



Health and Care
Jersey



Quality Account

2024

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Introduction

About the Quality Account

The Quality Account is an annual report published by Health and Care Jersey (HCJ) to inform the public of the quality of the services we provide.

Quality in healthcare is made up of 3 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 providing 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 third annual Quality Account produced by HCJ. It includes details of our progress and achievements against the 2024 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 1

Part 1 includes a statement from the Chief Officer summarising the quality of services provided and a review of the performance against the Quality Improvement Priorities (QIPs) set in 2023.

Part 2

An overview of QIPs for 2025 including why they were chosen and how they will be delivered against the 3 domains of:

- patient experience
- patient safety
- clinical effectiveness

Part 3

A review of our 2024 performance presented against the 3 domains of:

- patient experience
- patient safety
- clinical effectiveness

Part 4

A review of quality improvement and service improvements from our Care Groups.

Part 5

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

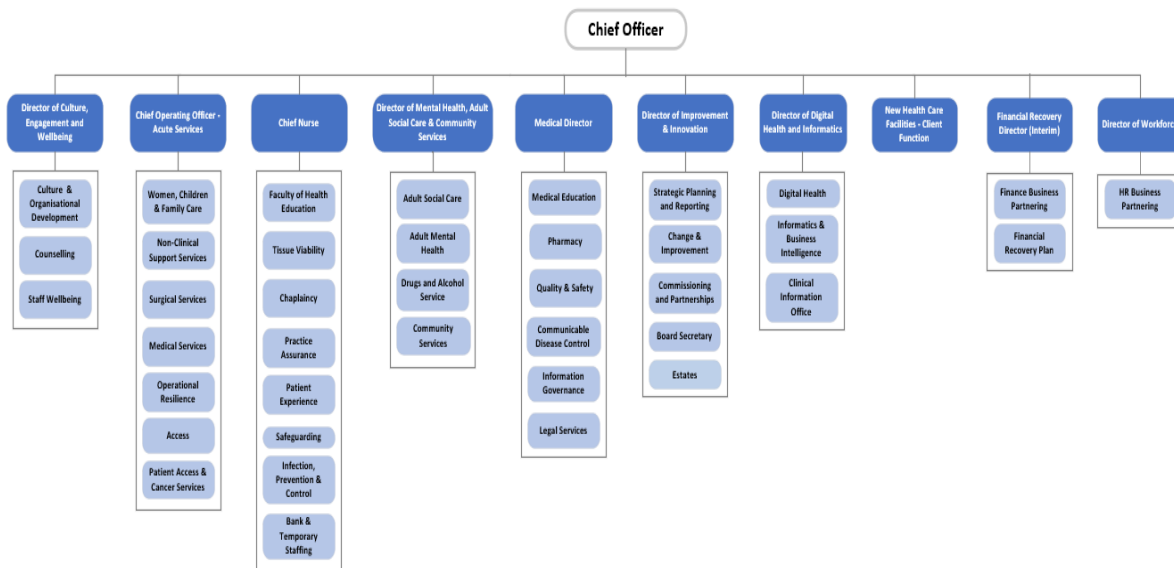
The Quality Account should assure patients, members of the public and stakeholders that, as a healthcare organisation, we are scrutinising the services we provide, particularly focusing on those areas that require the most attention.

The Minister for Health and Social Services, consulted with Health and Community Services and other Jersey health and care providers, on the proposed arrangements to support health and care organisations to work better together in Jersey.

From January 2025 we became an integrated department, named Health and Care Jersey (HCJ). This document, published in 2025 will refer to the former HCS as HCJ. HCJ now includes Health Policy and Public Health. As this is a 2024 account; these are not included in the content of this report. Consideration will be given to including them in the 2025 Quality Account.

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

Health and Care Jersey 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.



| Care Groups and key clinical services across Health and Care Jersey

Adult Social Care

The Adult Social Care, Care Group is made up of 6 teams.

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

The Positive Behavioural Support Service

Works to support behaviour change and improved quality of life for people with autism, learning disabilities or both, who engage in behaviour that challenges.

The Adult Social Care Team

The Adult Social Care Team supports people:

- aged 18 to 64 with care or support needs arising from physical or sensory disability
- aged 65+ with care or support needs arising from:
 - age-related frailty
 - physical disability or illness
 - mental illness, including dementia
 - learning disability
 - care or support needs arising from brain injury

The Day Centres and Short Break Service

Provides respite care for adults and their carers.

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 the Jersey Safeguarding Partnership Board's Safeguarding Adults Policy and the principles and values of Making Safeguarding Personal.

The Capacity and Liberty Assessment Team

Assess any necessary restrictions needed to deliver safe care and treatment to adults who lack capacity to consent.

The Governance Team

Provides support in gathering and processing information from the teams to promote service development and safe practice.

The Finance Function

Provides financial support services to both the Adult Social Care and Adult Mental Health Care Groups in accounts payable, income collection and financial processing, associated primarily with invoice management and payment processes for individual care packages and residential placements

Mental Health Services

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

Mental Health Services includes:

- Crisis Assessment Team (CAT)
- Community Mental Health Teams (CMHT) for working age and older adults
- Home Treatment Team (HTT)
- Liaison Service in the General Hospital
- Inpatient mental health wards
 - Orchard Ward, Adult Acute Assessment Unit
 - Cedar Ward, Older Adult Assessment Unit
 - Beech Ward, Dementia Assessment Unit
- Alcohol and Drug Service
- Memory Assessment Service
- Primary Care Mental Health
- Psychological therapies including
 - Jersey Talking Therapies (JTT)
 - Psychological Assessment and Therapy Service (PATs)
- Rehabilitation services
- Specialist mental health pathways including:
 - Perinatal
 - Eating Disorder
 - Adult ADHD Assessment
 - Adult Autism Assessment
 - Criminal Justice
- Carers needs assessment
- Peer support

Community Services

Community Services is responsible for the following services and departments.

Health Care and Support 24 (HCJ24)

Health Care and Support 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
- Single Point of Referral (SPOR)
- Community Triage

Digital Telecare

Care Navigators monitor telecare devices 24 hours a day, 7 days a week. Service users are primarily frail, vulnerable, elderly people. They also answer calls that come through for the Jersey Doctors on Call (JDOC) service overnight and at weekends.

Single Point of Referral (SPOR)

SPOR administrators process community 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 and clinical assessment

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.

Sandybrook Nursing Home

A 24-bedded nursing home for persons on Long Term Care (LTC) placements.

Samares at St Ewold's

A 14-bedded rehabilitation unit for persons post-stroke and any other condition or disease that requires inpatient rehabilitation.

The Help2Quit Service

Support for Islanders who want to stop smoking

Therapies

These services are delivered across inpatient, outpatient and community settings and include:

- Physiotherapy
- Occupational Therapy
- Speech and Language Therapy
- Dietetics
- Podiatry

Medical Services

The Medical Services Care Group includes the Emergency Care Service, medical inpatient wards and medical speciality services including:

- Acute Assessment Unit (AAU)
- Anticoagulation Service
- Blood-Borne Viruses
- Cellular Pathology:
 - Blood Sciences
 - Infection Sciences
 - Jersey Blood Service
- Clinical Investigations Department (CID)
- Emergency Department (ED)
- Endoscopy Unit
- Enhanced Care Area (ECA)
- Medical inpatient wards:
 - Plemont
 - Corbiere
 - Rozel
- Medical Day Unit (MDU)
- Rehabilitation Unit, which moved to the Community Services Care Group in August 2024
- Renal unit
- Oncology department
- Outpatient department
- Sexual Health
- Specialist services:
 - Neurology
 - Rheumatology
 - Endocrine and Diabetes Services
 - Cardiology
 - Respiratory
 - Gastroenterology
 - Transfusion liaison

The Medical Services 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 53-day case beds and treatment areas across:

- the Medical Day Unit
- the Renal Unit
- Aubin Ward
- the 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:

- one high dependency room
- three delivery rooms
- two midwifery-led birthing rooms
- 16 ante and post-natal beds.

There were 716 babies born in 2024.

There is an Antenatal Ultrasound department, a Fetal Medicine unit and a clinic for people with medical complexities. Jersey Maternity service now has a Perinatal Mental Health Midwife, an infant feeding midwife and has access to a counsellor specific to Women and Children's services.

Maternity Services also includes Community Midwifery services which are based at the Bridge and Family Centre located in St Saviour. Midwives and maternity support workers also provide care in women's homes.

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, and young people from birth to 17 years of age, up to their 17th birthday.

The Paediatric team consists of:

- Nurses
- Doctors
- Healthcare Assistants
- Play Specialists
- Domestic
- Ward Clerk

Robin Ward is the inpatient facility. It comprises of ten beds including three escalation beds. Five cubicles are available including two with en-suite toilet facilities. Two cubicles have isolation double doors, and one is designed for neutropenic patients.

There are two treatment rooms, a parent room and a playroom. There are two bays, one bay is set up for teenagers and older children and the other is for infants and younger children.

Ambulatory reviews and phlebotomy for children under the age of 12 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 several planned care services including specialist paediatric therapies that are delivered across the Island and focus 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) and Child and Adolescent Mental Health Services (CAMHS).

Surgical Services

The Surgical Services Care Group is responsible for delivering both emergency and elective surgical care for public and private patients. This includes:

- operating theatres
- inpatient and day-case services
- intensive care
- radiology diagnostic support
- enabling functions such as sterile services

It encompasses a comprehensive range of services aimed at ensuring high-quality surgical care through a streamlined and efficient patient care pathway.

Key areas and responsibilities of the Surgical Services Care Group

Theatre Services

This includes: Anaesthetics which are integral to all surgical procedures, and the Intensive Care Unit (ICU) which has seven beds and provides critical care support for complex and high-acuity cases.

Operating Theatres

We have five Main theatres including:

- one Obstetric theatre
- one theatre for trauma and emergencies
- three elective surgery theatres

Day Surgery Unit (DSU)

The DSU operates five and a half days per week and has:

- two dedicated Day Surgery theatres
- one minor operating suite for less complex cases
- 22 elective day-case beds supporting surgical day cases

Pre-assessment Service

Ensuring patients are prepared and optimised for surgery, improving safety and outcomes.

To Come In (TCI)

Manages theatre bookings to maximise utilisation.

Sterile Services

Ensures the availability of sterilised instruments and equipment for all surgical procedures.

Surgical Services

Include:

- General Surgery
- Trauma and Orthopaedics (T&O)
- Specialised Surgical Services
- Dermatology Teams

Surgical wards and inpatient facilities

- Beauport Ward has 28 beds and is focused on trauma and elective orthopaedic cases
- the Surgical Floor has 26 beds and is a general surgery ward for both emergency and scheduled, elective cases
- Sorel Ward had 14 beds and is a private ward for surgical and medical patients

Our core specialties are:

- Breast
- Upper Gastrointestinal
- Colorectal
- Bariatric
- Vascular
- Trauma and Orthopaedics (T&O)
- General surgery

Specialised Surgical Services

Specialised Surgical Services includes:

- Dermatology
- Ear, Nose and Throat (ENT)
- Audiology
- Ophthalmology
- Orthoptics
- Oral and Maxillofacial
- Urology
- Pain Management

Surgical Day Emergency Case Unit (SDEC)

Providing a dedicated service for emergency admissions avoidance, ensuring that surgical patients are appropriately managed without the need for full hospital admission.

Community Dental Services

Essential oral health services for children up to secondary school age, and individuals with additional needs, focusing on prevention and treatment.

Radiology: Imaging Modalities and Interventional Radiology

Provides critical diagnostic imaging support to all surgical and medical cases. Integral to pre-operative planning, emergency interventions, and postoperative care.

Non-Clinical Support Services

Non-Clinical Support Services provide:

- soft facilities
- logistics
- compliance functions
- daily support to patients and clinical colleagues

Soft Facilities include:

- Catering Services who operate the Central Production kitchen and the Private Patient kitchen, providing meals for patients, colleagues and public food outlets, and Meals on Wheels
- Housekeeping who maintain infection control compliance and ensure public areas are presentable
- Laundry Services for patients, Government, and commercial entities
- Medical Supplies who are responsible for central purchasing and stock keeping of essential medical supplies
- Porters' services who handle patient transfers and goods deliveries
- Switchboard services who manage switchboard operations and emergency callouts
- Security, ensuring the safety of patients and colleagues and preventing crime
- Postal Services for appointments and clinical notes
- Parking facilities and patient access

The Health and Safety and Estates Compliance teams Provide advice, training and auditing of statutory responsibilities across the Organisation.

The Clinical Coding team

The Clinical Coding team analyses and translates clinical statements and information into standardised codes to aid:

- public health research
- clinical pathway planning
- strategic resource allocation
- financial modelling for public and private health services

Office of the Medical Director

The Office of the Medical Director includes:

- Responsible Officer
- Clinical Information Office
- Consultant of the Office of the Medical Director
- Information Governance
- Legal Services
- Medical Education
- Pharmacy
- Resuscitation Service
- Quality and Safety team, including:
 - Patient Safety
 - Mortality
 - Compliance and Assurance
 - Clinical Audit
 - Policy Management
 - Care Group Quality and Safety Team
 - Quality Improvement
 - Risk Management

Office of the Chief Nurse

The Office of the Chief Nurse includes:

- Patient Experience Team which includes the Health Feedback team, the Patient Advisory and Liaison Service (PALS) and the Senior Nurse for Care Concerns
- Interpretation and Translation Services
- Hospital Safeguarding, Adults and Children
- Tissue Viability
- Nurse, Midwifery, and Allied Health Professional Education
- Infection Prevention and Control
- Practice Assurance team
- Chaplaincy team
- Library services

Improvement and Innovation

Improvement and Innovation is a collection of teams that push for the continuous improvement of our Island's health and care services.

The purpose of this Directorate is to provide the right support across the Organisation 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
- robust management and improvement of the health estates

There are 6 components that enable the Directorate to achieve its aim of providing quality health and community care which are:

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

To deliver this, the Improvement and Innovation Directorate comprises of five core elements:

Strategic Planning and Reporting and Directorate Office

Responsible for driving the strategic planning of departmental, and service business plans to ensure clear direction across the Organisation and alignment with overall government priorities. This includes monitoring and reporting on a number of reviews, such as:

- Scrutiny
- Public Accounts Committee (PAC)
- Comptroller and Auditor General (C&AG)
- numerous external reviews

Change and Improvement

Responsible for supporting colleagues across the Organisation to embed continuous improvement thinking and processes across all services. Overseeing and reporting back on progress against the HCJ change initiatives and internal strategic improvement projects.

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.

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 in the Island.

Estates

Responsible for maintaining the health estates.

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.

HCS Mission Statement

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

HCS Strategic Ambitions

- Delivering high quality care
- Creating a great place to work
- Delivering excellent customer experience
- Interacting with our communities and partners



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

Part 1:

Introducing our Quality Account

Part 1: Introducing our Quality Account

Chief Officer's Welcome



Welcome to the 2024 Quality Account for Health and Care Jersey. This, our third annual Quality Account, aims to provide an open account of how we provide quality care for our patients, clients, families and carers.

Since joining the department, I have witnessed first-hand the dedication and hard work of colleagues working across the service, sometimes in challenging circumstances.

I would like to thank our teams for the part they play in providing high quality compassionate care which keeps our patients safe. We all have a vital role in ensuring we deliver great services to our community.

Quality and Safety is one of our key service priorities, and whilst we acknowledge that there is significant work to do, I am pleased to be able to highlight areas of this report that demonstrate our commitment to patient safety

- We can demonstrate a healthy patient safety reporting culture, with a 24% increase in reporting using Datix in 2024 compared with 2023.
- Within Infection Prevention and Control, our alert organism bacteraemia rates are about half those of seen in UK trusts with a similar demographic.
- In 2024, the Clinical Audit Department increased the number of National Audits that HCJ participated in, allowing us to benchmark against best practice NICE guidance.
- Triangulation of themes from Incidents, Serious Incidents, Complaints, Litigation and Safeguarding is becoming established and will support the Quality Improvement Agenda for 2025.
- Throughout 2024, we have seen an increase in compliments from our patients and service users and a reduction in the total number of complaints per 1,000 bed days. In part, this can be attributed to the successful launch of our PALS. The growth throughout 2024, highlights PALS' effectiveness in supporting more patients and families, promoting open communication, and addressing concerns promptly.
- The Digital team have had a productive year strengthening our digital infrastructure and delivering solutions that support our key priorities. The introduction of Tendable, a new software tool, marks a significant advancement in the Practice Assurance programme. Tendable supports the Chief Nurse Office by enabling efficient tracking and demonstration of care excellence.
- Between January 2022 and December 2024 there has been a 33% decrease in pressure ulcers acquired in care.

- The BeHeard Staff Engagement Survey was repeated in September 2024. When comparing to 2023 data, the results indicate that growth has happened across seven of the eight engagement factors.

In order to build on improvements made in 2024, there will be a need for greater focus on adherence to professional standards of care to ensure quality and safety for our patients and service users. More of our health and care services will be subject to statutory oversight by the Jersey Care Commission during 2025. Continuous improvement requires that we work together, as a team, and that we live our public service values in a way that builds trust.

To the best of my knowledge the information presented in this report is accurate and represents a balanced view of the quality of services within HCJ.

A handwritten signature in blue ink, appearing to read 'T. Waller'.



Celebrating success: our achievements in 2024

An overview of some of our successes and achievements during 2024.

Quarter 1

Support for Race Equality Week

We joined the rest of the GoJ in working in a five-day challenge encouraging colleagues to reflect on how we can influence and continue to improve our culture. The theme for Race Equality Week 2024 was #ListenActChange reflecting the need for more action to tackle race inequality

Dementia survey released

As part of a programme of dementia care initiatives we wanted to understand what our colleagues thought about the training and support received about dementia.

This survey applied to all colleagues working in clinical and non-clinical roles across inpatients and community, and support roles such as housekeeping and porters' services, across all locations and levels throughout the Organisation.

The responses guided our planning to better support colleagues in learning about and assisting people with dementia.

Oncology service directory launched

The comprehensive, easy-access guide provides information about all cancer care support services available to patients and their families in Jersey. This initiative, part of the Jersey Cancer Strategy, resulted from 18 months of collaboration between the Government and Macmillan Cancer Support Jersey. It prioritises cancer care and ensures Islanders have access to comprehensive services

Hospital picked for prestigious pilot scheme

The General Hospital was chosen as one of eight hospitals in the UK to take part in a pilot scheme run by the British Heart Society. The scheme aims to reduce deaths by heart disease by 25% in 25 years. The successful elements of the pilot will be rolled out nationally, then across Europe and potentially the world.

Pain service publish research

The Service was excited to announce the publication of their research in the British Journal of Pain, a leading peer-reviewed journal in Pain Science. The paper, titled Compassion with Pain, was led by Dr. Callum Gray, Principal Clinical Psychologist of the Pain Service.

It presented qualitative research on the experience of compassion in service-users living with persistent pain conditions.

Contributors to the paper include Dr. Fergal Jones, Research Director at the University of Canterbury's Department of Applied Psychology; Dr. Alessio Agostinis, former Consultant Clinical Psychologist with the Pain Service; and Dr. Julia Morris, Consultant Allied Health Professional and Strategic Lead of the Pain Service.

New therapy dog

Frankie, a 10-year-old West Highland Terrier, has been a Pets As Therapy (PAT) volunteer dog for over seven years, and can now visit patients and colleagues at the General Hospital due to the publication of the Animals in Hospital policy. He is available for PAT visits on Fridays from 2pm to 4pm.

Nutrition and hydration week

Nutrition and hydration week ran from 11 March and was an opportunity for us to raise awareness and educate colleagues and patients on the value of food and drink in maintaining health and wellbeing. There was Trolley Training throughout the week, across the acute wards at the General Hospital, focusing on a variety of nutrition and hydration topics each day.

Neurodiversity celebration week

We participated in a global initiative to challenge stereotypes and misconceptions about neurological differences. Celebrating neurodiversity aimed to transform how people with conditions like autism, ADHD, and dyslexia experienced life at work, home, and in education.

