible, joined-up, person-centred care. The table below shows the larger projects that were due to be delivered in 2024; in addition to these there are multiple smaller 'business-as-usual' replacements. The Digital Health Board meets throughout the year to review and monitor progress. With the appointment of a Director of Digital Health and Informatics in October 2024, additional capacity and expertise was brought in supporting the digital and clinical teams to prioritise and focus on delivery of projects.

Project	Detail	Due Date	Status	Supporting Narrative
Vendor Neutral Archive (VNA)	Implementation of a strategic method for clinical image storage, which improves efficiency and scalability.	Q1 2024		<b>Complete.</b> Vendor Neutral Archive has been implemented, integrated into business as usual and the project formally closed.
Obstetric Sonography System Software	Replace / upgrade the current ultrasound / scanning report application.	Q2 2024		<b>Complete.</b> Obstetric Sonography System is now live, and preparations are being made for formal Project Closure.
Primary Care System review	Review the current Primary Care system solution and establish requirements for re-tender.	Q2 2024		<b>Complete.</b> EMIS contract refined and renewed for 2-year period 2025/2026.
General Practitioner (GP) Order Comms	To replace the paper-led requesting and reporting process which will reduce result turnaround times, provide a fully audited service.	Q3 2024		<b>Complete.</b> The system is now live, and the project is formally closed.
Jersey Health & Care Index (HCI)	An essential project to ensure consistency of patient data.	Q3 2024		<b>Complete.</b> The system is now live, and the project is in Project closure. Data for screening in place from JHCI. Further refinement and enhancement of data model for screening required post Project completion.
Faecal Immunochemical Testing (FIT)	To digitally support the FIT booking and screening process which will increase the number of patients who	Q3 2024		<b>Delayed.</b> The project is completing the last in scope upgrade and testing of Commit system. System environment refresh completed in parallel. Data for screening in place from JHCI. Further

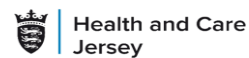
Project	Detail	Due Date	Status	Supporting Narrative
	can be screened - improving detection and treatment.			refinement and enhancement of data model for screening required post Project completion. Project now due to complete by end of Q1 2025.
Picture Archiving & Communications Systems (PACS)	Replacement of a legacy system, with migration of images and image reporting history. Will also provide clinical image reporting services.	Q3 2024		<b>Complete.</b> The system is now live, and the project is formally closed.
Audiology: Audit Data replacement for Practice Navigator	Replace legacy system.	Q2 2024		<b>Complete.</b> The system is now live, and the project is formally closed.
Ophthalmology Electronic Patient Record (EPR)	Implementation of a new EPR system to create automation and efficiencies, to deliver shorter waiting times.	On Hold		<b>On hold.</b> Due to resource constraints. Review planned for 2025.
IT Service Model review for commissioned services	Ensuring compliance with IT infrastructure standards and contractual arrangements.	Q4 2024		<b>Complete.</b>
Electronic Patient Medicines Administration (EPMA)	Deployment of infrastructure, to improve clinical compliance and safety.	Q4 2024		<b>Delayed.</b> Last remaining upgrade due to Go-Live January 2025. Project will then close thereafter.
Sexual Health Clinic Electronic Patient Record (EPR)	To capture structured clinical data and remove the current paper-based process.	Q4 2024		<b>Delayed.</b> Re-Plan to support full department requirements and functionality targeting April 2025 Go-Live.
Hospital Electronic Patient Record (EPR)	Replacement or update of current General Hospital EPR system	Q4 2024		<b>Delayed.</b> Dependency on Wi-Fi delivery completed. Core EPR workstreams, Devices and CMM scheduled for delivery throughout 2025.

Project	Detail	Due Date	Status	Supporting Narrative
Cervical Cancer Screening	An essential upgrade to support the service in achieving screening targets, through increased efficiency and automation.	Q4 2024		<b>Delayed.</b> Re-Plan to support full department requirements and functionality targeting October 2025 Go-Live.
e-Consent for surgical procedures	A system that enables patients to provide their consent online.	Q4 2024		<b>Delayed.</b> Roll out in progress. Completion due in March 2025.
Virtual Consultations	Enable virtual consultations to improve waiting times by providing Consultant led services remotely.	Q4 2024		<b>On hold.</b> Due to strategic review. Review planned for 2025.
Essential Hospital Wi-Fi	To improve connectivity in the hospital.	Q4 2024		<b>Complete:</b> Upgrades to 8 critical wards completed. Expanded Health Connectivity and Infrastructure work now in progress which will be completed in 2025 to improve Wi-Fi across the hospital estate.
Electronic Record System for Adult Social Care	Transformation of the system and processes to meet the service's needs.	Q1 2025		<b>Partially Complete.</b> Current stage is completion of final stage demo and system/vendor validation. Awaiting ministerial agreement to reallocate funding from a 4-year to a 2-year timeframe to align with the project delivery schedule.
e-Referral Process	Implement a solution to replace the predominantly email led referral process.	Q2 2025		<b>On hold.</b> Due to strategic review. Review planned for 2025.
e-Prescribing Chemotherapy	To reduce clinical risk and comply with best practice.	Q2 2025		<b>On hold.</b> Strategic review in progress. Due to be socialised Jan 2025