Picker survey results

The Picker survey results, from October 2023 to January 2024, were very positive, reflecting the hard work of all colleagues.

The majority of patients reported a positive overall experience of care across various services, with 67% to 89% rating their experience as seven or above out of ten.

Between 97% and 100% of patients felt they were treated with kindness and understanding, and 97% to 99% felt they were treated with respect and dignity.

Additionally, 99% of patients had confidence and trust in colleagues in urgent and emergency care services, 98% in inpatient services, 97% in outpatient services, 96% in maternity services, and 88% in community and mental health services.

Quarter 2

International Porter of the Year

After 21 years at the General Hospital, Head Porter Donna Murphy received the International Porter of the Year award. Donna, a Senior Chargehand Porter, oversees 47 porters who ensure a 24-hour operation at the Hospital.

Anti-racism and discrimination campaign starts

In response to reports of racism and discrimination raised by our colleagues, an anti-racism and discrimination campaign was launched.

This campaign clearly communicated that we stand against racism, emphasising that racism is hurtful, a crime, and has no place in any of our estates, whether towards patients, clients, or each other.

Island-wide Pressure Ulcer Prevention and Management Framework update

The Island-wide Pressure Ulcer Prevention and Management Framework was launched and came into effect on 16 May 2024. This Framework proposes an evidence-informed, standardised pathway of care across the Island to prevent and manage pressure ulcers. It outlines best practices based on the recommendations in the NICE Clinical Guideline: Pressure ulcers: prevention and management, and the NICE Quality Standard.

Business Continuity Plan

Our Business Continuity plan was finalised in June 2024.

Patient Advice and Liaison Service (PALS) awareness campaign

We launched a campaign to raise awareness of the PALS service. PALS answer questions Islanders have about HCJ, listen to their concerns about care, connect them with the right services, teams, or organisations inside or outside HCJ, and take suggestions on how to improve services. They also direct people to the Health Feedback Team.

Freedom to Speak Up newsletter launched

The 'Speak Up' newsletter provides an easily accessible platform for all our colleagues, including those without computer access. It is a central hub for all Freedom to Speak Up updates, news, and information on all matters related to speaking up.

Clinique Pinel refurbishment complete

Patients moved into the newly refurbished Orchard Ward on 27 June. The new inpatient facility for adult mental health patients has 16 ensuite bedrooms, an art room, an activity room and a family room.

It also has an Article 36 suite, which is designed to provide a safe and supportive environment for a mental health assessment ensuring patients receive appropriate care while respecting their rights and dignity rather than taking them to the Emergency Department.

Dementia strategy launched

Jersey's first Dementia Strategy was launched on Friday 28 June. Strong Foundations: A dementia strategy for Jersey, was developed in partnership between the Government of Jersey and Dementia Jersey and was informed by extensive local engagement as well as drawing on international, national and local evidence.

The document identifies five key areas of priority for action between 2024 and 2029 to develop and improve the support available to people living with a dementia, and their families or care-partners.

Quarter 3

University of Oxford scholarship

Business Support Officer, Georgia Houghton was awarded a University of Oxford scholarship to help her on her journey to secure her dream job as an embryologist.

Learning Disabilities Awareness Week

The Learning Disabilities service celebrated Learning Disabilities Awareness Week from 16 to 23 June. They raised awareness with a pop-up stand on King Street, by meeting colleagues and Islanders at Enid Quenault Health and Wellbeing centre, and attending Haute Vallee school to be part of the joint art class for adults and pupils with a Learning Disability.

Accreditation for our digital Telecare Service

The Community Services Care Group was delighted to announce that their Digital Telecare service was awarded Quality Standards Framework accreditation by TEC Quality.

Digital Telecare, also known as Technology Enabled Care, is a remote monitoring system that uses wearable alarms, sensors, and GPS location tracking to provide 24-hour support and monitoring.

Jersey Fighting Failure (JeFF) launched

The Jersey Heart team launched the JeFF project, which focuses on early detection and innovative treatments for heart failure in the Island. This project is a key part of the wider initiative to improve heart failure care.

Through the JeFF project, the Team are aiming to transform heart failure care in Jersey by focusing on important patient information like blood test results. They have created a new High Alert Pathway that uses a blood test marker called BNP to find those at the highest risk.

Nurse's research published in journal

A nurse who has researched the lived experience of patients with rectal cancer, had her findings published in the British Journal of Nursing. Colorectal nurse Cate Goode undertook the research as part of her MSc for Advanced Clinical Practice.

Patient Safety theme of the week launched

Launched as a way to share learning from incidents and Serious Incident reports. The Patient Safety Team ensure all colleagues have access to a quick, easy-read format that can be shared at handovers, huddles and before meetings each day.

New initiative launched to reduce waiting times for cataract patients

An initiative which has helped to cut waiting times for cataract patients saw 177 Islanders travel to Southampton for treatment since April.

Somerset Cancer Register (SCR) introduced

The Cancer Services team introduced the SCR to help revolutionise HCJ cancer services with improved patient tracking, better reporting capabilities and participation in national audits.

Pride of Jersey Awards

Several colleagues and a Department were nominated for a Pride of Jersey award for the incredible work they do. Among those nominated were Nicola Looby, Sinéad O'Driscoll, Lee-Ann Penn, Skye Newton and Cate Goode, Isobel Hamon and the Oncology and Haematology departments.

Maternity refurbishment wins an award

The annual Jersey Construction Council Awards to showcase outstanding achievements in the construction industry were held at the Royal Jersey Showground on 21 September. The General Hospital Maternity Refurbishment won the Project of the Year in the £2 to £10m category.

Quarter 4

Appreciation Week

We ran our first appreciation week from Monday 7 to Sunday 13 October. The week was organised by the Culture and Engagement team and provided an opportunity to celebrate our workforce and recognise the great work everyone does day in day out.

During the week each of our Executive Leadership Team returned to the frontline to experience what a day looks like in various departments and wards.

A breakfast with the interim Chief Officer was held for colleagues who were recognised for a significant achievement, and all colleagues shortlisted for an HCJ Our Stars 2024 award were notified.

Resuscitation newsletter launched

The Resuscitation department were excited to introduce a new quarterly newsletter named 'The Resus Rag', dedicated to keeping colleagues informed about all things resuscitation.

Private Patients first networking event

On 1 October the Private Patients team held their first networking event called Connecting Up. They invited GPs from across the Island to meet with consultants to discuss their Private Patient services and the Private Patient Medical Advisory Committee was established.

Speak Up month

This year colleagues were reminded of the importance of listening and how this has an impact on patient safety, service delivery and wellbeing. Speaking Up is important and so is Listening Up. By listening to the concerns of our colleagues, the Organisation can learn, develop and improve.

World Mental Health Day

On 10 October, the Mental Health Community Services team marked World Mental Health Day by encouraging all colleagues to take time to talk and look after their own mental health.

The Team used the opportunity to remind colleagues about the mental health services available, and how to contact the Team for a patient assessment in the General Hospital.

Prison health care services at HMP La Moye transferred to Health and Care Jersey

Prison health care services now fall under the remit of the Adult Mental Health Specialist Service.

Lieutenant Governor visits the Oncology department

On 11 October, Lieutenant Governor, His Excellency Vice Admiral Jeremy Kyd, and Dr Karen Kyd, visited the Oncology Department at the General Hospital. As a patron of Jersey Cancer Relief, Dr Kyd was particularly interested in seeing the progress being made in cancer care and how digital solutions are helping to transform the way we deliver care in Jersey.

Pride of Jersey winners announced

Huge congratulations were given to Cate Goode, Colorectal nurse who won a Special Recognition award, and Isobel Hamon who won the Community Champion of the Year award at the Jersey Evening Post's Pride of Jersey awards ceremony.

Children's waiting room transformed

A new waiting room for children with diabetes was opened at the Enid Quenault Health and Wellbeing Centre, thanks to a generous charity donation. Diabetes Jersey donated £12,000 to make the waiting room more welcoming for children and young people.

Adult Safeguarding Week

A campaign was launched on 18 November to remind healthcare workers that safeguarding is everyone's responsibility. Everyday throughout the week, the Safeguarding team looked at a different theme, including Working Together and Violence Against Women and Girls. The aim of the campaign was to highlight key safeguarding issues and best practice.

First Radiographer trained in Jersey appointed

Zoe Lloyd, a Radiographer and the first student involved in a collaboration with Plymouth University, secured a permanent position in Jersey. She completed her second-year student placement with the Radiology department as part of this new partnership.

Nursing Support Worker Day

On 23 November, colleagues were invited to celebrate Nursing Support Worker Day. Nursing support workers, hold various titles such as HCA, assistant practitioners, and healthcare support workers, play a crucial role in supporting Registered Nurses and the wider multi-disciplinary team, regardless of their specific job titles.

Mental Health public open forum

The Mental Health Care Group leadership team hosted an open meeting in St. Helier town hall on 12 November. The Team invited Islanders to review what service users and carers told us about Mental Health services in 2022, and how we have responded in the past two years.

Over 150 people attended to hear about and discuss the improvements to Mental Health services.

Dementia award received

On 28 November, the Mike Wilkinson Award, which honours individuals or groups who have significantly contributed to supporting people with dementia in Jersey, was presented by Dr. Kyd, the Patron of Dementia Jersey, to the Dementia Strategy Steering Group.

Rachel McBride, the Dementia Strategy Project Manager, and Sian Wareing-Jones, the Lead Partner of Dementia Jersey, who co-authored the strategy, accepted the award on behalf of the Group that included people with dementia, their care partners, HCJ clinicians, Public Health, Primary Care, and partner agencies such as Dementia Jersey, My Voice Jersey, and the Jersey Care Federation.

Consultant takes part in humanitarian project

Simon West, Orthopaedics Consultant took part in a humanitarian project to perform hip and knee replacement surgery for people in Vietnam. He joined a charity mission made up of 70 clinicians including surgeons, nurses, physiotherapists and sterile services support who gave up their time to provide surgery and post-operative recovery treatment for patients.

Basic Life Support pop-ups

During December, the Resuscitation team delivered pop-up training sessions on Basic Life Support. All HCJ colleagues were encouraged to attend and upskill in Basic Life Support. The pop-ups were held in Parade Entrance of the General Hospital and The Enid Quenault Health and Wellbeing Centre.

Family History Assessment Service launched

Supporting early cancer detection for Islanders. This new service brings a streamlined, accessible way for patients with a family history of breast or ovarian cancer to assess their potential cancer risk closer to home.

This Service helps determine the patient's risk of developing cancer, and whether they are eligible for genetic testing particularly, for BRCA and other genetically

inherited cancer genes. Patients assessed as being eligible for genetic testing will be referred to Guys and St Thomas' Hospital.

Health and Care Jersey

The Minister for Health and Social Services consulted with the formerly named Health and Community Services and other health and care providers in Jersey to propose new arrangements to enhance collaboration among these organisations.

With the support of the Council of Ministers, HCS was consolidated with health and care services into a single department called Health and Care Jersey (HCJ) from 1 January 2025.

This integrated department includes Health and Community Services, Health Policy, and Public Health. Additionally, there is an agreement in principle to incorporate the Ambulance Service into Health and Care Jersey later in 2025, pending detailed planning and approval from the Minister for Justice and Home Affairs.

Embrace our Difference event

On 3 December the Adult Learning Disability Service attended the Government's Embrace our Difference event at the Radisson Hotel.

Embrace Our Difference showcases inclusivity and diversity in the Island and hopes to encourage others by supporting diversity and supporting people with disabilities. The theme for this year's event was Working Together to Make a Difference.

The goal is to:

- help build an environment that is inclusive and welcoming
- ensure everyone is recognised, respected, accepted, and understood
- give people with disabilities equal opportunities

Our Stars

Our annual Our Stars Award Ceremony was held in November. We shortlisted over 70 colleagues and teams from an incredible 426 nominations.

The following winners were announced:

- Achievement in Education and Learning: Gill Martin, Senior Lecturer
- Allied Health Professional or Social Worker of the Year: Laura Foster, Head of Nutrition and Dietetics
- Customer Service Excellence: Halil Metushev, Catering Assistant
- Embodying Our Values: James Moulson, Risk Manager
- Employee of the Year: Oliver Leeming, Medical Education Manager
- Excellence in Leadership: Jenna Mackay, Lead Nurse Medical Service
- Health Care Assistant of the Year: Michael Vieira
- HCJ Superstar: Mung Du, Medical Registrar
- Manager of the Year: Becky Brawley, Mental Health Team Manager
- Medic of the Year: Jesse Brown, Clinical Fellow

- Multi-disciplinary Team Working: Janie du Feu, Rozel Ward Manager
- Non-clinical Support Worker of the Year: V Morel, Information Governance Manager
- Nurse or Midwife of the Year: Ashley Melling, Midwife
- Patient Experience: the Maternity department
- Rising Star: Mara de Oliveira, Staff Nurse Rozel Ward
- Team of the Year: the Intensive Care Unit
- Team Superstar: Paul Rendell, Principle Social Worker and Adult Social Care
- Team Superstars: Oncology

Performance against 2024 priorities

Priority 1: Develop a HCJ Learning from Deaths (LfDs) Framework

Overall measure of success: partially achieved.

	Objectives	Actions	Measure of success
1	Publication of a Learning from Deaths (LfDs) Framework for HCJ	Organisation-wide consultation of framework and approval	Partially achieved
2	Implementation of Mortality Learning Review (MLR) programme	The Quality and Safety (Q&S) Mortality team to support implementation of MLR programme through promoting, training, and supporting reviewers to complete MLRs	Complete
3	Re-introduce Mortality and Morbidity (M&M) meetings	Re-introduce Care Group wide M&M meetings Complete and ratify Terms of Reference for M&M meetings Q&S Mortality team to support implementation and co-ordination of M&M meetings.	Complete
4	Commence a Learning Disability Mortality Review (LeDeR) programme	Explore if HCJ can join the National LeDeR Mortality Review programme Healthcare professionals to report deaths of people with a learning disability into and support reviews of these deaths.	Complete

Why this was a priority

Following concerns and scrutiny around increasing mortality rates dating back more than a decade (Hogan et al, 2015, and Francis, 2013,) 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).

To ensure HCJ is learning from deaths, a Mortality Governance Framework is required.

We aimed to achieve this by reviewing deaths of specific patients within our care to identify areas of clinical excellence, and areas requiring improvement and safety actions.

This supports shared learning throughout the Organisation and promotes a culture of safe clinical care by engaging the entire workforce.

What we have achieved

During 2024 the LfDs Framework was drafted and will be sent out to consultation for approval at Senior Leadership Team (SLT) by Quarter 1 2025.

The MLR guideline was published in October 2024. This provides an overview for HCJ colleagues of why MLRs are important to LfDs and supports MLR reviewers with the correct methodology for completing MLRs.

In 2024 we completed 35 MLRs which informed the Serious Incident (SI) process and provided opportunity to share MLR learning and themes with colleagues at departmental level and in different colleague forums.

We re-introduced M&M meetings within HCJ in 2024. We delivered four meetings where cases were presented to the multi-disciplinary team to promote reflection and to encourage critical analysis of the systems and processes contributing to the outcome of care for our patients.

During the December meeting we invited our first relative of a deceased patient to present and share their experience of hospital care which was extremely powerful.

The Terms of Reference (ToR) were shared with M&M attendees for feedback. Following this consultation the ToR have been approved and will be included as an appendix within the LfDs Framework.

As part of the MLR programme, deaths of people with a learning disability (LD) who die in hospital are reviewed to highlight any concerns, and feedback to the LD service.

All clients with a learning disability who died as hospital inpatients were reviewed in 2024. Due to amendments required to the electronic reporting system for LeDeR in the UK, HCJ were unable to report directly to them. In 2025 the Mortality and LD teams will finalise the process for reviewing LD deaths which aligns more closely to the formal LeDeR review programme.

In 2024 the Mortality Team developed its relationships further with, the Viscount's department and Police Coroners Officers. The benefits of this have been the Viscount's department having a point of contact for highlighting concerns and queries from families prior to or following inquest. The Mortality team has been able to then support Care Group Leads to meet with families to answer their questions and concerns about care were possible.

Key ideas for further improvement

In 2025 a key priority will be approval of the LfDs Framework which is currently in draft and due for approval in Quarter 1 2025. Once approved by the SLT it will provide HCJ with a high-level summary of the processes in place for LfDs within the Organisation.

Another key priority in 2025 will be to embed the MLR programme, including a thorough screening process, to ensure HCJ capture the appropriate deaths for review in line with national criteria. The Mortality team would like to raise their profile,

in addition to the profile of the MLR programme. This would include training more colleagues to complete MLRs which will increase the likelihood of meeting our 20% target for inpatient deaths reviewed.

The Mortality team is also in discussions with Guernsey to see how we can support inter-Island reviews of people that die with a LD in the future. This will support more thorough reviews of people that die with a learning disability to improve the quality of health and social care for people with a LD in Jersey.

Monitoring and measuring ongoing improvements

The LfDs Framework will be a dynamic document and once approved will have a review date of three years at minimum. If there are significant changes to process, the LfDs Framework will be reviewed prior to the three-year review date.

In 2025, two of the Key Performance Indicators (KPIs) for MLRs will be to complete the review within one month of the death and complete a review for 20% of in-hospital deaths in a year.

Barriers to achieving these KPIs in 2024 were:

- high workload of clinicians and senior nurses
- no administrative support to help with screening in-patient hospital deaths to identify deaths requiring review
- high-profile inquests requiring a lot of preparation and time

An increase in attendance at the M&M meetings and identifying appropriate actions from the cases presented will be key to measuring improvement and effectiveness of these meetings in 2025.

Priority 2: Transform Maternity Services for a brighter future in Jersey

Overall measure of success: achieved

	Objectives	Actions	Measure of success
1	Publication of the Maternity Improvement Plan: Our Plan for the Way Forward with Maternity Services in Jersey.	Maternity-wide and Maternity Voices Partnership (MVP) consultation of the Maternity Improvement Plan approval by 30 June 2024, for publication. Maternity refurbishment.	Complete
2	Ensure processes are in place to ensure safe staffing across Maternity services.	Undertake a birth rate plus colleague review. Develop new ways of working across maternity to improve continuity of carer. Grow, retain and develop our workforce in line with the needs of the Service.	Complete
3	Create a collaborative culture of safety, learning and support through effective leadership.	Continue to review safety incidents and action appropriately. Learning from incidents embedded. To have a service that is well-led and continuous improvement culture.	Complete
4	Work with service users, colleagues and community voices to shape our services.	Work with our MVP to listen to our families.	Complete and continuous

Why this was a priority

The publication of the Maternity Improvement Plan became a priority to ensure high-quality, safe, and equitable maternity care for all families in the Island.

The Plan aims to meet the needs of the community and improve outcomes for mothers, babies, and families.

Reasons for prioritising this include:

- addressing identified issues: there had been specific concerns or gaps in maternity care, such as service accessibility, safety, and the need for modernisation in response to emerging health trends and patient feedback
- improving safety and quality: enhancing clinical standards, reducing risks during childbirth, and ensuring evidence-based practices are crucial for maternal and neonatal health

- responding to community needs: the Plan helps align services with the expectations and preferences of the local population, such as personalised care or support for diverse cultural needs
- workforce development: ensuring a well-trained and sufficient workforce to provide maternity care is a vital aspect of improving services
- strategic vision: providing a clear direction for long-term planning, investment, and resource allocation is essential to sustain and improve services over time
- alignment with broader health policies: the Plan is part of a broader initiative to improve overall healthcare in Jersey, contributing to better health outcomes across the lifespan.

Publishing the Plan demonstrates transparency, commitment to improvement, and accountability to stakeholders, including patients, healthcare providers, and the wider community.

What we have achieved

The Maternity Improvement Programme was established on 28 June 2023. The purpose of the Programme is to deliver co-ordinated and sustained improvements within the Maternity service, addressing the recommendations from internal and external reports received by the Organisation since 2018, with clear assurance and accountability.

There were a total of 127 reported recommendations. The Service has been dedicated to progressing these recommendations, ensuring that the responses become part of the embedded business-as-usual governance process of the Organisation.