## Quality and Performance Metrics

The **Quality and Performance Report** (QPR) is the reporting tool that provides assurance and evidence that care groups are meeting quality and performance standards across Health and Care Jersey services and activities. The QPR provides a set of performance metrics that are also monitored through a wider set at the monthly performance meetings for clinical and care services. It includes patient and client safety, safeguarding, patient and client outcomes, service delivery productivity and efficiency. The QPR is also reported regularly to the [Health and Care Jersey Services Board](#).

More information and the monthly Quality and Performance Reports can be found on [Health and Care Jersey Quality and Performance Reports](#) on gov.je. Please note that there is a delay of around 3 months from the end of the month to publication on the website. This is to allow time for the figures to be verified and approved by the Senior Leadership Team.



Quality and Performance Report  
December 2024



# Quality Account

Quality in healthcare is made up of the four core dimensions of patient experience, patient safety, clinical effectiveness, and staff wellbeing. The Quality Account is an annual report published by HCS to inform the public of how we monitor the quality of services we provide. It demonstrates our commitment to provide Islanders with the best quality healthcare services. It also encourages transparency about our service quality and helps us to develop ways to continually improve and looks forward and defines the priorities for quality improvement for the year ahead and how we expect to achieve and monitor them.

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

In addition, the Quality Account is published by HCJ to inform the public of the quality of the services provided. It is normally published in March / April and can be found on gov.je.

Priorities and Objectives	Status	Supporting Narrative
<b>Priority 1: Develop a Learning from Deaths (LfDs) Framework for HCS</b>		
Publication of a Learning from Deaths framework for HCS.		<b>Delayed.</b> The Learning from Deaths framework has been drafted and is out for consultation. This should be approved during Q1 2025.
Implementation of Mortality Learning Review (MLR) Programme.		<b>Complete.</b> The MLR guideline was published in October 2024 and MLR Programme commenced.
Re-introduce Mortality and Morbidity (M&M) meetings.		<b>Complete.</b> These were implemented in Q4 and quarterly meetings held.
Commence a Learning Disability Mortality Review Programme (LeDeR).		<b>Complete.</b> All clients with a learning disability who died as hospital inpatients were reviewed in 2024. Further work is planned for 2025 to strengthen these reviews in line with National Guidance.
<b>Priority 2: HCS will transform Maternity Services for a Brighter Future in Jersey</b>		

Priorities and Objectives	Status	Supporting Narrative
Publication of the Maternity Improvement Plan 'Our Plan for the Way Forward with Maternity Services in Jersey' (strategy).		<b>Complete.</b> Maternity Services Strategy 2024-2026 was published with the Jersey Maternity Voices Partnership (MVP), following widespread public engagement. It is envisioned that the Strategy will ensure sustainability of the completed recommendations within the Maternity Improvement Plan.
Ensure processes are in place to ensure Safe Staffing across maternity.		<b>Complete.</b> A Birthrate plus review was completed in October 2023, with a final report provided in January 2024. Staffing levels are in line with birthrate plus and an escalation policy in place if required.
Create a collaborative culture of safety, learning and support through effective leadership.		<b>Complete.</b> Weekly Risk Meetings take place within Maternity, all safety events from previous week are discussed. Updates are given for all Serious Incidents (SIs) and learning is shared. Monitoring of actions and serious incidents occurs through Care Group Governance Meetings. A member of the senior leadership team attends the weekly Serious Incident Review Panel (SIRP) panels to embed any learning from other care groups. The Care Group has a fully established SLT, and all governance posts are recruited to. The continuous improvement culture is taking place in various guises.
Work with service users, staff, and community voices to shape our services.		<b>Complete.</b> There was widespread public engagement on the Maternity Strategy as well as FNHC, midwives, nurses, health care assistants, consultants and community providers. Engagement with key stakeholders will be an ongoing process.
<b>Priority 3: Develop a Nutrition and Hydration Strategy for HCS</b>		
Improve the visibility and governance of nutrition and hydration across HCS.		<b>Complete.</b> A Nutrition and Hydration Steering Committee has been set up and a complex nutrition MDT (weekly) with key stakeholders, timely discussion of complex patients (inpatient/outpatients) requiring specialist nutritional intervention/therapy
Improve compliance and documentation of nutritional screening. NICE CG32: all adult inpatients should be screening for nutrition within 24 hours of admission, and all outpatients on first appointment.		<b>Partially Complete.</b> There have been monthly audits of compliance with nutritional screening across JGH acute hospital wards and monthly training across HCS staff on malnutrition, nutritional screening and nutritional interventions. Implementation of the outpatient screening across outpatient clinics is planned for 2025. This work is partially complete.

Priorities and Objectives	Status	Supporting Narrative
Provide all inpatients with nutrition and hydration which meets their nutritional needs and dietary / cultural preferences in line with national standards for healthcare food and drink. BDA Digest: all healthcare menus must meet the nutrition standards for both nutritionally well and nutritionally vulnerable.		<b>Not Yet Started.</b> Work on the hospital menus has not commenced. There has been implementation of two daily snack rounds across JGH acute wards.
Ensure appropriate and safe prescribing of oral nutrition support, enteral and parenteral nutrition.		<b>Partially Complete.</b> This work is partially complete. The Parenteral Nutrition Policy has been developed and ratified and a review of processes for commencement of oral nutritional supplements (ONS) across the dietetic service completed. Further work on prescribing is planned for 2025.
<b>Priority 4: Inpatient Mental Health: Quality and Patient Experience</b>		
Develop Quality Improvement plan.		<b>Partially Complete.</b> An overarching programme board was established to provide support and oversight to the quality improvement plan. Key areas of improvement have been identified and a plan agreed.
Improved service user experience measures.		<b>Partially Complete.</b> Engagement with key stakeholders in a series of workshops is continuing.
Improved staff experience.		<b>Complete.</b>
<b>Priority 5: Dementia and delirium within the General Hospital</b>		
Reduce inappropriate use of sedation to manage distress and challenging behaviour.		<b>Complete.</b> A hospital Dementia Steering Group has been formed. Patient safety incident reporting relating to people with dementia or delirium within Jersey General Hospital (JGH) is now being monitored on an ongoing basis.
Review clinical protocols / procedures in use.		<b>Complete.</b> Guidelines for the prevention and care of delirium in adults was published in September 2025

Priorities and Objectives	Status	Supporting Narrative
Dementia care audit completed.		<b>Complete.</b> A review of the use of psychotropic medications for people admitted to JGH was completed in Q1 of 2024. A more in-depth audit based on the National Audit of Dementia Psychotropic Medications was also undertaken and completed in 2024. A final report has been completed, and learning from the audit will be shared with clinicians at the next shared learning event in February 2025. A spotlight audit was completed in July 2024 reviewing key aspects of care for inpatients at JGH (on one identified day) with a diagnosis of dementia
Completion of carer survey.		<b>Complete.</b> A carer survey was completed in Q1 of 2024, exploring relatives' perspectives about care of people with dementia at JGH
<b>Priority 6: Improve the management of the patient feedback processes and enhance patient experience</b>		
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.		<b>Partially Complete.</b>
Staff respond to complaints at the earliest opportunity and consistently meet expected timescales for acknowledging a complaint.		<b>Partially Complete.</b>
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.		<b>Complete.</b> There is a Feedback officer now established in the role who liaises between the Care Group Investigators and complainants to ensure that complainants receive timely and correct information.
Implement Core Standards for the management of patient feedback across HCS.		<b>Partially Complete.</b>
<b>Priority 7: Staff Wellbeing</b>		
Deliver a range of wellbeing initiatives for all HCS employees.		<b>Complete.</b> Pilot Psychological Safety interventions in Healthcare Teams have been delivered, and wellbeing service sessions are offered - both psychological support sessions and wellbeing checks. Mindfulness sessions are also advertised for staff to attend.

# Financial Recovery Plan (FRP)

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

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

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

## End of Year Position

FRP savings delivery for the year to Month 12 is £8.95m compared to the planned £5.1m, over-delivering by £3.9m. This is made-up of £6.35m against original schemes and an additional £2.6m of mitigation schemes to recover additional cost pressures from sharply rising activity and inflationary cost pressures.

In addition to the planned FRP savings, the Financial Recovery Actions led by Cobra Executive Team delivered an additional £2.6m of savings.