During Phase one of the Programme, the Service co-designed their Maternity Services Strategy 2024 to 2026 with involvement from:

- the Jersey MVP
- widespread public engagement, including hard-to-reach groups
- Family Nursing and Homecare (FNHC)
- midwives
- nurses
- healthcare assistants
- consultants
- community providers

It is envisioned that the Strategy will ensure the sustainability of the completed recommendations within the Maternity Improvement Plan and see the completion of the outstanding recommendations.

Upon completion of Phase 1, the Service achieved 102 out of the 127 recommendations.

Phase 2 is business-as-usual and commenced on 16 July 2024. The aim of this phase is to:

- ensure the sustainability of the completed recommendations from Phase one
- see the completion of the outstanding recommendations from Phase one
- implement the Maternity Services Strategy 2024 to 2026
- enable the framework of continuous improvements for the Maternity Service from future internal and external reports of relevance

Key ideas for further improvement

Include:

- continue with the cultural improvement programme, working alongside the Wellbeing team
- make information for parents easily accessible and up-to-date ensuring equality and diversity is included
- develop our workforce; particularly focusing on the role of the Maternity Support Worker
- identify key roles to ensure improvement in family care and experience and developing colleagues accordingly to undertake these roles such as bereavement and Safeguarding training
- develop the continuity of carer model by reviewing caseloads and ensuring an MDT approach is adopted

Monitoring and measuring ongoing improvements

We will assess ongoing improvements through a comprehensive audit programme which will be regularly reviewed during our monthly Women Children and Family (WAC) Care Group Governance meetings.

Priority 3: Develop a HCJ Nutrition and Hydration Strategy

Overall measure of success: partially achieved

	Objectives	Actions	Measure of success
1	Improve the visibility and governance of nutrition and hydration across HCJ.	Implement a Nutrition and Hydration Steering Committee for HCJ. Improve systems to collate and monitor data on incidents relating to nutrition and hydration across HCJ.	Complete
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. Implementation of nutritional screening in HCJ outpatient clinics, where appropriate.	Partially achieved
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 British Dietetic Association Digest: all healthcare menus must meet the nutrition standards for both nutritionally well and nutritionally vulnerable.	Development of standard adult hospital menus in line with British Dietetic Association digest standards for calorie and protein provision. Development of á la carte menus for patients with special nutritional needs such as finger foods for dementia patients.	Not achieved
4	Ensure appropriate and safe prescribing of oral nutrition support, enteral and parenteral nutrition.	Thorough review of current nutritional prescribing practice across HCJ; including inpatient and outpatient prescribing EMPA use and documentation Dispensing of nutritional products.	Partially achieved

Why this was a priority

The impact of our diet on our health is substantial, encompassing overnutrition which can contribute to the development of obesity, and undernutrition.

Healthcare providers have a responsibility to their patients to provide high quality food and drinks, to sustain and promote good health. Alongside the nutritional value of food, the environment in which it is delivered needs to promote a positive experience.

The nutritional value of the food provided should meet the assessed nutritional needs of an individual, alongside this, respect for an individual's religious and cultural backgrounds must be incorporated.

In secondary care, the presence of disease-related malnutrition gives rise to multiple complications, such as:

- wound infections
- chest infections
- pressure ulcers

These complications culminate in prolonged hospital stays, increased readmission rates and higher fatality rates (British Association for Parenteral Nutrition, 2018).

With the implementation of processes to identify patients at risk and those with existing needs, systems can be instigated to improve, manage, and prevent the development of nutritional and hydration problems.

A series of audits and surveys completed in 2023 throughout the General Hospital identified:

- gaps in nutritional provision to patients across the standard adult menu
- unfavourable environments at mealtimes
- a lack of consistent nutritional screening and appropriate nutritional care plans

This was also reflected across incident reports and through Serious Incidents (SI).

What we have achieved

We have achieved:

- the introduction of protected mealtimes across the General Hospital acute wards
- implementation of two daily snack rounds across the General Hospital acute wards
- nutrition and hydration focus on weekly care rounding and peer reviews
- review of all Pippa board signage relating to nutrition and hydration
- accurate allergen content data cards
- embedded nutritional screening across the General Hospital acute hospital wards with monthly audits of compliance completed
- monthly training on malnutrition, nutritional screening and nutritional interventions, 94 colleagues were trained during 2024
- development and ratification of Parenteral Nutrition Policy, following a Datix review of inappropriate parenteral nutrition use across the General Hospital

- set up complex nutrition weekly MDT with key stakeholders to include timely discussion of complex inpatients and outpatients requiring specialist nutritional intervention or therapy
- review of processes for commencement of Oral Nutritional Supplements (ONS) across the Dietetic service, including provision of ONS to nursing homes via the stores in Five Oaks to include the development of:
 - an appropriate use guideline which is currently in draft and awaiting approval
 - a guideline for ordering, administration, and recording of ONS for care homes also in draft, awaiting approval

Throughout 2024, risks were identified via Datix which related to the competency and training of nurses across HCJ, particularly in the acute wards of the General Hospital. These risks were specifically associated with enteral feeding. As a result, competency training programmes were developed for the insertion and management of nasogastric tubes. Towards the latter part of 2024, training programmes for gastrostomy tubes were also introduced.

Key ideas for further improvement

Include:

- integration of all nutritional products onto EPMA
- implementation of outpatient screening across outpatient clinics (NICE 2016)
- ongoing monthly training programme, revised to include learning and case studies from recent SIs
- development of specialist a la carte menus including
 - finger foods
 - low fibre menu
 - renal menu

Current Nutrition and Hydration Strategy Group to be reviewed with the aim of creating a Nutrition and Hydration Steering Committee for HCJ alongside working groups for specific strategies to be completed.

Monitoring and measuring ongoing improvements

We will monitor and measure progress by:

- successful integration of products on EPMA and removal of multiple prescription systems
- monthly audits of compliance to nutritional screening across inpatients completed and reported into the Steering Committee
- reviewing and monitoring Datix and SI themes relating to nutrition and hydration and incorporating them into the training scheduled for 2025

The creation and implementation of specialist a la carte menus.

Priority 4: Improved service quality and patient experience within Inpatient Mental Health

Overall measure of success: achieved and plan ongoing

	Objectives	Actions	Measure of success
1	Develop a Quality Improvement (QI) plan.	Initial colleague and service user engagement. QI plan developed with clear workstreams, desired outcomes and monitoring. Steering Group in place to review progress.	Complete
2	Improved service user experience measures.	Agreed systems for monitoring service user experience in place.	Complete
3	Improved colleague experience.	Colleague experience survey and focus group undertaken. Agreed system for monitoring experience in place.	Complete

Why this was a priority

A report into Adult Mental Health inpatient services in Jersey and responses from an open public forum identified that the model of care in the Adult Mental Health inpatient wards should be reviewed to ensure:

- effective multi-disciplinary working
- continuity of care between inpatient and community services
- that there is clear emphasis on safety and therapeutic interventions

The Royal College of Psychiatrists introduced a set of core standards for inpatient mental health services. These standards have been closely aligned to the patient experience and designed to be used across all mental health services to improve the quality of care provided.

The standards cover important areas such as:

- providing timely evidence-based care
- treatment, supporting and involving patients and carers
- treating them with dignity
- looking after colleagues
- evaluating and improving services

What we have achieved

We have achieved:

- establishment of an overarching Programme Board to provide support and oversight to the Quality Improvement plan
- identification of key areas of improvement and plan agreed
- engagement with key stakeholders in a series of workshops which is continuing
- planning for introduction and training for safe wards model
- introduction of standardised admission checklist

Key ideas for further improvement

Include:

- roll out of safe wards programme across all ward areas
- continuation of Improvement Plan agreed
- introduction of Triangle of Care programme

Monitoring and measuring ongoing improvements

We will monitor and measure progress by:

- colleagues and patient surveys
- carers assessment output
- Clinical Governance forum
- Programme board

Priority 5: Improve standards of care for dementia and delirium within the General Hospital

Overall measure of success: Achieved

	Objectives	Actions	Measure of success
1	Reduce inappropriate use of sedation to manage distress and challenging behaviour.	Baseline audit and monthly reporting. Review of all Datix reported incidents related to people with dementia, MDT training and awareness raising – medication use and management of complex needs.	Continuous monitoring underway Complete
2	Review clinical protocols / procedures in use.	Procedures and protocols reviewed and updated Guidelines for the Prevention and Care of Delirium in Adults published September 2024	Complete
3	Dementia care audit completed.	Audit undertaken in Quarter 2 of 2024. Review and development of action plans in Q3.	Complete
4	Completion of carer survey.	Carer survey to be undertaken to understand experience of care and future learning.	Complete

Why this was a priority

It is estimated that at any one time up to one in four acute hospital beds are occupied by people living with dementia. In Jersey, people with dementia remain in hospital for twice as long as those people without dementia. Furthermore, up to two-thirds of delayed discharges from acute wards relate to people with dementia.

Feedback from relatives, evidenced from complaints relating to care, and confirmed in the 2024 carer survey, indicates the experience and care people with dementia or their carers receive is not consistently optimal.

Medications like Lorazepam and Haloperidol are often used to manage challenging behaviours in people with dementia or delirium. This practice is a common clinical response to help healthcare colleagues.

Guidelines on the prevention, assessment, and management of delirium in the acute care of adults has been absent, resulting in inconsistency of approaches, and limited awareness of who may be at risk of developing delirium, and how to prevent it.

Historically, data on the range of health systems is collected in a way that is not joined up or consistent, resulting in time-consuming manual methods to link patient cohorts with quality assurance measures such as incident reporting.

The quality of care, experience, and safety of people with dementia receiving care at the General Hospital has come into focus as an area of priority, particularly as the Island population is projected to live longer, and the proportion of the population that is older is projected to increase in coming years.

What we have achieved

A Hospital Dementia Steering Group has been formed to provide oversight and a decision-making forum on all initiatives relating to dementia in the General Hospital.

Datix incident reporting relating to people with dementia or delirium within the General Hospital is now being monitored on an ongoing basis. A monthly report will be shared with the Hospital Dementia Steering Group from January 2025, identifying and monitoring themes and agreeing actions.

A dementia training survey was completed in February 2024 in to understand our colleagues' thoughts about the dementia training and support available to them. The survey was accessible across all locations and levels throughout the Organisation, to all colleagues working in clinical and non-clinical roles including:

- inpatient areas
- community
- support roles such as housekeeping and porters' services

The outcome of the survey was fed back to the Hospital Dementia Steering Group and used to inform the 2024 Dementia Training Programme.

A programme of dementia and delirium training was undertaken in 2024, with 127 HCJ colleagues attending. A further 176 training places are planned for 2025.

A full day training event was held in June 2024 in which 50 HCJ colleagues attended Communication and Interaction Training (CAIT), aimed at promoting understanding of the micro-skills of providing good dementia care, and supporting people with distressed reactions Training on dementia and delirium was also delivered to medical colleagues, with 75 attending across the year.

Guidelines for the Prevention and Care of Delirium in Adults was published in September 2025. The guidelines include:

- a poster for use on wards to raise awareness
- a patient information leaflet
- documentation to support the identification of risk factors, assessment and management

A minor amendment was made to the guidelines in December, and a programme of awareness raising is planned for 2025, including participation in World Delirium Awareness Day in March 2025.

A review of the use of psychotropic medications for people admitted to the General Hospital was completed in Quarter 1 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 the General Hospital, on one identified day, with a diagnosis of dementia. A repeat spotlight care audit is planned for February 2025.

Reporting on the use of medications for the purpose of rapid tranquilisation in people with dementia or delirium commenced at the General Hospital. Daily automated reports are sent to lead nurses and clinicians to enable the swift review and provide assurance of appropriate usage. A monthly report is produced to summarise usage which is reviewed by the hospital dementia steering group.

A contract with the Healthcare Quality Improvement Partnership (HQIP) and Royal College of Psychiatrists (RCPsych) was finalised in November, enabling Jersey's inclusion and participation in the National Audit of Dementia. The audit includes case note review and carer and patient feedback, with the first phase commencing in January 2025. The audit examines aspects of care received by people with dementia in general hospitals.

A carer survey was completed in Quarter one of 2024, exploring relatives' perspectives about care of people with dementia at the General Hospital.

Jersey's first Dementia Strategy, Strong Foundations, was published in June 2024. It was developed in partnership between the Government of Jersey and the charity, Dementia Jersey, with extensive engagement with Islanders.

The strategy outlines how dementia care and support will be approached in Jersey over the next five years and identifies five key areas for improvement:

1. raising awareness
2. diagnosing well
3. supporting people with dementia and their care partners
4. training and valuing the workforce and
5. developing Jersey to be an island that is dementia friendly and inclusive

The Strategy was accompanied by an implementation plan for year one, and an oversight group was set up to monitor the progress of actions identified.

Key ideas for further improvement

Development of proposals for an integrated clinical and care pathway for Islanders with dementia from point of referral for assessment to end of life to provide continuity of support and care.

Development and implementation of a Hospital Charter for Dementia, outlining the high-level principles that the General Hospital as a dementia-friendly hospital will aim to provide. The charter will enable identification and measurement of key outcomes, and identification of key areas for improvement. This aligns with the dementia strategy Year one action of improving standards of care for people with dementia at the General Hospital.

Identification of data requirements within Health and Care Jersey (HCJ) that will enhance understanding of the impact of dementia on health and care services and enable the monitoring and reporting of quality outcomes for people with dementia at the General Hospital.

Completion of environmental assessments within inpatient and outpatient facilities within our estates, to enable recommendations for potential dementia-friendly improvements that can be made to existing estates provision in advance of the New Healthcare Facilities Programme delivery.

Raise the profile and awareness of dementia at our Senior Management and Board level to ensure the needs of people living with dementia who access services are actively incorporated in decision making.

Co-ordinate the provision, delivery and evaluation of dementia training across our workforce, using a tiered approach that matches the level of training to the role of the colleague. Develop a fully costed proposal with recommendations on how this can be delivered.

Provision of training for medical colleagues relating to dementia and delirium.

Monitoring and measuring ongoing improvements

We will assess ongoing improvements through

- monthly Hospital Dementia Steering group to monitor the General Hospital specific initiatives.
- updated reporting to the Dementia Strategy Oversight group on progress of HCJ Dementia Strategy related actions.
- proposed quarterly reporting to HCJ Executive Leadership and Board for 2025

Priority 6: Improve the management of the patient feedback processes and enhance patient experience

Overall measure of success: Achieved

	Objectives	Actions	Measure of success
1	Senior colleagues make sure every employee of HCJ knows how they can create and deliver a just and learning culture for handling complaints, and that all colleagues can demonstrate how they contribute to this culture through practical example.	<p>Reinforce the knowledge and understanding of the GoJ Feedback Policy and how PALS supports the delivery of such, across HCJ staff groups.</p> <p>Senior colleagues make sure all colleagues 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 HCJ patients and the public.</p> <p>Appropriate governance structures are in place so that senior colleagues 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 HCJ do this.</p> <p>All colleagues take appropriate measures to capture feedback about the complaints process from those who make complaints, and from the colleagues directly involved. They then use this to demonstrate how HCJ has performed towards meeting the standards that patients and service users expect to see.</p> <p>HCJ routinely shares learning from complaints and PALS feedback with the GoJ to build on insight and best practice.</p> <p>All colleagues openly welcome complaints so they can identify and resolve issues quickly. Colleagues are trained to do this well and make sure people are being listened to and treated with empathy, courtesy and respect always.</p>	Complete and ongoing
2	<p>Colleagues respond to complaints at the earliest opportunity and consistently meet expected timescales for acknowledging a complaint.</p> <p>Colleagues give clear timeframes for how long it will take to investigate the issues considering the complexity of the matter and</p>	<p>HCJ promotes a learning culture which welcomes complaints and handles them well.</p> <p>Colleagues have the skills and experience they need to be confident in handling complaints.</p> <p>People making complaints about HCJ' services get a consistent, and positive experience each time.</p>	On track

	clearly communicate this to complainants.	<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 HCJ will take any issues raised seriously and take appropriate action to address them.</p>	
3	Implement Core Standards for the management of patient feedback across HCJ.	<p>Core Standards for the PALS, Feedback team and all HCJ colleagues involved in providing responses to patient feedback</p> <p>Core standards include:</p> <ul style="list-style-type: none"> • be identifiable and accessible to patients, their carers, friends, families and members of the public • give everyone who contacts PALS information about options available to resolve an issue or concern • listen and provide relevant information and support to help resolve patient's concerns quickly and efficiently • provide on the spot help, whenever possible, with the power to negotiate solutions and resolve problems as quickly as possible • enable people to access information about HCJ's services and information about their health and social care provided by HCJ • signpost and guide people through health and social care services provided by HCJ • liaise with all clinical and medical colleagues and managers, and where appropriate, other health related organisations, to facilitate a resolution • act as an early warning system if there are particular problems or concerns emerging • act as a gateway for advocacy and the complaints process • refer patients, when appropriate, to independent advice and advocacy support from local sources • establish and maintain effective systems for reporting on, and learning from PALS contacts • promote a culture in HCJ that puts patients at the heart of service delivery <p>Involve patients and carers where appropriate and with consent from the patient, in the planning, development and monitoring of PALS.</p>	Complete

Why this was a priority

We re-launched the PALS service in June 2024 which involved HCJ communications and a media campaign advising our service users and colleagues of what our service provides.

The PALS offered by HCJ provides immediate resolutions. We offer confidential advice, support, and information on HCJ related matters. We serve as a point of contact for our patients and service users, their families, and carers, helping to resolve concerns or queries promptly.

What we have achieved

In 2024, a total of 1,194 PALS concerns and enquiries were received, marking an increase of 848 compared to 2023.

Feedback related complaints decreased significantly, dropping from 413 in 2023 to 216 in 2024, this is a 52% reduction.

Since our re-launch the service has seen a significant increase in usage and a reduction in feedback related complaints, thanks to the early resolution of enquiries and concerns.

This substantial increase in PALS usage highlights the effectiveness of early resolution, preventing many concerns and enquiries from escalating to official complaints.

Key ideas for further improvement

In 2025, the service will continue collating feedback, and listening to our patients and service users, gathering data to identify areas for improvement.

Thematic reviews of complaint outcomes from 2024 will provide valuable insights for learning and improvement in 2025.

Additionally, further reviews will identify learning opportunities, share areas of exemplary practice, and highlight opportunities for improvement.

Monitoring and measuring ongoing improvements

In 2025, a review of the Patient Experience Service will benchmark us against national Key Performance Indicators (KPI's) to continuously enhance patient experience. We start from a very positive position, with the UK reporting yearly 390 per 100,000 population and Jersey reporting 216 per 100,000 population.

Within PALS, specific KPI's will be established relating to:

- response times
- resolution rates
- patient satisfaction

We will review these metrics in line with monthly performance reviews to identify trends and areas for improvement.

The Patient Experience Service will further develop opportunities for visibility across the Organisation and collect patient and service user feedback through:

- surveys
- suggestion boxes
- direct face-to-face feedback

As previously identified the data will be analysed to understand patient experiences and identify key areas for improvements.

Priority 7: Colleagues Wellbeing

Overall measure of success: Achieved

	Objectives	Actions	Measure of success
1	Deliver a range of wellbeing initiatives for all HCJ employees.	Provision of: <ul style="list-style-type: none"> - individual psychological support - team wellbeing support - Trauma Risk Management (TRiM) assessment and follow up following exposure to a traumatic incident in the workplace 	Complete

Why this was a priority

Addressing the wellbeing needs of employees is critical in ensuring we deliver the best care for our patients and users of our services.

The BeHeard June 2023 employee survey results indicated some of the wellbeing engagement factors were reported negatively such as many respondents stated they felt under too much pressure at work to perform well and felt their health was suffering because of their work. Workforce data indicates that sickness absence rates, both short term and long term, are high.

What we have achieved

During 2024 we:

- received 68 wellbeing referrals
- offered 66 Trauma Risk Management assessments
- offered 175 wellbeing checks
- offered 471 psychological therapy sessions
- delivered none Schwartz Rounds, attended by 302 employees providing a safe space for employees to reflect on their work experience
- we also provide drop in mindfulness practice sessions

Key ideas for further improvement

In 2025, a key priority will be continuing the comprehensive offer of employee wellbeing support which includes:

- Trauma Risk Management (TRiM) assessments following a traumatic incident in the workplace
- 1:1 psychological therapy
- targeted wellbeing support for service areas were indicated

Monitoring and measuring ongoing improvements

- bi-yearly employee surveys
- monthly care group performance reviews
- employee wellbeing and TRiM data

PART 2:

KEY PRIORITIES FOR IMPROVEMENT 2025

Part 2: Key priorities for improvement in 2025

Quality Improvement Priorities (QIPs) for 2025

This section presents our QIPs for 2025. Our priorities are built around our ambition and intention to deliver care that is:

- high quality
- well-led
- safe
- reliable
- compassionate
- transparent and measurable

Triangulation of data was completed to inform the QIPs for 2025 using:

- patient safety incident reports
- risk register
- Serious Incidents
- complaints
- litigation
- Peer Reviews
- Safeguarding reviews

Feedback from Executives was also sought.

The agreed QIPs for 2025 are aligned to national and local Ministerial, and HCJ Advisory Board priorities and cut across the Quality Account and the HCJ 2025 Annual Plan

These are aligned to the three core domains of quality which are:

- patient safety: keeping patients safe from harm
- clinical effectiveness: how successful the care we provide is
- 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).

These six priority areas were agreed for inclusion in the Quality Account.

Priority 1

Domain

Patient Experience.

Goal

We will follow the Duty of Candour as a commitment to transparency, honesty and accountability to improve patient, service user and client safety.

Priority 1.1: Duty of Candour

Actions

Update and implement a Duty of Candour Policy in line with the Regulation of Care (Jersey) Law 2014 and embed the process of Duty of Candour across HCJ.

Source training and commence training programme on Duty of Candour across HCJ.

Monitor compliance with the statutory Duty of Candour in Care Group governance meetings.

Priority 2

Domain

Clinical effectiveness.

Goal

We will deliver the best possible clinical and care outcomes to improve clinical effectiveness and care delivery.

Priority 1.2: National Audits

Actions

Provide a HCJ wide National Audit Programme of work

Increased and timely participation in National Audits and National Confidential Enquiry into Patient Outcome and Death returns

NICE year-on-year effectiveness being evidenced by the result of re-audits and compliance against best practice standards.

Ensure action plans are developed when HCJ received National Audit reports that we have participated in, ensuring that the actions have owners, timeframes and are monitored through Care Group Governance Meetings.

Implement and embed programme of ward based clinical audits on Tenable.

Facilitate shared learning across HCJ

Priority 3

Domain

All areas.

Goal

We will imbue a culture of continuous quality improvement to improve clinical effectiveness and care delivery.

Priority 1.3: Quality Improvement

Actions

Write a HCJ Quality Improvement Strategy ensuring quality is everyone's responsibility by having a shared understanding.

Establish and embed an HCJ-wide recognised methodology for Quality Improvement to support increased productivity and continuous improvement.

Establish a Quality Improvement training plan for our colleagues.

Set a Quality Improvement Agenda based on learning from Clinical Audit, Incidents (including Serious Incidents), Mortality and Patient Feedback.

Facilitate shared learning across HCJ reviewing performance at regular intervals

Priority 4

Domain

Patient Safety and Clinical Effectiveness

Goal

We will review the surgical patient pathway to improve patient safety

Priority 1.4: Surgical pathway

Actions

Introduce e-consenting across HCJ.

Update the Health and Care Jersey, Consent to Care and Treatment Policy.

Standardise pre-operative checklists across HCJ.

Re-audit pre-operative pathway in six months.

Audit compliance with World Health Organisation (WHO) checklists on a regular basis.

Review WHO checklists.

Priority 5

Domain

Patient safety and Clinical Effectiveness.

Goal

We will improve the standard of clinical documentation across HCJ in line with professional standards.

Priority 1.5: Documentation

Actions

Form a documentation working group.

Audit documentation across HCJ.

Write and launch a Records and Document Management Policy.

Monitor compliance with documentation through Peer Reviews and Care Rounds.

Review the standards relating to documentation within the JCC Single Assessment Framework.

Priority 6

Domain

Patient Experience.

Goal

We will regularly ask for feedback from patients, service users, clients, and carers.

Priority 2.1: Feedback

Actions

Gather the evidence of actions taken because of service user and carer feedback.

Carry out a formal review of the Patient's Panel to inform further development.

Increase the number of clinical teams using at least one Patient Recorded Outcome Measure (PROM).

Review patient feedback from the Picker survey, celebrate and learn from positive feedback and address areas of improvement.

Gather patient, service user, client and carer feedback from Commissioned Services.

Goal

We will involve patients, service users and clients in their health and social care to ensure they and their carers feel informed and well cared for.

Priority 2.2: Involvement

Actions

Identify evidence of service user and carer involvement through agreed relevant service KPIs.

Undertake a Do Not Resuscitate (DNR) audit.

Gather and review patient feedback through the Picker survey in relation to patient involvement.

Regularly seek feedback through the Patient Experience Survey through Tendable.



Clinical benchmarking

About clinical audit

Clinical audits are a powerful tool for driving better patient care. They allow healthcare teams to:

- systematically review practices
- pinpoint areas for improvement
- implement changes
- measure their impact

This continuous cycle ensures that care remains aligned with best practices and adapts to evolving patient needs, ultimately leading to safer and more effective treatment.

In the UK, the Healthcare Quality Improvement Partnership (HQIP) runs the National Clinical Audit and Patient Outcomes Programme (NCAPOP). Since 2008, HQIP has been focused on improving healthcare quality through clinical audits.

In 2024, the Clinical Audit Department became part of NCAPOP, marking an exciting step forward in their mission to enhance patient care. By analysing data, comparing results, and following national best practices, the Department has built stronger partnerships with key health organisations and audit providers.

Clinical Outcome Review Programme (CORP)

As part of the NCAPOP, Jersey has been contributing data to the Clinical Outcome Review Programme (CORP) since 2011. This programme includes four national clinical outcome review initiatives:

1. Child Health Clinical Outcome Review Programme

This uses data linkage and case note reviews to build on the work of previous child health confidential enquiries.

2. Maternal, Newborn, and Infant Outcome Review Programme (MBRRACE)

MBRRACE investigates deaths of women and babies during or after childbirth, and cases where women and their babies survive serious illness during pregnancy or after childbirth.

3. Medical and Surgical Outcome Review Programme

Examines the quality-of-care delivery to surgical and anaesthetic patients who had died in hospital within 30 days of a surgical procedure.

4. Mental Health Outcome Review Programme

Delivered by the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness examines suicide, and homicide committed by people who had been in contact with secondary and specialist mental health services in the previous 12 months.

To facilitate our joining the NCAPOP, work was carried out in 2023 by the Clinical Audit and Information Governance teams, collaborating with HQIP to establish a legal framework to allow HCJ to responsibly collect, process, and share personal data with the UK.

This framework ensures each project has clear justifications and complies with data protection law. A Data Privacy Impact Assessment was created to identify and mitigate potential risks associated with handling personal data. Once approved by HQIP, the proposed framework enabled discussions to commence with the audit study providers. Each study must be considered separately to ensure compliance and clarity.

In addition to Clinical Outcome Review Programmes (CORPs), we have signed contracts for several new national audits in 2024, including:

- the National Audit of Care at the End of life (NACEL)
- National Paediatric Diabetes Audit (NPDA)
- Sentinel Stroke National Audit Programme (SSNAP)

We are also engaged in audits outside of the NCAPOP, such as the National Joint Registry (NJR), with plans to join several more studies in 2025.

We actively participate in various significant studies organised by organisations such as:

- the British Thoracic Society
- the Royal College of Emergency Medicine (RCEM)
- other international research initiatives

HCJ is also regularly involved in the National Audit Projects (NAP) run by the Royal College of Anaesthetists.

These projects focus on critical areas, including:

- the role of consultant anaesthetists in supervisory positions
- the importance of morbidity and mortality (M&M) meetings for anaesthetists
- major challenges in the field

Key topics include:

- complications from central neuraxial blocks in the UK
- challenges in airway management
- accidental awareness during general anaesthesia
- allergic reactions during surgery and anaesthesia

- perioperative cardiac arrest

Locally led audit projects, service evaluations, and point prevalence studies remain essential, particularly in response to serious incidents or reports. These efforts are supported by a broad team of professionals, including the Recognition, Escalation, and Rescuing (RER) working group, the

- Clinical Audit and Compliance team
- Patient Assurance Nurses
- medical colleagues
- physiotherapists
- specialist nurses
- pharmacists
- radiologists

Nurses pursuing master's degrees and other healthcare professionals actively contribute to these vital initiatives.

Clinical Audit achievements 2024

Securing the initial contracts for participation in the NCAPOP marked a significant achievement, with plans to continue joining all relevant projects for Jersey.

In 2024, the team organised four Clinical Audit and Shared Learning Events, each attended by approximately 100 participants. These sessions are a great chance for healthcare professionals to share experiences, reflect on best practices, and discover new ways to improve patient care. By creating an open and supportive space for discussion, we help drive positive change and keep patient safety at the heart of everything we do.

In addition to the Clinical Audit and Shared Learning Events the team present and join group INSET Days.

Resident doctors play a crucial role in data collection for both national and local studies. Their involvement not only supports important audits but also deepens their understanding and application of best practices in patient care. This oversight experience fosters their professional growth and enhances overall healthcare quality

The team provides audit training for:

- resident doctors
- GP trainees
- medical students
- Allied Health Professionals
- anyone else who requests it

The Chief Nurse and team have introduced a new app called Tendable, designed to manage quality, patient safety, compliance, and accreditation processes. Tendable is a digital tool that allows healthcare professionals to enhance patient care through data-driven insights. It is used to audit various factors such as hand hygiene, daily

patient safety checks, MRSA, and equipment compliance. New audits can be added to the app, enabling comprehensive, ongoing oversight of activities across the Organisation.

The Clinical Audit team maintains strong engagement with all Care Groups, meeting monthly with governance leads and planning to attend governance meetings. These collaborations focus on projects that directly influence:

- patient care
- clinical management
- treatment
- continuous open communication

Audit Activity

Legend Local audits  National Audits 

Organisation - wide national audits

Description			
No	Project title	Delivery organisation and standards	Project status
1.	NCEPOD: Abnormal blood sodium. To identify and explore avoidable and notifiable factors in the care of adults with abnormal sodium levels in hospital	<p>The Society for Endocrinology, European Society for Endocrinology and American Endocrine Society.</p> <p>Society for endocrinology endocrine emergency guidance: Emergency management of severe symptomatic hyponatraemia in adult patients.</p> <p>European Society of Endocrinology Clinical guideline for the management of hyponatraemia.</p> <p>The Society for Endocrinology guidelines on the inpatient management of cranial Diabetes Insipidus.</p> <p>The Pituitary Foundation emergency sick-day rules for the management of desmopressin in Diabetes Insipidus, as well as a Diabetes Insipidus Safety card.</p>	Report pending

2.	NCEPOD. 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.	<p>NICE guideline NG31: Care of dying adults in the last days of life (2015)</p> <p>NICE quality standard 13: End of life care for adults (2011, revised 2017)</p> <p>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;</p> <p>National Palliative and End of Life Care Partnership (2015); One Chance to get it right – Leadership Alliance for the care of dying people (2014)</p>	Report and action plan available
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Medical services

Description			
No	Project title	Delivery organisation and standards	Project status
1.	Are we using the appropriate pain relief for breakthrough pain in elective orthopaedic patients?	NICE guideline [NG193, WHO analgesic Ladder]	Report available
2.	Review of junior doctor induction	N/A	Report available
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 data collection. The hope is to submit this data to the National Cancer Audit in 2025
4.	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	TARN – RCS / BOA Standards 13.2, 13.3, 13.5; NICE head injury guidelines 2003	Continuous. Collected locally and presented at ED Trauma Committee meetings. Next meeting due March 2025
5.	Re-audit of the recognition of dying in the General Hospital and the implementation of the Patient Care Record (PCR) including	'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	Report available

	documentation on ceilings of treatment	the last days of life. NICE SQ144, NICE QS13 Jersey General Hospital PCR Policy	
6.	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 the General Hospital	Jersey Multi-agency Unified DNACPR, 16 years and over, Policy, February 2021, Section 6.2	Report and action plan available
7.	Admission protocol in EPMA (Service Evaluation)	To study the adherence among the doctors in using this protocol in medicine department	In progress
8.	Eligibility criteria for Teriparatide patients	NICE 161 and England Teriparatide guideline policy	In progress
9.	Re-audit of the recognition of dying in JGH and the implementation of the Patient Care Record (PCR) including documentation on ceilings of treatment. To assess if 100% of inpatients at JGH whose death is expected are dying with a PCR. It should detail a clear recognition of dying, DNACPR discussion and continued evaluation of the ceiling 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 Jersey Hospital PCR Policy	Report available
10.	Computed Tomography coronary Angiography service evaluation. Monitor the Outcomes from CTCA scans, to ensure referrals are safe and appropriate, to ensure scan quality is satisfactory, and to assess whether further treatment is required	N/A	In progress
11.	Safe use and management of Flecainide. To ensure Flecainide is taken appropriately with relevant cardiac investigations to ensure safe use	N/A	Report available
12.	Haematology referral. Duration of haematology referral	NICE Guideline for haematology cancers: Recognition and Referrals	In progress
13.	Bone Marrow biopsy reporting	Quality Standard (QS150) from NICE guidelines	In progress
14.	Current management of spontaneous pneumothorax in adults	British Thoracic Society management of spontaneous pneumothorax: BTS Pleural Disease Guideline 2010 ERS/BTS guidelines July 2023	In progress

15.	Non-Invasive Ventilation (NIV): Evaluating the Management and Treatment of Patients Receiving NIV	British Thoracic Society and Intensive Care Society 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 available
16.	Reviewing medications for inpatients who have experienced falls, focusing on identifying polypharmacy, assessing anticholinergic burden scores, and evaluating the use of night sedation. Auditing to ensure medication reviews are completed and properly documented	NICE multi-morbidity 2016 NG 56	Report available
17.	Sentinel Stroke National Audit Programme (SSNAP)	National clinical guideline for stroke (RCP) NICE guideline [NG128] NICE Clinical guideline [CG162] NICE Quality standard [QS2]	Continuous
18.	UKAS (United Kingdom Accreditation Service) Clinical Audit Programme: Histopathology.	UKAS	Continuous
19.	UKAS Clinical Audit Programme. Blood Sciences (Haematology, Biochemistry and Transfusion Medicine).	UKAS	Continuous
20.	UKAS Clinical Audit Programme. Microbiology.	UKAS	Continuous
21.	National Audit of Care at the End of Life (NACEL) To review the care provided to patients 18 and above at the last six months of their life	NHS Benchmarking Network has been commissioned by Healthcare Quality Improvement Partnership (HQIP)	Continuous
22.	Society for Acute Medicine national benchmark audit: Summer and Winter (SAMBA24) audits of acute medical care. 1) To describe the severity of illness of acute medical patients presenting to Acute Medicine 2) To collect data pertaining to quality and performance indicators	Clinical Quality Indicators 10,16,17 Clinical quality care indicators for acute medical care were recommended by SAM in 2011. The standards build on previous recommendations from the RCoP of London and the 2008 RCPE (Royal College of Physicians of Edinburgh) UK Consensus Statement on Acute Medicine	Reports available

		NICE Guideline NG94 (Emergency and Acute Medical Care in >16s: Service delivery and organisation). 16,17,18	
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Mental Health services

Description			
No	Project title	Delivery organisation and standards	Project status and specialty
1.	Adherence to Rapid Tranquilisation guidelines in inpatients	Guidelines on the Pharmacological Management of Violence and Aggression (Rapid Tranquillisation) September 2023	Report available
2.	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 Psychiatrists	Report available
3.	National Confidential Inquiry into Suicide and Homicide (NCISH). Provide dataset to national enquiry	<p>The marked rise in suicide in middle-aged men is cited in The 5 Year Forward View for Mental Health. Better targeting of suicide prevention in high-risk groups such as middle-aged men is included in:</p> <ul style="list-style-type: none"> • HM Government's Third Progress Report of the Suicide Prevention Strategy • The Welsh Government's suicide and self-harm prevention strategy Talk to Me 2 • Scotland's Suicide Prevention Action Plan • Northern Ireland's draft suicide prevention strategy 	Continuous and report available
4.	Memory Services National Accreditation Programme (MSNAP). Continuous audit to maintain accreditation. A memory service QI programme, managed by the Royal College of Psychiatrists Centre for QI. The purpose is to improve care received by people with memory problems/dementia. Specific focus on the processes around having an assessment and receiving a diagnosis.	Memory Services National Accreditation Programme (MSNAP) Documentation	Continuous and report available

Nursing and Allied Healthcare Practitioners (AHPs)

Description			
No	Project title	Delivery organisation and standards	Project status
1.	Audit on monitoring Irritable Bowel Disease (IBD) patients on biologic therapies. To ensure effective monitoring of biologic therapy for IBD patient is in place	NICE NG129: Crohn's Disease Management, NICE NG130: Ulcerative colitis: management	In progress
2.	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 and action plan available
3.	Evaluation of the utilisation of NEWS2 and Treatment Escalation Plan forms in pancreatitis patients	Treatment Escalation Plan Guideline 2023	Report and action plan available

Community Services

Description			
No	Project title	Delivery organisation and standards	Project status
1.	Discharge summaries – Survey summary data	N/A	Report and action plan available

Surgical Services

Description			
No	Project Title	Delivery organisation and standards	Project status
1.	Observational Audit of Skin Lesion Removal Surgery. To review and compare the processes relating to the perioperative journey of a patient undergoing skin lesion removal surgery in JGH	Theatre scheduling Policy, NatSSIPs, CPOC: London, serious incident recommendation	Report pending
2.	To review and reflect the current management of distal radial fractures against BOAST guidelines and inform a new clinical pathway for distal radial fracture management in HCJ	BOAST guidelines 2017	Report available

3.	To determine the statistics of justified and unjustified mobile nasogastric tube chest X-rays and assess whether referrers and/or radiographers are justifying them before proceeding.	NHS Improvement. Resource set initiative placement checks for nasogastric- orogastric tubes (July 2016)	Report pending
4.	To benchmark theatres and Day Surgery against national best practice standards and recommendations, focusing on intraoperative care, the use and handling of surgical instruments, accountable items, swab, instrument and sharps counts, specimen management, and patient satisfaction.	The Association for Perioperative Practice, Perioperative Audit tool, 2 nd ed. 2019	Reports available
5.	Patients undergoing major lower limb amputation (MLLA). To determine if patients undergoing MLLA in Jersey are receiving recommended pre, intra and post op care and what their post op outcomes are	Vascular Society: A best Practice Clinical Care pathway for Amputation Surgery	Report available
6.	The perioperative Clinical Audit of Main Theatres and day Surgery	The association for perioperative Audit tool, 2nd ed 2019	Report and action plan available
7.	How much emergency operating is happening at JGH, when and whom?	Service Evaluation	Report available
8	Cappuccinni audit on supervision of anaesthetists in training	Royal College of Anaesthetists (RCOA) Guidelines for the provision of anaesthesia services for intra-operative care 2018	Report and action plan available
9.	Hip Fracture Database (HFD)	Royal College of Physicians (RCP): British Geriatrics Society (BGS) and the British Orthopaedic Association (BOA)	Continuous
10.	Establishing the clinical pathway/JETS pathway for patients requiring transfer off island. To identify the date, time and key points along the clinical pathway of JETS transfers	Service Evaluation – N/A	Report available
11.	What is happening to the patients referred to Portsmouth for ERCP	Service Evaluation – N/A	Report available