The year end position is being reported in detail in the Finance Report at the HCS Advisory Board meeting in January 2025 and available in the Board paper pack on the [Health and Care Jersey Services Board](#) webpage.

FRP Savings Plan by Workstream																		
Workstreams	Projects	2024 Planned Savings	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total 2024 Saving	Plan YTD	YTD Actual Saving	YTD Plan vs Actual Savings
Delivery Tracker																		
			Actual															
Clinical Productivity	Theatres Efficiency	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Workforce	Clinical - Medical	800	-	-	8	8	8	28	73	135	179	160	100	193	891	800	891	91
	Clinical - AHPs	700	13	13	13	69	69	69	94	132	132	132	93	93	925	700	925	225
	Clinical - Nursing	400	-	-	-	-	23	37	38	86	109	130	141	149	712	400	712	312
	Workforce Savings	516	-	-	-	-	75	53	84	98	106	88	89	86	680	516	680	164
	Pay Controls (WCP)	215	-	-	-	43	41	44	42	27	23	14	15	13	262	215	262	47
Non-Pay and Procurement	Non-Pay Controls (NPCP)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Centralised Buying Function	170	19	19	73	25	33	17	6	35	33	31	35	35	361	170	361	191
	Commissioned Services Governance & Contracting	100	9	9	9	9	9	9	9	9	22	22	22	22	160	100	160	60
	Procurement	295	65	65	65	-	-	-	17	17	17	17	17	17	296	295	296	1
	Medicines Management	600	22	29	37	35	57	68	63	76	79	89	87	85	727	600	727	127
	Other Non-Pay	-	-	-	-	2	2	2	2	2	2	2	2	2	15	-	15	15
Income	Other Income Opportunities	490	65	68	68	30	28	32	36	32	37	27	32	25	480	490	480	-10
	Private Patients	860	34	42	27	73	33	49	118	60	120	117	88	81	842	860	842	-19
Care Groups and Non-Clinical Directorate schemes	£3m in 3 months	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sub-total		5,146	228	245	300	293	378	408	581	709	858	827	719	802	6,350	5,146	6,350	1,204
Mitigation schemes	Other budget pressures	-	-	-	896	216	192	153	188	99	198	323	190	149	2,603	-	2,603	2,603
TOTAL FRP SCHEME SAVINGS		5,146	228	245	1,196	509	570	561	769	808	1,057	1,150	909	952	8,953	5,146	8,953	3,807

Full information available in the Finance Report at the HCS Advisory Board meeting in January 2025, available in the Board paper pack at [Health and Care Jersey Services Board](#) webpage.

# Culture and Workforce

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

Actions	Due	Status	Supporting Narrative
<b>Our Culture</b>			
Work environments are respectful and promote inclusiveness enabling safety to share information.	Q4 2024		<b>Complete.</b> BeHeard 2024 results indicate the majority of respondents feel able to escalate concerns in the workplace. The Freedom to Speak Up Guardian and referral processes and processes are embedded within HCJ. The number of FTSUG contacts continue to increase, demonstrating a continuing positive shift in speaking up culture. Targeted service areas were engaged in culture improvement plans, where issues were identified. Work will continue as business as usual into 2025.
Improve multi-professional team working and collective decision making, escalating concerns when needed.	Q4 2024		<b>Delayed.</b> Improved multi-professional team working will be included in the People & Culture Plan, which will be developed in 2025.
Create better opportunities to safely learn and innovate and improve following incidents.	Q3 2024		<b>Complete.</b> Safety huddles are now embedded across service areas and delivered with key stake holders as an immediate an immediate action to reflect post incident.
Develop opportunities to safely reflect on professional practice.	Q4 2024		<b>Complete.</b> In addition to Safety huddles, Monthly Schwartz Rounds offer a safe space to reflect on professional practice. Furthermore, the quarterly Morbidity & Mortality meetings are well-attended.

Actions	Due	Status	Supporting Narrative
Engage colleagues in understanding the Be Heard survey results & our initial proposed response to this so they can actively participate in developing & implementing the People & Culture plan.	Q3 2024		<p><b>Complete.</b> The most recent 'Be Heard' staff survey results have demonstrated that HCJ continues to make steady progress in improving morale and engagement in its workforce. The 2024 results (circa 30% participation rate) showed that the majority of staff reported a positive experience of the workplace.</p> <p>There was improvement in seven out of eight engagement factors with Leadership engagement factor showing the greatest positive increase (+6%) compared to 2023 survey results.</p>
<b>Leadership and Management</b>			
Executive Leadership to undertake leadership and management development, to support their teams in delivering sustainable models of high-quality care.	Q4 2024		<b>Partially Complete.</b> Leadership development training programme for senior leaders continued into 2025. This was attended by 60 of the most senior leaders across HCS to date.
Corporate team to deliver core leadership training programme to General Managers, Clinical Leads, Lead Nurses, Lead AHP's etc.	Q4 2024		<b>Partially Complete.</b> The leadership development model is to be informed through the People Plan. This is expected to be developed during 2025.
Identify short / medium / long Term plans for all middle management development, including participation in World Class Manager sessions.	Q4 2024		<b>Partially Complete.</b> The leadership development model is to be informed through the People Plan. This is expected to be developed during 2025.
<b>Engagement and Communications</b>			