12.	Immediate implant-based breast reconstruction outcomes audit: a single surgeon experience in an island setting. To compare our outcomes with national outcomes and targets	National Mastectomy Breast Reconstruction Audit (NMBRA, 2011) Immediate Breast Reconstruction and Adjuvant therapy, 2019) Orthoplastic Guideline 2012	Report available
13.	How much emergency operating is happening at JGH, when and whom? To analyse the emergency operating taking place at JGH including the associated morbidity and mortality	Service Evaluation – N/A	Report available
14.	Which patients are being seen by the out of hours emergency general surgical service at JGH	Service Evaluation – N/A	Report available
15.	Trends around analgesia use in elective Orthopaedic patients. To evaluate if patients who have been admitted for scheduled cases have been prescribed/use analgesia preoperatively, in the immediate postoperative period, and upon discharge	NCBI PROSPECT Guidelines	Report available
16.	Prostate Cancer Database. Journey of a patient of first diagnosis, treatment and management. Obtain data for future analysis	NICE 2021 exceptional surveillance of prostate cancer: diagnosis and management (NICE guideline NG131)	Continuous
17.	An assessment of compliance with World Health Organisation (WHO) Safe Surgical Checklists	World Health Organisation (WHO)	Report and action plan available
18.	To identify how many patients for in patients' elective surgery score 5 or above using Rockwood frailty scale	British Geriatrics Society (BGS) 2021 Guideline for perioperative care for people living with frailty undergoing elective and emergency surgery	Report pending
19.	NEWS2 escalation re-audit: To establish if NEWS2 is escalated as per NEWS2 policy	Resuscitation Council, NEWS2 policy	Report available
20.	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 (1 infection recorded this year)	Continuous in Orthopaedics. New contract being written at present

21.	ISAS (Imaging Service Accreditation Scheme) programme (now called QSI (Quality Imaging Standard))	ISAS (now called QSI (Quality Imaging Standard))	Continuous
22.	National Audit Programme (NAP 1-7)	Royal College of Anaesthetists	Reports Available
23.	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 www.globalsurgeryunit.org	Report pending
24.	National Cardiac Arrest Audit (NCAA)	Resuscitation Council (UK) ICNARC	Continuous and report available for 2023 to 2024
25.	National Evaluation of the use of Critical Care ECHO cardiography in Shock: NEAT-ECHO	Provision of Intensive Care Services (FICM and ICS) Version 2: 2022 2) Intensive Care Society and British Cardiovascular Society Shock to Survival Report: 2022 3) NHS England 7 Day Services Clinical Standards: 2022	Report pending

Women, Children and Family Care Services

Description			
No	Project title	Delivery organisation and standards	Project status
1.	Postpartum Haemorrhage (PPH) review: Review blood loss of >500mls	Royal College of Obstetricians and Gynaecologists (2016) Postpartum Haemorrhage Prevention and Management Green-Top guideline No52 and Antepartum Haemorrhage. Green-Top guideline No63	In progress
2.	UK Obstetric Surveillance System (UKOSS) Newsletter 72	Oxford Population Health NPEU	Data submitted
3.	BSCCP KC65 for Colposcopy	National Institute for Healthcare Excellent (NICE)	Continuous
4.	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	Report available
5.	Confidential enquiry into stillbirths, neonatal deaths and serious neonatal morbidity	Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	Continuous

6.	Perinatal mortality surveillance	Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	Continuous
7.	Perinatal mortality and morbidity confidential enquiries (term intrapartum related neonatal deaths)	Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	Continuous
8.	NCEPOD Endometriosis Study. A review of the pathway and quality of care provided to patients aged 18 years and over with a diagnosis of endometriosis	NICE QS172 Endometriosis: Quality Standard British Society for Gynaecological Endoscopy 2019. Laparoscopic Surgery for Severe Endometriosis. BSGE Guideline for clinical coders European Society of Human Reproduction and Embryology All Party Parliamentary Group on Endometriosis 2020	Report and action plan available
9.	National Paediatric Diabetes Audit (NPDA)	Royal College of Paediatrics and Child Health (RCPCH). NICE NG18: <i>Diabetes (type 1 and type 2) in children and young people: diagnosis and management</i> (August 2015) NICE QS125: Diabetes in children and young people (July 2016) NICE NG28: Type 2 diabetes in adults: management (2015, updated 2022)	Continuous and report available
10.	NCEPOD Emergency procedures in children and young people	National Confidential Enquiry into Patient Outcome and Death, 2024. The Royal College of Surgeons, 2015. Standards for non-specialist emergency surgical care of children.	In progress
1.	National Cardiac Arrest Audit (NCAA)	Resuscitation Council (UK) ICNARC	Continuous and report available for 2023 to 2024

Quality improvement Projects, Surveys, and other

1.	<p>Surgical Handy Hints for FYI's</p> <p>To Provide FYI Doctors with an up-to-date relevant information booklet at the start of their rotation</p> <p>To aid new Juniors in Surgery with instructions and tips for different aspects of their job</p>	QIP-no standards	Updated 2024 version available
3.	A review of all DNACPR forms within Health and care Jersey	Point prevalence	2024 version General Surgery

4.	Update the top tips for FYI booklet – To provide FY1s doctors with an up-to-date relevant information	QIP- no standards	Update 2024 Mental Health
7.	Hospital Infection Control Audit Programme		Continuous IPAC
8.	Community Infection Control Audit Programme		Continuous IPAC
9.	Cardiac Rehabilitation Class-Patient Survey-To obtain an understanding of patient's experiences and thoughts in relation to the cardiac rehabilitation service.	Service user questionnaire	Continuous Cardiology
10.	User Feedback survey for anyone who has been involved in a safeguarding process	Colleague survey	Continuous

Learning From Audit

Several targeted initiatives have recently been implemented to strengthen healthcare effectiveness.

Improving Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) compliance
A point prevalence study was conducted on DNACPR practices. Areas requiring improvement were promptly addressed, and findings were presented at a Serious Incident Review Panel (SIRP).

Revised Treatment Escalation Plan (TEP) form

Reviewed and updated the TEP findings, integrating improvements into the TEP plan form to ensure compliance with the updated policy. Also, evaluated and documented any corrective actions implemented, assessed their effectiveness, and offered recommendations for ongoing enhancement.

Maternal and child health audits

We conducted audits within Women, Children and Family Care, to assess the management and treatment of Massive Obstetric Haemorrhages (MOH) and Postpartum Haemorrhages (PPH). As a result, a standardised document was developed and integrated into the Datix system, enabling risk managers to efficiently monitor each PPH case.

Recurring themes are communicated to colleagues weekly, and good practice feedback is provided during risk meetings. While a policy was already in place, enhancements have been made to further improve the quality and safety of maternal care. These measures have successfully reduced average blood loss in women and decreased the incidence of MOH.

Surgical checklists for improved efficiency and safety

Frequent huddles and SI meetings have played a crucial role in reviewing key themes and addressing urgent audit requirements. A recent review focused on World Health Organisation (WHO) surgical checklists to evaluate their accuracy and completion. Consequently, a revised checklist is being developed for maternity and theatre services, consolidating multiple checklists to enhance efficiency while ensuring safety.

National Audit Participation 2025

As part of our commitment to continuous improvement, we are preparing for participation in multiple national audits and studies in 2025. Efforts are already underway to secure necessary contracts, ensuring that our healthcare system remains aligned with best practices and emerging advancements.

Titles of national audits and studies to participate in:

- NEIAA: National Early Inflammatory Arthritis Audit
- NCEPOD: Acute Illness in people with a Learning Disability
- NCEPOD: Stabilisation of the critically ill child
- NELA: National Emergency Laparotomy Audit
- NCAP: National Clinical Audit of Psychosis
- FFFAP: Falls and Fragility Fracture Audit Programme
- SAMBA: Society of Acute Medicine Audits
- NICOR: National Institute for Cardiovascular Outcomes Research, Heart Failure and Myocardial Ischaemia Audits
- NVR: National Vascular Registry
- NATCAN: National Cancer Audit Collaborating Centre, 10 Cancer Audits

Driving Continuous Improvement in Healthcare

The Clinical Audit and Effectiveness Department are dedicated to continuous learning and meaningful change. By working closely with nurses and the wider Multi-Disciplinary Team (MDT), we make sure that improvements are practical, easy to implement, and have a real impact for colleagues and patients.

Using audit insights, we help teams enhance compliance, support frontline colleagues, and continuously raise the standard of care.

Our goal is simple: to create a healthcare system that puts patients first and keeps evolving through collaboration, learning, and genuine improvements that make a difference.

Clinical Research

About Clinical Research

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

- medications
- 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.

We are 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 it can involve trying something new.

It is important that any potential risks are minimised and do not compromise the participant's:

- dignity
- rights
- safety
- wellbeing

Proper governance arrangements are essential to ensure that students, colleagues, service users and the public can have confidence in, and benefit from, high-quality, ethical research.

The Research Ethics Committee (REC) is responsible to the GoJ for the protection of research participants and the promotion of and continuation of ethical research practice and standards across HCJ.

The REC is also 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 colleagues or students.

This includes:

- health and social care
- clinical research
- social science research
- educational research which includes patients and their carers or their data
-

The research lifecycle includes the:

- planning stage
- design of the research project
- 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 colleagues. 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 colleagues and can make HCJ a desirable employer by supporting recruitment and retention.

Our engagement with clinical research demonstrates our commitment to testing and offering the latest medical treatments and techniques for our patients and service users.

We continue to collaborate as a research site for National Health Service (NHS) and European Union (EU) funded multi-centre research trials that are managed through a UK university centre and have previously been approved by an NHS and Health Research Authority (HRA) Ethics Committee.

These research trials require a principal researcher based in Jersey. As we do not have a Research Office to co-ordinate and link with the UK trial teams, the Chair of the HCJ Research Ethics Committee takes on this function. This involves co-ordinating the process of ensuring a data sharing agreement is in place and that the right people are involved in signing the Organisation Information Document for Non-commercially Sponsored Studies (Model Agreement).

During 2024 new research projects within HCJ included:

- Barriers to Palliative Care resuscitation conversations on the Island of Jersey, Channel Islands: A Quantitative Questionnaire Study
- The Role of Compassion in Developing Biopsychosocial Understandings of Persistent Pain
- Do the Rates of Burnout and Post-Traumatic Stress Disorder Symptoms in Jersey Midwives Reflect Those Identified in Midwives Worldwide? A Quantitative Study.
- Real world experience of using CaRi Heart technology to predict fatal myocardial infarctions.
- Improving efficiencies of an island EBME Department through asset tracking.
- Analysis of AMBRA1 and Loricrin expression in early-stage melanoma cases for Jersey.

- Study of Low Energy Diets for Ejection Fraction Recovery in Heart Failure (SLENDER-HF)

Pan-Island research ethics

Our Research Ethics Committee (REC) increasingly recognise the need for a pan-island REC for health and social care research.

Health and social care research outside of HCJ currently does not have an avenue for ethical review. The HCJ 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.

In 2024, work began to explore moving to an Island-wide health research ethics committee. Following a meeting with the Assistant Minister for Health, an appraisal of how this would look and what governance structure it would sit in is being prepared. This work will carry on into 2025 and aligns to healthcare within Jersey.

Island Research Repository (IRR)

During 2024, the HCJ REC Chair continued to represent the Organisation on an Island-wide Health and Social Research Interest Steering Group. This group includes people with expertise and interest in health inequalities focused research. It includes Government, non-government, and charitable organisation representation.

The Island Research Repository (IRR) is an informal collective of second and third-sector organisation research. 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. HCJ 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 in the Island. The rationale for creating the IRR is primarily to help centralise primary-based research undertaken in the Island in one accessible location.

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.

Throughout 2024, the HCJ REC continued to signpost researchers to reposit research for dissemination through the IRR.

Research education within HCJ

The HCJ Faculty of Health Education which incorporates the Health Education Wessex Deanery Jersey Postgraduate Centre, it sits within the Harvey Besterman Education Centre in Peter Crill House.

Education focused on research and research ethics is provided for:

- Medical
- Nursing
- Midwifery
- Allied Health Professions

The Faculty of Health Education offer a Master's level Research module and a Research Dissertation module as part of their collaborative academic partnership with the University of Chester and Robert Gordon University.

Master's students undertaking primary research projects are supervised by experienced senior members of the Faculty of Health Education lecturing team.

Faculty of Health Education

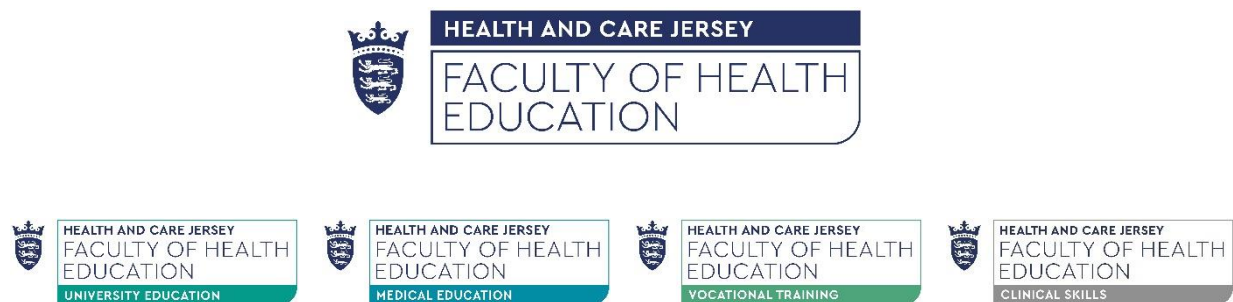
During 2024 the Faculty of Health Education focused on strengthening an interprofessional approach to education.

We offer a variety of multi-professional education for:

- medical colleagues
- nursing colleagues
- midwives
- Allied Health Professionals (AHPs)
- non-clinical colleagues

Aligned with our vision of strengthening interprofessional education, the formerly named 'Education Centre' was rebranded and launched as the 'Faculty of Health Education' in September 2024.

There are 4 core team areas within the Faculty of Health Education, each maintaining its own identity under new faculty branding.



Our experienced team specialise in:

- Lecturing
- Practice Education
- Vocational Practice Education

They are responsible for a defined areas of education and training, and in 2024 we recruited a dedicated Clinical Skills team.

Learning Environment

The Faculty of Health Education Department is based in the Harvey Besterman Education Centre at Peter Crill House and is the main education base for our multi-professional education teams.

Our close proximity to the General Hospital means we have easy access to the extensive expertise, knowledge, and skills of clinical colleagues. They contribute to a variety of education and training courses, as well as Continuing Professional Development (CPD) programmes.

In 2024 we added an additional classroom and office at the Enid Quenault Campus.

The Faculty of Health Education offers Island-wide health focused education and training through collaborations with:

- Family Nursing and Home Care (FNHC)
- Jersey Hospice Care
- CYPES's Child and Adolescent Mental Health Service (CAMHS)
- Justice and Home Affairs's paramedics and prison nurses
- UK university academic partnerships

University Education team

University education is delivered locally by an experienced team who sit within the portfolio of the Chief Nurse.

The Team comprises of:

- the Dean of Education for Nursing, Midwifery and Allied Health Professionals
- academic leads
- senior lecturers
- teaching fellows
- Practice Education Facilitators (PEFs)
- administrators

This team have comparable academic portfolios to, and hold associate lecturer status with, our university partners. Over half of the team are educated to doctorate level with a further four team members currently undertaking doctorate study. All colleagues are required to hold a postgraduate teaching qualification and be Fellows of the Higher Education Academy (Advance Health Education). Most of the Team have achieved Senior Fellowship or Fellowship status with the Higher Education Academy, and a number of the senior team are also accredited external examiners, appointed by external universities.

The Team are required to engage in scholarly activities, such as conducting research, presenting at conferences, and publishing their work. They represent the Faculty of Health Education on national education and professional committees. This strong profile enables us to offer a full range of academic degrees locally.

We offer a range of degree programmes to include:

- Pre-registration Programmes
- Post-registration Programmes
- Undergraduate Degree Programmes

- Postgraduate Degree Programmes

They are fully delivered on Island in partnership with our UK partner universities:

- Robert Gordon University
- the University of Chester
- Edgehill University

The support and development of the Jersey workforce, and growing local skills and talent continues to be a priority within the Faculty of Health Education.

The degree programmes delivered in 2024 included:

- BSc Nursing (Adult)
- BSc Nursing (Mental Health)
- BSc (Hons) Nursing (Mental Health and Adult) multiple registration
- BSc (Hons) Nursing (Mental Health and Children and Young People) multiple registration
- BSc (Hons) Nursing (Adult and Children and Young People) multiple registration
- BSc (Hons) Professional Practice Top-up degree
- MSc Professional Studies
- MSc Advanced Clinical Practice
- MSc Advancing Healthcare Practice
- MSc Advancing Practice
- MSc Healthcare Leadership

We also have collaborative 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)
- MSc Advanced Practice (Collaboration with FNHC to offer District Nursing and Specialist Community Public Health Nursing routes)

We currently have 101 students registered across all of our degree programmes for a BSc or MSc and we have a further 50 students registered for our single short course modules of study for Continuing Professional Development (CPD).

Pre-registration degrees 2024

The number of students studying for a pre-registration degree in 2024 was:

- 16 studying for BSc Nursing (Adult) degree
- 14 studying for BSc Nursing (Mental Health) degree
- six studying for BSc Midwifery degree
- two studying for BSc Nursing (Children and Young People) degree
- one for a multiple registrations BSc (Hons) Nursing (Adult and Children and Young People) degree

- three studying for a multiple registrations BSc (Hons) Nursing (Mental Health and Adult) degree
- four studying 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 2024

During 2024 pre-registration graduating students included:

- 20 with a Bachelor of Nursing Honours degree including 17 Adult and three Mental Health, achieving registrant professional status with the Nursing and Midwifery Council (NMC).
- two with a BSc Midwifery degree, achieving registrant professional status with the NMC
- four 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 either HCJ or Family Nursing and Home Care and are now valued members of the workforce in their post qualifying year.

Postgraduate degrees and short course Continuing Professional Development (CPD)

Development of qualified colleagues and CPD remain a key focus. We have offered post-registration degrees for Nurses, Midwives, Allied Health Professions and Social Workers for a number of years.

We also offer a number of short course academic modules of study as CPD. Our current students include:

- Nurses
- Midwives
- Operating Department Practitioners
- Physiotherapists
- Paramedics
- Podiatrists
- Occupational Therapists
- Social Workers

There are currently:

- 3 students on the BSc (Hons) Professional Practice degree
- 8 students on the BSc Healthcare Practice degree
- 6 students studying for a MSc in Professional Studies degree
- 8 students on the MSc Advanced Clinical Practice degree
- 8 students on the MSc Advancing Practice degree
- 10 students on the MSc Advancing Healthcare Practice degree

- 4 students on the MSc Healthcare Leadership degree
- 50 students are registered on a short course academic module of study for CPD

Postgraduate and CPD graduating students in 2024 included:

- 5 students who graduated with BSc (Hons) Professional Practice (top-up degree)
- 2 students who graduated with MSc Professional Studies
- 6 students who graduated with MSc Advanced Clinical Practice
- 1 student who graduated with PG Dip Professional Studies
- 2 students who graduated with PG Cert Advanced Clinical Practice

Independent prescribing

The Faculty of Health Education offer an approved Independent Prescribing course for nurses, midwives and AHPs 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 for the prescribing qualification with their relevant regulatory body and the Jersey Health and Social Care Professional Register.

In 2024:

- nine students completed the course and registered as Independent Prescribers.
- 23 students commenced the Independent Prescriber course

In 2024, to further strengthen the governance around Independent Prescribing and support the Independent Prescribers in practice, we recruited an Island-wide Practice Lead for Independent Prescribing.

Service user involvement

The Faculty of Health Education 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 2024, service users continued to be involved in all areas of education provision. They have an ongoing key role in the student recruitment process. They have been increasingly involved in education delivery, inputting into classroom sessions and supporting the assessment process through taking on simulated patient roles in clinical examinations and providing feedback to students. This allows students to be examined in authentic clinical scenarios.

Vocational Training team

The Vocational Training team facilitates the delivery of vocational diplomas and awards. We also facilitate single units of role specific courses that enable healthcare support colleagues to work in specialist areas.

Our small, dedicated team support the classroom teaching and workplace assessment of learners in practice settings. During 2024, we continued to offer a variety of training to healthcare support workers working in HCJ, Family Nursing and Home Care, community homes and agencies.

The team consists of:

- Vocational Training Centre Manager
- Vocational Practice Educators (VPEs)
- administrator

We currently have:

- 65 learners studying for a Level 2 Diploma in Care
- 50 learners are studying for Level 3 Diplomas in either Adult Care or Healthcare Support
- 22 learners are registered on the Level 5 Diploma in Leadership and Management in Adult Care
- 70 learners registered on single specialist units

Completed Vocational Qualification Learners in 2024

During 2024:

- 3 learners successfully completed a Level 5 Diploma in Leadership and Management in Adult Care
- 10 learners successfully completed a Level 3 Diploma in either Adult Care or Healthcare Support
- 19 learners completed a Level 2 Diploma in Care
- 16 learners completed a single unit relevant to a specialist area of practice

Clinical Skills team

In 2024, the Clinical Skills team expanded in number, and the scope of their responsibilities. More team members were added, and their duties or areas of focus were broadened.

The new team is led by the Practice Lead for Clinical Skills and includes:

- Clinical Skills Facilitators
- Practice Development Lead
- Frailty and Falls Clinical Nurse Specialist
- Palliative and End-of-Life Clinical Nurse Specialist
- MAST and Clinical Skills Administrator

We have been developing competency-based training documents and virtual e-learning and continue to deliver a variety of in-house training, such as:

- Bedside Emergency Assessment Course for Healthcare Support Workers (BEACH)
- Acute Life-threatening Events Recognition and Treatment (ALERT)
- sepsis study day, revised to include the updated Sepsis Policy
- venepuncture
- peripheral cannulation
- intra-venous drug administration
- vaccination training
- oxygen delivery systems
- blood gas interpretation
- ward-based drop in fluid balance chart
- B-Braun infusion pump
- paediatric orthopaedics
- documentation

An organisation-wide roll out of the Mandatory and Statutory Training Policy is supported by an administrator from the team.

Collaborative clinical skills training

Ongoing collaboration between the Faculty of Health Education and clinical practice colleagues has enabled us to deliver training in:

- Cardiac Care
- Urology
- Dietetics
- Tissue Viability

In collaboration with Jersey Hospice Care, a Clinical Nurse Specialist with a remit for education to support the End-of-Life strategy has been appointed. Training and courses led by Clinical Nurse Specialists enable colleagues to access a broader range of training, enhancing their professional development.

Medical Education team

The Medical Education team sits within the Medical Director's portfolio and includes:

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

In 2024, the Team appointed a new Specialist and Associate Specialist (SAS) Tutor, and two new Medical Student Leads, one for Medicine and one for Surgery. Their objectives for this year were to improve induction and department teaching.

We also welcomed the appointment of four new Clinical Fellow Tutors. We appointed two tutors with an interest in wellbeing, and we now also have two foundation doctor representatives for wellbeing. A foundation doctor also sits on the Research Ethics Committee.

For undergraduate medical education, we had:

- 16 work shadow student placements
- 20 year 4 students
- 8 final year students
- 12 assistantship students
- 19 elective students hosted across the year

During 2024 we had a new intake of:

- 18 Foundation Year 1 (F1) Doctors
- 16 Foundation Year 2 (F2) Doctors
- 3 locally employed Doctors
- 6 Specialty Trainee Year 1 (ST1) GPs
- 6 Specialty Trainee Year 2 (ST2) GPs
- 30 Clinical Fellows

We organised a training carousel at the start of August, followed by three consecutive weeks of mandatory and statutory training.

We asked new F1s and Clinical Fellows to assess themselves against an agreed set of core procedures to provide a mechanism for highlighting development needs ahead of their start date. We delivered two days of skills stations. The Team also arranged an induction social event for new medical students, foundation Doctors and Clinical Fellows.

We continued with the successful introduction of dedicated monthly study afternoons for Clinical Fellows and SAS doctors throughout 2024.

Work to standardise an induction checklist for all new starters has continued and we have developed a new welcome email for substantive medical colleagues that aims to help orientate them to working for HCJ more effectively.

In 2024, we were the only hospital within the Wessex Foundation School to achieve 100% Foundation Doctor first time pass rate at the annual review of competency progression.

In September, the British Medical Association (BMA) announced that Junior Doctors will now be called Resident Doctors. Locally it was decided that Foundation Doctors,

GP trainees, and Clinical Fellows will now collectively be known as Resident Doctors.

In 2024, we worked to improve the resilience of our supervisor faculty numbers and offered our Specialty and Specialist doctors (SAS) the opportunity to develop their leadership and trainer skills.

In February, we welcomed the Wessex Supervisor training team to Jersey, which enabled us to register 20 new SAS doctors with Trainer status with the General Medical Council.

In September, the process for managing the ongoing recognition of Supervisors moved from Wessex to Jersey. We also invested in an online multi-source feedback tool for clinical and educational supervisors.

Courses delivered include:

- dealing with challenging colleagues
- portfolio pathway
- advanced communication skills
- supervisor masterclass
- promoting civility
- trauma team leaders
- point of care ultrasound
- resolving difficult and challenging behaviours
- applying sport psychology to improve clinical performance

We welcomed the General Medical Council to deliver a number of workshops including professional behaviours and patient safety, raising concerns and good medical practice.

The second Island Medical Conference was also held at the end of June.

We delivered a three-day 'introduction to medicine' course to eighteen Year 12 students who are interested in studying medicine as well as a one-day careers carousel, which saw presentations from 14 HCJ areas of work, to approximately 60 school students, informing them about career entry routes.

We have created a guide for our supervisors to help them with colleagues they supervise who may have a diagnosis of ADHD. The guide aims to help consider reasonable adjustments to help colleagues turn challenges and barriers into strengths. The Faculty of Health Education joint funded the first ADHD conference in Jersey.

The Faculty of Health Education has supported investment in:

- study furniture in the library
- an online library
- life support mannequins in the resuscitation service
- clinical skills equipment for nursing, midwifery and AHP education

- a fully integrated laparoscopic simulator for clinical skills training

Library and Knowledge Service

The Faculty of Health Education Library is a specialist medical library and knowledge service that sits physically in the Harvey Besterman 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
- the Faculty of Health university education

The Service is integral to agreements with HCJ's research education partners, who stipulate proactive, high-quality knowledge services.

These comprise:

- an e-portal to online resources such as: 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
- teaching research skills and information literacy at all levels

Beyond these formal agreements, the Service regularly provides support to colleagues engaged in lifelong learning and inputs into academic study skills for students on degree courses within the Faculty of Health Education.

Aside from its core business, in 2024 the library was focused on a project to integrate the Clinical Decision Support tool with IMS MAXIMS, and subsequent monitoring and promotion after successful implementation

Interprofessional agenda

As part of the interprofessional agenda, a Faculty of Health Education network/forum for individuals invested in developing clinical education within HCJ through clinical education and training. As part of this Network, two study half-days for clinical educators and individuals with roles or interest in education, training, or learning and development across HCJ were delivered to promote learning as a multi-professional group.

Topics covered included:

- unconscious bias
- civility
- coaching
- resilience
- burnout
- neurodiversity
- supporting students in difficulty

In September we held our interprofessional 'Student Activity Day' for medical, nursing, midwifery and Operating Department Practice students. The aim was to strengthen relationships for students whilst they are on placement in clinical areas. The objective is that learning together as students will facilitate a greater understanding of each other's roles and post qualification, this will help break down communication barriers. We held team building exercises on the beach and spent the afternoon doing inter-professional simulation scenarios.

In November, we welcomed healthcare students for our 'Student Conference'. The focus of the conference was on mental health and wellbeing.

All learning together were:

- Nursing
- Midwifery
- Biomedical Science
- Dietetics
- Medical
- Psychology
- Radiography
- Operating Department Practitioners

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

Celebrating 100 years of Nurse Education in Jersey

On 8 May 2024, we celebrated the centenary of being recognised as a training school for nurses. Under the guidance of Matron Hannah Miller, the General Nursing Council for England and Wales (GNC) granted this recognition, and the School of Nursing was established.

To celebrate the occasion, we held an exhibition and celebration in the Harvey Besterman Education Centre. Both the Nursing and Midwifery Council (NMC) and Royal College of Nursing (RCN) were in attendance.

The exhibition included memorabilia photographs, archive documents and artefacts. This was supported by Jersey Archives and included photographs from:

- Jersey Evening Post
- the CI Occupation Society
- Societe Jèrriais
- personal collections

De Gruchy's Department Store kindly lent mannequins for the display of student nurse uniforms across the years. The exhibition and celebrations were well attended, and the island media reported on it.

As an ongoing record, an archive history of the School of Nursing including copies of documents and photographs and oral testimonies from individuals who were students across the years, is being collated.

In Summary

The Faculty of Health Education has continued to build strong collaborative working relationships with university partners and practice placement partners whilst aiming to strengthen its 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 vocational and clinical skills training teams; their commitment is to develop a healthcare workforce that ultimately supports safe and effective patient, client, service user care and support.

Practice Assurance Programme

In 2024, the practice assurance portfolio was updated to replace the Jersey Nursing Assessment and Accreditation System (JNAAS) with peer assessment. This change allows for a more holistic view of care provision within inpatient areas. The Practice Assurance Team has been dedicated to establishing a comprehensive and robust assurance programme. This initiative integrates several key components, including:

- Care Rounding
- Peer Assessment
- implementation of a new software tool, Tendable

Care Rounding

Care Rounding is an informal yet integral aspect of the Practice Assurance Programme. Care Rounding sessions are conducted weekly and are well-attended, with representation from:

- all inpatient areas
- educational departments
- Chief Nurse's Office

Each session focuses on a specific theme, and observations made during the one-hour activity are reported back to the group. Area managers are responsible for addressing any identified actions.

Care Rounding Themes

Themes observed during care rounding include:

- compliance with appearance policies
- infection control practices
- standards of patient documentation
- patient experience discussions
- pressure ulcer care
- falls care bundle documentation

Peer Assessment

The Peer Assessment Programme provides a formal structure for evaluating patient care in inpatient areas at the General Hospital. Through this initiative, clinical and non-clinical colleagues participate in immersive evaluations of clinical areas for approximately two hours.

During these assessments, they engage with patients and colleagues to understand their experiences and evaluate governance and leadership practices. After the evaluation, findings are reviewed collectively, highlighting three areas of excellence and three areas for improvement.

Tendable implementation

The introduction of Tendable, a new software tool, marks a significant advancement in the Practice Assurance Programme. Tendable supports the Chief Nurse Office by enabling efficient tracking and demonstration of care excellence. The software incorporates an audit programme designed for clinical areas, providing a closed-loop system of audit, action, and re-assessment.

To ensure successful adoption, Tendable was rolled out with on-Island training provided by the vendor. As familiarity with the tool grows, Tendable is expected to become a cornerstone of the Practice Assurance Programme, offering comprehensive oversight of key quality metrics from ward to board.



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

Learning from Inspection

In 2024, ten HCJ services fell under regulation by the JCC. The relationship remains positive with registered managers and their team's welcoming inspection and any recommendations to help them improve services. JCC Regulation Officers generally give notice of inspection visits but also have the power to make unannounced visits.

During an inspection Regulation Officers 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 colleagues
- speak to clients, their carers, visiting practitioners and colleagues to capture their views on the quality of service

All 10 of the regulated services were inspected during 2024 under the Regulation of Care (Jersey) Law 2014 and have received their inspection reports. The reports are available on the JCC's website at [Jersey Care Commission | inspection reports](#). A summary of the reports for 2024 is also contained in the table at the end of this section.

What we did well:

- no formal improvement notices were received
- the large majority of improvements identified during the 2023 cycle of inspections had been appropriately actioned and completed in most services
- registered managers and their teams were found to be professional and fully engaged with the inspection process

- colleagues person-centred approach in their work with clients in some areas was noted and highlighted in some inspection reports
- some reports noted that interactions between care receivers and the colleagues on duty were noted to be light-hearted, friendly and respectful, allowing the care receiver to make their own choices.
- care receivers spoke positively about the team looking after them and the support they received within a care home environment
- colleagues were noted to be skilled and knowledgeable
- interdisciplinary collaboration was evident through partnerships with social workers, nurses, and occupational therapists, reflecting a holistic approach to care receiver care
- managers felt supported in their roles and attendance at regular monthly meetings with other managers within the three care groups currently subject to regulation and inspection was viewed positively. This enables managers to meet face-to-face, ask questions, exchange ideas, and discuss new initiatives, staffing, and any issues facing a service.
- management supports an open-door policy, ensuring that colleagues feel comfortable approaching leadership with concerns or suggestions
- structured approaches to supervision and annual appraisals were noted as helpful to support compliance and high-quality care within a service when applied consistently

What we needed to improve

Five of the ten regulated services had areas for improvement recorded which numbered 16 in total.

There were themes around updating HCJ policies, specific training and development topics and for some services, the need to improve colleagues access to formalised supervision.

The areas for improvement should be routinely reviewed following receipt of the formal inspection report and prior to publication by JCC.

Care Provision	Inspection Date(s)	Announced	Areas for Improvement
102: HCS Care Home	05/08/2024	Yes	One area for improvement: policies and procedures
104: HCS Care Home	16/10/2024	Yes	None
Maison Jubilee Care Home	05/06/2024	Yes	None
Pine Ridge Respite Care Home	14/06/2024	Yes	None
Hollies Day Centre	26/03/2024 04/04/2024	Yes	None
Le Geyt Adult Day Centre	23/09/2024	Yes	Three areas for improvement: <ol style="list-style-type: none"> 1. compliance with Capacity and Self Determination law 2. policies and procedures 3. statutory and mandatory training
Sandybrook Day Centre	24/09/2024	Yes	Two areas for improvement: <ol style="list-style-type: none"> 1. environment upgrade to limit undue access and exit between another care area 2. written agreements for clients stating terms and conditions
The Diner Adult Day Service	04/07/2024 05/07/2024	Yes	None
Clairvale Road Recovery Unit Care Home Service		Yes	Six areas for improvement: <ol style="list-style-type: none"> 1. notification of incidents 2. colleagues accessing regular supervision 3. training and competency of colleagues 4. fire safety training to include regular drills 5. strengthening of managerial and leadership by allocation of time and resources 6. client centred reviews and revision of care plans
Sandybrook Nursing Home	07/08/2024 08/08/2024 22/08/2024 29/08/2024	Yes	Four areas for improvement: <ol style="list-style-type: none"> 1. monthly reporting on the quality of care and support provided, 2. colleagues accessing regular supervision, 3. structured induction programme, 4. initial nursing assessments and care plans inclusive of emotional and social needs

Preparation for inspection within the Hospital and Mental Health Service

During 2024, HCJ established further relationships with the JCC to prepare for the implementation of regulation within Hospital and Mental Health Services.

In May 2024, the JCC released a draft of the Single Assessment Framework (SAF) document for public consultation. The deadline for HCJ feedback was 31 May. We gathered feedback through informal meetings and discussions with colleagues of all grades. The formal feedback response, signed off by our Senior Leadership Team and reviewed by the HCJ Advisory Board, was submitted by the Chief Officer to the JCC on 31 May 2024.

Preparations also involved working with the Government's Strategic Policy, Planning and Performance (SPPP) department to discuss proposed amendments to the Regulation of Care (Jersey) Law 2014. HCJ provided feedback on these amendments at the beginning of June 2024.

Additionally, HCJ received advice from our legal representative regarding the Consultation Report, which included feedback on the Duty of Candour and Registration. This final response was acknowledged and approved.

The SAF document incorporates:

- Five Key Elements of Care (KEC)
- 35 Standards
- approximately 360 Universal Requirements (URs) found within these standards

The Compliance and Assurance Team have conducted a comprehensive gap analysis to determine compliance with standards in the event of an inspection.

This primarily involved cross-checking some of the 360 URs against ratified policies, procedures, and guidelines to verify their validity and relevance based on their dates of origin and review.

During quarter three the JCC provided Specific Service Requirements (SSRs) which are the final level of requirements for the SAF. SSRs have been drafted, and consultation and feedback responses have been completed for the following service areas:

- Surgical Care
- Medical Care
- Urgent and Emergency Care
- Outpatients
- Critical Care
- Children and Young People (CYP)
- End of Life (EOL)
- Neonatal Services
- Maternity Services

During December 2024 drafts of a further eight SSRs were received for the Mental Health Service for feedback in early 2025.

These are:

- Community Mental Health Services
- Psychological Therapies
- Memory Services
- Psychiatric Liaison
- Inpatient Mental Health Services
- Eating Disorders Services
- Crisis Resolution and Home Treatment Team
- Community-based Perinatal Mental Health Services

A Regulatory Oversight Steering Group has been established, with the Compliance and Assurance Team providing administrative support for the process. The Terms of Reference have been agreed, and a non-executive Director has joined the group as a member.

Internal communications and education have started through a series of engagement events at Care Group shared events, workshops, and meetings.

Externally, regular engagement with Jersey Ambulance Service has been established as they are currently working through their preparation for regulation.

Stakeholders from Jersey Hospice Care have also provided knowledge and expertise with our Service Specific Requirements for end-of-life care.

We are working continuously with the Information Governance and Internal Communications teams to develop effective messaging and raise awareness about upcoming regulations for all HCJ colleagues, who may face inspection scrutiny in 2025. A communication strategy for 2025 is currently being developed to support colleagues' preparation.

Engagement with JCC and promoting a positive working relationship is an ongoing priority for HCJ, as we navigate to prepare for a change in the Law, and to register as the Registered Provider for Hospital and Mental Health Services in the Island as momentum builds to be inspection-ready by the end of 2025.

Currently, the amendment to the Law is awaiting to be lodged in the States Assembly and HCJ is awaiting to see the final versions of the Single Assessment Framework (SAF) and the Service Specific Requirements for 17 areas.

Reporting against Quality Indicators and performance measures

Performance against quality indicators over the last year

We have used the NHS framework to measure our performance. Whilst HCJ 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.

As HCJ publishes a lot of data as part of the [HCJ Advisory Board](#) some data has been removed from this section to avoid repetition with already regularly published data.

Organisation-wide patient safety

Performance measure	Average	What we want	Q1	Q2	Q3	Q4
Rate of patient safety incidents, per 1,000 bed days	105.5	63.8 is the National Average	122.4	110.0	99.0	90.4
Percentage of patient safety incidents that resulted in moderate harm, severe harm or death	2%	N/A	1.43%	2.15%	2.28%	2.54%
Rate of patient safety incidents that resulted in severe harm or death, per 1,000 bed days	0.5	N/A	0.3	0.7	0.7	0.3
Percentage of patient safety incidents that result in severe harm or death	0.5%	0.7% is the National Average	0.29%	0.68%	0.66%	0.38%

Falls

Performance measure	Average	Q1	Q2	Q3	Q4
Inpatient Falls per 1,000 Bed Days	7.55*	10.1	6.5	7.68	5.9
Number of falls resulting in harm (low/ moderate/ severe) per 1,000 bed days	3.6	4.8	3.27	3.68	2.65
Count of Inpatient Falls resulting in Moderate Physical Harm	1.0	0	0	3	1
Count of Inpatient Falls resulting in Severe Physical Harm or Death	0.25	0	0	0	1
*the UK average is 6.62					

Pressure Ulcers

Performance measure	Average	What we want	Q1	Q2	Q3	Q4
Developed pressure ulcers per 1,000 bed days*	2.26	0	3.07	2.3	1.3	2.38
Incidence of category 2 pressure ulcers acquired as an inpatient per 1,000 bed days	1.25	0	4	4	3	4
Incidence of category 3-4 pressure ulcers/deep tissue injuries acquired as an inpatient per 1,000 bed days	0.4	0	2	0	1	2

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

Serious Incidents (SIs)

Performance measure	Count	What we want	Q1	Q2	Q3	Q4	RAG
Count of SIs	63	N/A	14	18	16	15	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. Although 63 SIs were declared during 2024, three SIs were later decommissioned. One was decommissioned in Quarter one and two were decommissioned in Quarter four.