Actions	Due	Status	Supporting Narrative
Continue delivering a range of listening events; Team HCS Talks, Be Our Best forums, Professional forums (MSC, Nursing & Midwifery, AHP), Schwartz Rounds, Breakfast with Chief Officer, ward/service walkarounds.	Q4 2024		<p><b>Complete.</b> A range of regular listening events are now fully embedded, including Team Talks, Manager Talks, monthly Schwartz Rounds embedded offering safe space to reflect on professional practice.</p> <p>The Chief Officer is undertaking visits to service areas across the organisation and continues to host a 'breakfast' to recognise colleagues who have been nominated for their service.</p> <p>The 'Our Stars' recognition programme received its highest level of nominees in the 2024 awards scheme, and we continue to receive monthly nominees for recognition against the organisational values.</p>
Develop & implement regular Pulse Surveys.	Q1 2025		<p><b>Partially Complete.</b> A Pulse survey will be implemented in Autumn 2025, to co-ordinate with the amended date for the Government of Jersey Be Heard survey, which is anticipated to be in June 2025.</p>
<b>Diversity and Inclusion</b>			
Working Group has been created to develop anti-racism statement for HCS.	Q1 2024		<p><b>Complete.</b> A staff survey to understand racial discrimination in the workplace was implemented during Race Equality week (February 2024) and responded to by a proportion of HCS staff. An anti-racism statement and poster were co-created, and the anti-racism campaign launched in May 2024. An Equality, Diversity Inclusion workshop series will be launched in February 2025.</p>
Use Working Group to develop wider strategy plan and key deliverables	Q4 2024		<p><b>Complete.</b> Staff survey results and a working group informed a plan to address racial discrimination in the workplace, including the anti-racism campaign.</p>
<b>Wellbeing</b>			
Use established Culture Engagement and Wellbeing Committee to create and develop plan and key deliverables.	Q4 2024		<p><b>Complete.</b> The People &amp; Culture Committee, which includes the members of the previous Culture Engagement and Wellbeing Committee have overseen and monitored the Culture &amp; Wellbeing Plan.</p>
Ensure engagement with PCS strategic workforce plan team at Care Group and Executive level.	Q1 2025		<p><b>Complete.</b> Regular meetings have been held with the Workforce Planning Team, with Care Groups and ELT.</p>

Actions	Due	Status	Supporting Narrative
<b>Recruitment</b>			
Continue the multi-approach method to recruitment.	Q4 2024		<b>Partially Complete.</b> Recruitment methods have been reviewed; further mechanisms are being developed.
Develop recruitment pipeline metrics.	Q4 2024		<b>Partially Complete.</b> A recruitment tracker has been developed and is being further refined.
Engage with apprenticeship and internship programmes.	Q4 2024		<b>Partially Complete.</b> There were some Interns in HCS during 2024. More are planned for 2025.
<b>Connect People</b>			
Increase usage of Connect Performance through 2024.	Q4 2024		<b>Complete.</b> At the end of 2024, approximately 60% of people had completed their performance management process in Connect Performance.
Utilise Connect Learning for delivery and recording of training.	Q4 2024		<b>Complete.</b> Multiple e-learning programmes have been delivered and are recorded in Connect.
Implement Connect People (Employee Central) for managers.	Q4 2024		<b>Complete.</b> Connect People is in use across HCJ.
Implement Talent Acquisition for hiring new recruits	Q4 2024		<b>Complete.</b> Migration to Talent Acquisition was completed in Summer 2024.
<b>Support the Freedom to Speak up Guardian</b>			
Regular meetings with CO and FTSU Guardian to resolve issues relating to employment matters.	Q4 2024		<b>Complete.</b> The number of FTSUG contacts continue to increase, demonstrating a continuing positive shift in speaking up culture. Regular meetings are in place between with FTSU Guardian and the Chief Officer. There are also meetings between the Medical Director, Director of Nursing, Workforce Director and FTSU Guardian on a regular basis.



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