Hospital Infection Prevention and Control

Performance measure	What we want	Q1	Q2	Q3	Q4	Total count
MRSA Bacteraemia	0	0	0	0	0	0
Clostridium Difficile	0	7	5	2	6	20
MSSA Bacteraemia	0	1	0	2	0	3
E, Coli	0	5	0	4	0	9
Klebsiella Bacteraemia	0	2	0	0	0	2
Pseudomonas Bacteraemia	0	0	0	0	1	1

Rates per 100,00 Bed Days

Infection	Jersey	National Average	RAG
	Hospital	Total	
<i>C.diff</i> (in over 2-year-olds)	31.66	29.6	28.44

Patient Experience

Performance measure	Count	What we want	Q1	Q2	Q3	Q4	RAG
Total complaints	216	Decrease by 10%	68	46	45	57	
Total compliments	1527	Increase by 10%	402	372	350	375	
Total comments	98	Consistent Volume	26	20	30	22	
Total PALS received	1,194	Increase by 10%	183	317	411	283	
Percentage of complaints closed within the target time (within 5 working days without extension) *stage 1 only	62%	>80%	70%	71%	73%	43%	

Percentage of complaints closed with agreed extension/ timeframes	59%	>80%	57%	78%	56%	35%	
(remains in line with policy)	Note: 3 current open records on track for closure within agreed timeframe						
*stage 1 only							
<p>In 2023, the total number of complaints was 413. In 2024, this number decreased to 216, representing a 52% reduction in reported complaints.</p> <p>There were 1,194 PALS logged in 2024, with 515 logged as concerns, 345 logged as enquiry and 334 logged as PALS signposting. This shows a significant increase in our PALS service in 2024 compared to 2023 with a total increase of 848 (71%).</p> <p>Comments received cover a range of feedback observations, including patient parking availability, signposting within various sites and overall service improvement suggestions from service users. We continue to encourage comments and share with relevant care groups.</p> <p>A large number of compliments were received in 2024, work is ongoing to continue to encourage service users to provide feedback and encouragement to our wards and departments to ensure compliments are logged.</p>							

Clinical Effectiveness

Performance measure	Average	What we want	Q1	Q2	Q3	Q4
Inpatient Crude Mortality	2.041	2.5%	2.461	1.771	1.921	2.012
<p>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.</p>						

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	<5%	3	2	3	2	
Percentage of clients that have shown reliable improvement	78%	>75%	84%	74%	79%	73%	

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	94%	>85%	93	95	93	96	
Percentage of referrals to Mental Health Assessment team assessed in 10 working days	89%	>85%	87	81	92	95	

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	83%	>80%	89	82	79	83	
Percentage of assessments completed and authorised within 3 weeks (ASCT)	78%	>80%	90	87	74	61	*
Percentage of new support plans reviewed within 6 weeks (ASCT)	62%	>80%	59	69	50	71	
Note: *Although the average throughout the year has not met the target, in December 2024 100% of assessments were completed and authorised within 3 weeks (ASCT)							



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 2024 and their status					
Title	Reference	Action type	Date opened	Progress and action	Date closed
Shortage Of Glp-1 Receptor Agonists (Glp-1 Ra) Update	NatPSA /2024/001/ DHSC	Update	04/01/24	Alert has been disseminated No further action required	09/01/24
Possible shutdown of Dräger anaesthesia workstation Atlan due to possible backup battery failure	December 2023	Action	08/01/24	Alert has been disseminated No further action required	08/01/24
iQ200 Series Analyzers and DxU 850m and 840m Iris Analyzers	FSN-001430	Action	08/01/24	Alert has been disseminated. No further action required	01/02/24
Maintenance and Service on Maquet SAS' OR Light Systems	MSA-808092	Action	24/01/24	Alert has been disseminated. No further action required	24/01/24
MAC VU360 V1.02 SP05 12 Lead ECG Post Acquisition Preview Screen or Print Out of the amplitude for QRS waves could be slightly reduced	GE 30109	Action	06/02/24	Alert has been disseminated. No further action required	16/02/24

Fujifilm mobile digital x-ray system FDR Nano	Fujifilm mobile digital x-ray system	Information Only	15/02/24	Alert has been disseminated No further action required	15/02/24
Urgent: Field Safety Corrective Action: Original Perfusor® Line	FSCA-2024-01-31	Action	15/02/24	Alert has been disseminated No further action required	16/02/24
Urgent: BIOFIRE® FILMARRAY® Gastrointestinal Panel – Ref. Number: RFIT-ASY0116 FSCA 5812 – Increased Risk of False Positive Norovirus Results with the BIOFIRE® FILMARRAY® Gastrointestinal (GI) Panel	FSCA 5812	Action	15/02/24	Alert has been disseminated. No further action required	16/02/24
Medtronic NIM™ Standard Reinforced EMG Endotracheal Tube & NIM CONTACT™ Reinforced EMG Endotracheal Tube	FA1255	Action	15/02/24	Alert has been disseminated. No further action required	21/02/24
Urgent: FSN: Medical Device Correction Atrium Express Dry Suction Dry Seal Chest Drains	FSCA 301117554 8-12/13/2023 -002-C	Action	15/02/24	Alert has been disseminated. No further action required	28/02/24
Genedrive® MT-RNR1 ID Kit – Device recall	FSCA-Feb2024-GB	Immediate Action	15/02/24	Alert has been disseminated No further action required	12/04/24
Quality Control Software Issues Identified in VITROS® System Software Versions 3.8.0 and 3.8.1	VITROS® System Software Versions 3.8.0 and 3.8.1	Action	15/02/24	Alert has been disseminated No further action required	16/04/24
Urgent: FSN – IDS-24-4957 BD MAX™ Enteric Viral Panel-NR	REF:44398 7	Update	22/02/24	Alert has been disseminated. No further action required	22/02/24

Updated – Urgent FSN: Potential sample misidentification: Mandatory software upgrade	ACL TOP FAMILY 50 SERIES	Action	22/02/24	Alert has been disseminated. No further action required	14/03/24
Urgent: FSN: DIVA 24 Inch Widescreen LCD Touch Display Malfunction	DIVA 24 Inch Widescreen LCD Touch Display Malfunction	Action	27/02/24	Alert has been disseminated. No further action required	28/02/24
Urgent: Voluntary Medical Device FSN, Cooper Surgical Origio® Sperm Wash Media, Part Number: 84055060A, 84055060D, and 84051010A	Cooper Surgical	Action	27/02/24	Alert has been disseminated. No further action required	11/04/24
Urgent: FSN – MMS-24-4958 BD BodyGuard™ MicroSets	MMS-24-4958	Immediate Action	07/03/24	Alert has been disseminated. No further action required	11/03/24
Urgent FSN – FSN-24006, DxA 5000 Automation System	B50516	Action	07/03/24	Alert has been disseminated. No further action required	16/04/24
Urgent: FSN: FA-24-001, Immediate Attention Required 581012 – Irrigation Handle (20/SP)	FA-24-001	Immediate Action	07/03/24	Alert has been disseminated. No further action required	17/05/24
Urgent: FSN: Conmed Corporation SRN US-MF-000012663, 5.5mm HPS Prebent Spherical Bur	SRN US-MF-000012663	Action	07/03/24	Alert has been disseminated. No further action required	17/05/24
Urgent: FSN: Medical Device Correction RayStation/RayPlan 8B, 9A, 9B, 10A, 10B, 11A, 11B, 12A, 12B, 2023B, 2024A including some service packs	#130646	Action	07/03/24	Alert has been disseminated. No further action required	17/05/24

Field Safety Corrective Action: Product Recall: notice for certain batches of ENFit Double Lumen Replogle Tube	FSN-001/24	Action	07/03/24	Alert has been disseminated No further action required	22/05/24
Infinity Acute Care System: Infinity M500 Docking Station is not in full compliance to type CF requirements. Affected devices: Infinity M500 Docking Station, MS20407 Rev. 20, 21, and 23	PR142097	Immediate Action	01/04/24	Alert has been disseminated No further action required	04/07/24
Urgent: FSN – Medtronic StealthStation™ S8 App versions 1.0.1, 1.0.2, 1.0.3, 1.1.0, 1.2.0 (Model # 9735762) StealthStation™ S8 Application – Missing Character in Banner Text Software Update	FA1414	Action	01/04/24	Alert has been disseminated No further action required	09/09/24
Urgent: Medical Device Recall Fisher & Paykel Healthcare PT101XX Airvo 2 and PT100XX myAirvo 2	FA-2024-001	Action	10/04/24	Alert has been disseminated No further action required	23/05/24
FSN: Motec Wrist Radius Hemi Prosthesis	TIC02537	Action	11/04/24	Alert has been disseminated No further action required	17/05/24
FSN: Medical Device Correction #133261. RayStation RayPlan 7-2024A including some service packs	RSL-P-RS FSN Class III 133261	Action	11/04/24	Alert has been disseminated No further action required	17/05/24
Urgent: FSN: BD neXus V700 Infusion Pump	MMS-24-5039	Immediate Action	21/05/24	Alert has been disseminated No further action required	21/06/24
Urgent: FSN: Defibrillators	FA1416	Information Only	22/05/24	Alert has been disseminated No further	22/05/24

				action required	
Urgent: FSN: MR systems terminal connections in the general Mains Distribution Unit (g-MDU) may produce a Thermal Event	2023-PD-MR-030	Immediate Action	22/05/24	Alert has been disseminated No further action required	22/05/24
Urgent: FSN: Xpert® Carba-R	GXCARBA RP-CE-10	Action	22/05/24	Alert has been disseminated No further action required	20/06/24
Urgent: FSN: CARESCAPE Canvas 1000, CARESCAPE Canvas Smart Display, and Certain Versions of CARESCAPE B850, or CARESCAPE B650 Monitors	GE HealthCare Ref. # 36161	Immediate Action	22/05/24	Alert has been disseminated No further action required	24/06/24
Urgent: FSN: PIC iX Customised Event Catalog Setting Not Copied as Expected From One Unit to Another	2024-CC-HPM-013	Information Only	22/05/24	Alert has been disseminated No further action required	24/06/24
FSN: LG -NGP - NJP – RT – ST – EF2EL. HMC Feeding Tubes, Aspiration Tubes and Feeding/ Aspiration Tubes	FSN-002/24	Update	22/05/24	Alert has been disseminated No further action required	17/09/24
Important Safety Notice. Infinity Acute Care System: Infinity M500 Docking Station	MS20407	Action	22/05/24	Alert has been disseminated No further action required	02/10/24
Urgent: FSN: Various Mapleson F Anaesthetic breathing systems containing 0.5L Reservoir bags with open tails	446776	Immediate Action	22/05/24	Alert has been disseminated No further action required	02/10/24

Baxter - ProBP 3400, Spot Vision Screener and Power Cords	FA-2024-017	Information Only	23/05/24	Alert has been disseminated No further action required	23/05/24
Product Notification BD Pyxis™ Anesthesia Station and BD Pyxis™ MedStation™	MMS-23-4876	Action	23/05/24	Alert has been disseminated No further action required	04/10/24
Urgent: FSN: Trilogy Evo, Trilogy Evo O2, Trilogy EV300. Loss of Power Alarm	MHRA reference: 30475739	Immediate Action	24/05/24	Alert has been disseminated No further action required	29/11/24
FSN: Invacare I-Transia ceiling hoist	ET-0502	Information Only	28/05/24	Alert has been disseminated No further action required	31/05/24
Urgent: FSN: (EU/ROW) Potential for decreased analyte measurement with DELFIA® / AutoDELFI A® PIGF kits	DELFI A® / AutoDELFI A® PIGF kits	Immediate Action	10/06/24	Alert has been disseminated No further action required	25/07/24
Urgent: Medical Device Correction. Total Knee Arthroplasty (TKA) 2, Total Knee Arthroplasty (TKA) 1, Partial Knee Arthroplasty (PKA) 3, Total Hip Arthroplasty (THA) 4.0, 4.1 on Mako 3.0, 3.1.	RA2024-3598242	Information Only	18/06/24	Alert has been disseminated No further action required	24/06/24
ThermoFisher Scientific. Urgent: FSN: PO0287A Yersinia Agar (CIN MED)	FSN-2024-002	Immediate Action	18/06/24	Alert has been disseminated No further action required	09/07/24
FSN with conclusion – Urgent media recall. CooperSurgical LifeGlobal global® Media Part Number: LGGG-100, LGGG-050, and LGGG-020 (expired 29/12/23)	C-US-000002	Immediate Action	18/06/24	Alert has been disseminated No further action required	25/07/24

Urgent: FSN. Abbott Proclaim™, Proclaim™ XR, and Proclaim™ Elite SCS System (Model Numbers 3660, 3661, 3662, 3663, 3665, 3667) Proclaim™ DRG. Neurostimulation System (Model Number 3664)	FA-Q224-NM-3	Immediate Action	19/06/24	Alert has been disseminated No further action required	20/06/24
Urgent: FSN - Abbott Infinity™ DBS System (Model Numbers 6660, 6661, 6662, 6663)	FA-Q224-NM-1	Immediate Action	19/06/24	Alert has been disseminated No further action required	20/06/24
Olympus reference: QIL FY25-EMEA-07-FY25-005-F – ESG-410 Unstable Power Supply, ESG-410, Electrosurgical Generator	ESG-410 Electrosurgical Generator	Information Only	27/06/24	Alert has been disseminated No further action required	27/06/24
Urgent: safety information Lowenstien Medical - Leoni plus Recruitment	FSCA2024 004	Information Only	27/06/24	Alert has been disseminated No further action required	27/08/24
Medtronic: Puritan Bennett 520/560 Ventilator Issue Impact Assessment (IIA) PB500 Series Ventilator VOCs - ISO 18562:2017	RE004340 27	Information Only	12/07/24	Alert has been disseminated No further action required	12/07/24
Urgent: FSN: Specimen Collection Device: Cepheid Catalog Number PIN 900-0370 (Transystem TM)	PIN 900-0370	Action	16/07/24	Alert has been disseminated No further action required	16/07/24
Urgent: FSN: Medical Device Correction. Getinge - VasoView HemoPro Endoscopic Vessel Harvesting Systems VH-4000, VH-4001, & VH-3500	2242352-06/07/2024 -001-R	Action	22/07/24	Alert has been disseminated No further action required	23/07/24

Philips: HeartStart Intrepid Monitor / Defibrillator (867172) Intermittent ECG Waveforms	FSN-2024-CC-EC-016	Immediate Action	22/07/24	Alert has been disseminated No further action required	20/08/24
Urgent: FSN Philips - BiPAP A40 Pro Ventilator, BiPAP A40 EFL Ventilator, and BiPAP A30 EFL Ventilator Alarm Malfunction linked to Oxygen Sensor Inside the Ventilator	2023-CC-SRC-042	Immediate Action	22/07/24	Alert has been disseminated No further action required	02/09/24
Urgent: FSN - Medtronic CareLink™ 2090 Programmer Autonomous Cursor Includes 2090 Programmers with serial number prefixes PKK0 and PKK1	FA1418	Information Only	22/07/24	Alert has been disseminated No further action required	05/09/24
Urgent: FSN - *Updated* Smiths CADD™ Infusion System Infusion Sets for use with CADD pumps	FA2211-01	Immediate Action	22/07/24	Alert has been disseminated No further action required	05/09/24
Urgent: FSN – UCC-24-5024. Arctic Sun™ 5000 Temperature Management System	UCC-24-5024	Action	22/07/24	Alert has been disseminated No further action required	01/10/24
Customer Notification - Werfen Product: NOVACLONE™ Anti-D IgM + IgG Monoclonal Blend LOT 517279, IUDI-D11 10888234200239	FA-DBL-24-001	Action	23/07/24	Alert has been disseminated No further action required	25/07/24
Urgent: FSN – Exmoor Product: Aural Vent Tubes	HHE-2024-004	Immediate Action	23/07/24	Alert has been disseminated No further action required	02/09/24
FSN for Canon MR System MRT-15 Vantage Orian/ Titan	COM-0000001131	Information Only	29/07/24	Alert has been disseminated No further action required	28/08/24

Important: FSN – THOR NovoTHOR and NovoTHOR XL Gen 3.0 Therapy Bed	002FSCA23	Information Only	06/08/24	Alert has been disseminated No further action required	08/08/24
FSN – Medevio Blueflow Venous Stent devices [model number VS14150 (FG-02234-004A) / lot number 900066]	FSN-2024-07-19	Information Only	06/08/24	Alert has been disseminated No further action required	28/08/24
Urgent: FSN – Beckman Coulter Access HBc Ab Reagent	FSN-24033-B	Action	16/08/24	Alert has been disseminated No further action required	02/09/24
Clade I mpox virus infection. Urgent public health message to all NHS service providers regarding Clade I mpox virus (MPXV) infection.	MPXV	Information Only	16/08/24	Alert has been disseminated No further action required	10/10/24
Urgent: FSN – Abiomed Risk of optical sensor damage in Impella products when used concurrently and in close proximity with Shockwave Coronary IVL Catheter	2024-FA-00019	Immediate Action	20/08/24	Alert has been disseminated No further action required	09/09/24
Update to urgent FSN - MiniMed™ 600 and 700 series insulin pump Battery Cap	FA1249	Immediate Action	20/08/24	Alert has been disseminated No further action required	26/09/24
Urgent: FSN. Molecular Diagnostics at Abbott. Product: Alinity m System	FA-AM-MAR2024-298B	Action	28/08/24	Alert has been disseminated No further action required	05/09/24
Urgent: FSN – Mandatory test parameter upgrade parameters. Werfen. P-16.8.00 on ACL top family models: ACL TOP, ACL TOP CTS, ACL TOP 700, ACL TOP 700 CTS, ACL TOP	ACL TOP Family	Update	19/09/24	Alert has been disseminated No further action required	26/09/24

700 LAS, ACL TOP 500 CTS, ACL TOP 300 CTS					
FSN - Permobil PushTracker E2 & E3 utilised with. SmartDrive MX2+ Power Assist Device	GRN4231	Update	19/09/24	Alert has been disseminated No further action required	27/09/24
Urgent: FSN – Philips MR System Patient Support may experience restricted horizontal tabletop movement	31855156	Information Only	19/09/24	Alert has been disseminated No further action required	01/10/24
Field Safety Corrective Action: Product Recall. Medicina ENfit reusable enteral syringes Medicina single-use and reusable oral tip syringes	FSN-007	Action	19/09/24	Alert has been disseminated No further action required	04/11/24
FSN – emboflu. Occurrence of crack on SERSQUID_3 syringes – part of SQUID 3ML kit	HHE- 002_SERS QUID_3ML	Action	20/09/24	Alert has been disseminated No further action required	01/10/24
FSN – Important EMBLEM™ Subcutaneous Implantable Cardioverter Defibrillator (S- ICD) software update to address transient sensing behaviour. Boston Scientific	92892652- FA	Action	20/09/24	Alert has been disseminated No further action required	01/10/24
Urgent: FSN - Philips Azurion, Allura Xper, Integris and MultiDiagnost Eleva Potential Detachment of the Cable Hose Carrier which May Result in Parts Falling and/or Part of the Cable Hose Dropping	2023-IGT- BST-006	Action	30/09/24	Alert has been disseminated No further action required	04/10/24
Urgent: FSN - Product name: Actim® Partus Test	Actim® Partus Test (31931ETA L) 2005341	Immediate Action	30/09/24	Alert has been disseminated No further	04/10/24

				action required	
National Patient Safety - Royal College. Risk of oxytocin overdose during labour and childbirth	NatPSA/2024/010/NH SPS	Action	30/09/24	Alert has been disseminated No further action required	30/09/24
Updated: Urgent FSN. Trilogy Evo, Trilogy Evo O2, Trilogy EV300. Flow Sensor Nebulized Aerosol Deposition	2024-CC-SRC-013	Action	01/10/24	Alert has been disseminated No further action required	14/03/25
Urgent: FSN - Urgent Medical Device Recall. Model L331 ACCOLADE™, L231 PROPONENT™, and L131 ESSENTIO™ DR EL pacemakers	97288477-FA	Immediate Action	07/10/24	Alert has been disseminated No further action required	11/10/24
Urgent: FSN – croma. NuVisc™ Pro	DOC-0036	Immediate Action	14/10/24	Alert has been disseminated No further action required	16/10/24
FSN – Jenx. Ly-on Green	FSN-016A	Action	14/10/24	Alert has been disseminated No further action required	16/10/24
Urgent: FSN – Olympus. Cystoscope Outer sheath which is an outer sheath used for endoscopic diagnosis and treatment in urological applications.	QIL FY25-EMEA-19-FY25-OSTE-22-Rigid Cystoscope	Immediate Action	15/10/24	Alert has been disseminated No further action required	22/10/24
Urgent: FSN – Update. Trilogy Evo, Trilogy Evo O2, and Trilogy EV300	Trilogy Evo-EV300 Update	Immediate Action	15/10/24	Alert has been disseminated No further action required	04/11/24

Important safety notice for mylife App users - SINOVO	v2.4.0 (UDI 111652811 196.V2.4.0)	Action	15/10/24	Alert has been disseminated No further action required	05/11/24
Urgent: FSN - AquaUltra Clear Ultrasound Transmission Gel	AquaUltra Clear Ultrasound Transmissi on Gel	Immediate Action	21/10/24	Alert has been disseminated No further action required	23/10/24
Urgent - FSN – Codman® Surgical Patties & Surgical Strips - Recall	FSN 2024-HHE-013	Immediate Action	21/10/24	Alert has been disseminated No further action required	12/2/25
Urgent: FSN – Medtronic. MiniMed 600 series and 700 series pump systems. Battery status alerts and alarms	FA1435	Immediate Action	22/10/24	Alert has been disseminated No further action required	24/10/24
Urgent: FSN – Unimax. Detachable Endo Retrieval Pouch	FSN-EP24003	Immediate Action	22/10/24	Alert has been disseminated No further action required	04/11/24
Field Corrective Action - Advanced Medical Solutions Silvercel Hydro Alginate, Silvercel Non-Adherent, Tegaderm Alginate, ActivHeal Alginate, ActivHeal Aquafibre, ActivHeal Non-Adhesive Foam, ActivHeal Non-Adhesive Tracheostomy, ActivHeal PHMB	10-01-2024-001-FSCA	Action	22/10/24	Alert has been disseminated No further action required	19/11/24
FSN - Hamilton Medical for Service Technicians at Hospitals/ Clinics/ Healthcare Facilities in UK using Hamilton Medical Ventilator HAMILTON-C6	FSCA 2024-10-02	Action	31/10/24	Alert has been disseminated No further action required	04/11/24

FSN – arjo. IndiGo Drive Assistance for Arjo Enterprise 5000x, Enterprise 8000X, Enterprise 9000X, Citadel medical beds	FSN-POZ-001-2023	Action	05/11/24	Alert has been disseminated No further action required	06/11/24
Urgent: FSN – Ultragel AquaUltra Clear ultrasound transmission gel	M316-C	Immediate Action	11/11/24	Alert has been disseminated No further action required	12/11/24
Urgent: FSN - Philips MR system breast coils. Potential for harm while using a breast coil	2024-PD-MR-016	Immediate Action	12/11/24	Alert has been disseminated No further action required	19/11/24
Urgent: Medical Device Recall – Acumed 3.5mm X 12mm Locking Hexalobe Screw	R24-004	Action	12/11/24	Alert has been disseminated No further action required	23/12/24
Urgent: FSN - SLE Ltd Flow Sensors	CAPA-00395-FSN-01	Immediate Action	12/11/24	Alert disseminated Awaiting update	
Urgent: FSN - Rocket Medical. Rocket Thoracentesis Catheter 8Fg (R51551-08-00) & Rocket Thoracentesis Catheter - 6Fg (R51551)	NVFSN-08	Immediate Action	20/11/24	Alert disseminated Awaiting update	
Urgent: FSN - Baxter Braun Pro 600	FA-2024-038	Immediate Action	20/11/24	Alert disseminated Awaiting update	
FSN – BREAS. Firmware Version 3.1.10/4.1.10 and Later for Vivo 45 LS (non-US) and Nippy 4+ Devices	COM-009344 REV..0 UK-EI	Action	26/11/24	Alert has been disseminated No further action required	29/11/24
Urgent: FSN - COOK Medical Product Removal Hemospray Endoscopic Hemostat	2024FA0007	Immediate Action	26/11/24	Alert has been disseminated No further action required	13/12/24

FSN – Terumo. Device: Thoraflex Hybrid	FSN2024_01	Action	17/12/24	Alert disseminated Awaiting update	
Urgent: FSN - GE HealthCare. OEC Elite, OEC 3D, OEC 9900 and OEC 9800 mobile C-arms with insufficient sealing on X-ray tubes	15150	Immediate Action	17/12/24	Alert has been disseminated No further action required	14/3/25
Urgent: FSN Recall – Coloplast FolateX® Foley catheters - Semi-rigid latex (REF. AA32xx, AA36xx and AA38xx)	FSN_2024 1119_Pack aging	Immediate Action	17/12/24	Alert disseminated Awaiting update	
Urgent: FSN – Medtronic. SynchroMed™ A810 Clinician Programmer Software Application v2.x.	FA1440	Immediate Action	17/12/24	Alert disseminated Awaiting update	
Urgent: FSN – HMT. Potential contamination with process-related foreign particles (FSCA Getinge 1058963 – VHK/ VKMO/ CTP)	PR2024-0020	Immediate Action	17/12/24	Alert disseminated Awaiting update	

National 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 2024 across HCJ and their current status					
Title	Reference	Action type	Opened	Progress Action	Closed
Transition to NRFit™ connectors for intrathecal and epidural procedures, and delivery of regional blocks	NatPSA/2024/002/NH SPS	Action	31/01/24	Action ongoing and in final stages. Due to close Quarter 1 2025	In progress and NatPSA have extended deadline
Reducing risks for transfusion-associated circulatory overload	NatPSA/2024/004/MH RA	Action	05/04/24	Work is ongoing to meet the actions required	In progress

Shortage of Erelzi® (etanercept) 50mg solution for injection in pre-filled pen	NatPSA/2024/005/MV A	Action	20/06/24	Alert has been disseminated. No further action required.	20/06/24
Shortage of Orencia® ClickJect™ (abatacept) 125mg/1ml solution for injection pre-filled pens	NatPSA/2024/006/DH SC	Information Only	20/06/24	Alert has been disseminated. No further action required.	20/06/24
Clade I mpox virus infection. Urgent public health message to all NHS service providers regarding Clade I mpox virus (MPXV) infection.	MPXV	Information Only	16/08/24	Alert has been disseminated. No further action required.	10/10/24
National Patient Safety - Royal College. Risk of oxytocin overdose during labour and childbirth	NatPSA/2024/010/NH SPS	Action	30/09/24	Work is ongoing, this should be complete within the required timescales	In progress

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.

Drug Safety Update alerts issued during 2024 and their status				
Title	Reference	Action type	Opened	Closed
Class 4 Medicines Defect Information: USV UK Limited, Sugammadex 100 mg/ml solution for injection (2 ml vial)	EL (24)A/02	Information Only	18/01/24	18/01/24
Class 4 Medicines Defect Information: Exeltis UK Limited, Gepretix 100mg Capsules, EL (24)A/04	MDR 264-01/24	Not Relevant	01/02/24	14/02/24
Class 3 Medicines Recall: Torrent Pharma (UK) Limited, Ramipril 1.25mg tablets	EL (24)A/05	Not Relevant	14/02/24	14/02/24
Shortage of Pancreatic enzyme replacement therapy (PERT)	NatPSA/2024/007/DHSC	Action	20/06/24	07/10/24

Urgent: Mandatory Test Parameter Upgrade Parameters – werfen. P-20.0.08 On the ACL top 970 CL	ACL TOP 970 CL	Not Relevant	19/09/24	26/09/24
Mandatory Test Parameter Upgrade Parameters – werfen P-16.8.00 ON ACL TOP FAMILY MODELS: ACL TOP, ACL TOP CTS, ACL TOP 700, ACL TOP 700 CTS, ACL TOP 700 LAS, ACL TOP 500 CTS, ACL TOP 300 CTS	ACL TOP Family	Update	19/09/24	26/09/24

Safeguarding

HCJ is committed to safeguarding all patients, service users and colleagues 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 our services should feel safe and assured that our colleagues will keep them safe.

The Health Safeguarding team

The Health Safeguarding Team provide safeguarding duties for children, young people and adults at risk for HCJ. The Team has a strong commitment to prevention by early intervention, a vital component element for safeguarding.

It is the Team's mission 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 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.

Working in partnership

Working together with partners and other agencies to safeguard and promote the welfare of children and adults is central to safeguarding practice. The role of our Team is to ensure safeguarding practices are embedded within healthcare services to protect vulnerable individuals from abuse, neglect or harm.

We work collaboratively with partner agencies in providing co-ordinated responses to safeguarding concerns. The Team relies on agencies for joint decision making, information sharing, early intervention and prevention and improved outcomes.

Designated Professionals and Named Nurses attend the Safeguarding Partnership Board meetings and its subgroup meetings, and co-chair subgroups. The

Safeguarding Advisors are members of the subgroups and ensure that the health perspective is present in partnership conversations.

The Safeguarding Committee

The HCJ Safeguarding Committee provides strategic oversight, governance and accountability for safeguarding practices across the Organisation. The Safeguarding Committee meets monthly and has two functions.

Firstly, to receive assurance reports from different areas of HCJ. The reports include safeguarding activities, and risks and challenges across the area. Any escalations are reported to the Quality Risk and Improvement Committee.

The second function is to address recommendations from safeguarding reviews. There are legacy recommendations from before the Committee was established. Ensuring that appropriate actions have been taken is part of the required response to safeguarding reviews, and this is being thoroughly attended to.

The Committee is still developing, and its operational methods will be reviewed during 2025 to ensure they are robust and efficient. This process will be enhanced by the ongoing development of a safeguarding dashboard, which ensures that accurate data is being collected for analysis.

Safeguarding Accountability and Assurance Framework (SAAF)

The HCJ Safeguarding Accountability and Assurance Framework (SAAF) is the Organisation's first safeguarding framework. We are developing it to ensure effective safeguarding arrangements are in place across the Organisation for all colleagues and services.

We will ensure HCJ is responsive to the needs of everyone who uses its services, and that systems and processes are in place to meet their safeguarding needs.

We will achieve this by working in collaboration with service users, members of the community, and partner agencies. The SAAF is currently in draft form and will go out for consultation in the first quarter of 2025.

Building a safeguarding culture

The Team has an active presence across all HCJ sites. We actively promote safeguarding awareness for colleagues and people who access our services ensuring safeguarding is an integral part of care and safety.

The campaign promotes the culture of Safeguarding is Everyone's Responsibility; It's Not a Choice. If you see something. Say something.

We are working alongside the Senior Nurses in Quality and Practice Assurance who facilitate the Care Rounds. A set of questions has been devised based on the Organisational Standards Audit. The responses will be used to assess learning, gaps and themes. Alongside the awareness campaign, this will increase colleagues' awareness of their roles and responsibilities and will provide support and advice to

colleagues. It also enables colleagues to raise the profile of safeguarding across all areas of HCJ. Information posters have been placed in wards and departments across HCJ.

Safeguarding champions

There are 32 safeguarding champions across HCJ. The aim is to have a safeguarding champion in every working area. Their purpose is to help build a safeguarding culture and take a role in promoting and supporting safeguarding practices. They act as advocates, role models and points of contact for safeguarding concerns ensuring safeguarding policies and procedures are effectively used and share updates about legislation, resources and guidance.

A Champion's Network meets quarterly with guest speakers and updates. At the last meeting the role of the Champion was revisited to ensure they feel supported in their role and promote a culture of vigilance, ensuring safeguarding remains a priority.

Safeguarding training

All colleagues are offered face-to-face Level 2 and Level 3 safeguarding training. Level 1 training is offered online. Training is delivered in line with the UK Intercollegiate Documents.

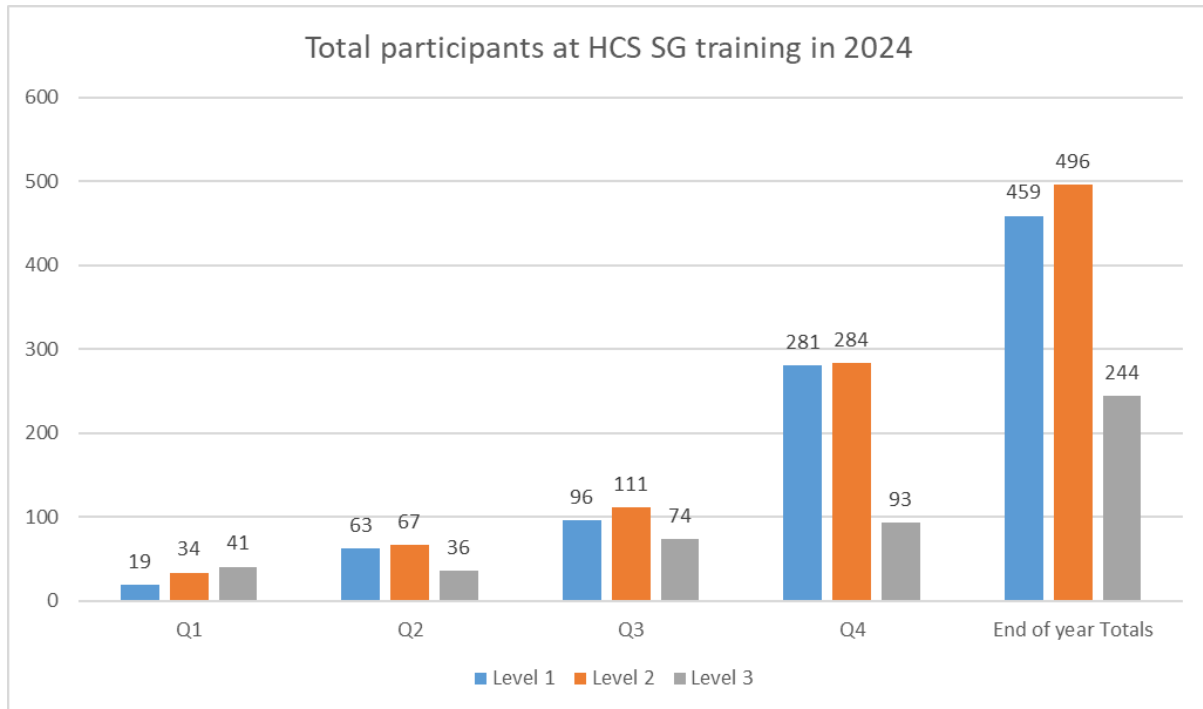
The Team administrator has access rights for the Connect training portal which is used for logging all safeguarding training. This new process of managing training for compliance and reporting has been in place for the last 6 months. It is still in the early stages and awaiting more functions to be released but provides an effective system to capture safeguarding training data. The next stage will be establishing a monitoring process for colleagues to meet their minimum hours of training over a 3-year period. Use of the annual appraisal is an option being considered.

Level 2 safeguarding training is now part of HCJ Mandatory and Statutory Training and is delivered fortnightly. This provides a good opportunity for the Team to offer spaces to colleagues who may be able to attend sooner.

A safeguarding training policy has been drafted. To ensure it meets the requirements of an integrated service it has been shared with Adult Social Care for their comments and additions.

In the past we have experienced significant issues securing space to deliver training. There has been some improvement in this area with Executive oversight. We are now better able to negotiate training rooms and have increased the number of training sessions delivered by:

- offering bespoke sessions
- using INSET days
- using the Mandatory and Statutory Training sessions



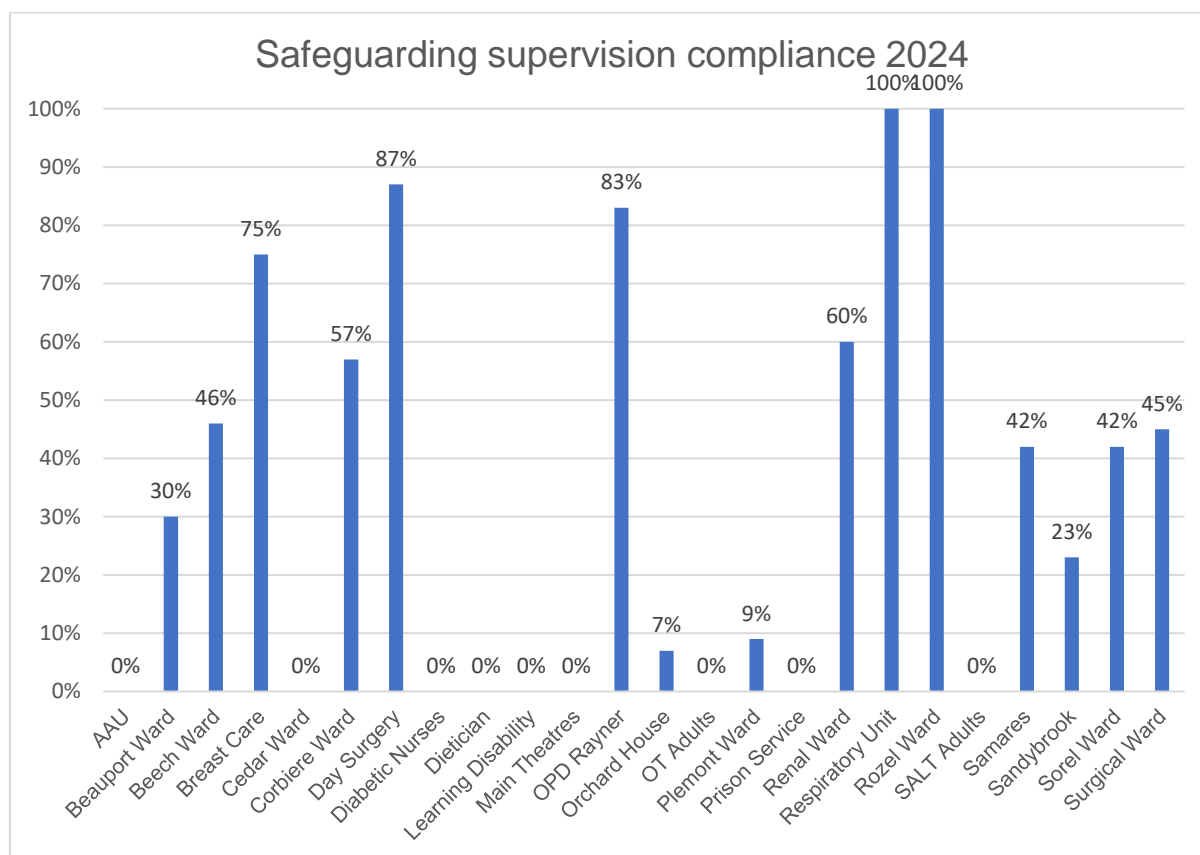
Increase in safeguarding training sessions delivered during 2024

Safeguarding Supervision

Restorative Safeguarding Supervision is a supportive approach used to support colleagues who work with cases of safeguarding and complexities. It focuses on restoring emotional well-being, reducing stress and promoting resilience while improving practice and decision making.

Reflective safeguarding supervision was introduced to extend support to all colleagues, not just targeted areas where colleagues have a case load. It also provides them with an opportunity to discuss and reflect on their actions, decisions and interactions, learning from strengths and areas for improvement. The support also addresses the emotional impact of working with vulnerable individuals, helping to prevent burnout and secondary trauma.

The Safeguarding Restorative Supervision Policy has been updated to include Reflective Supervision however, at the November Policy and Procedures Ratification Group (PPRG), the policy was deferred due to the possibility of 2 policies speaking to the same issues..



Areas where uptake of Reflective Supervision has been implemented

The areas showing 0% are areas still to have introductory meetings and implementation of supervision to commence. We anticipate all areas will have implemented reflective supervision by the end of Quarter 1, 2025.

Children Looked After at Significant Risk of Harm (CLASH)

CLASH meetings take place weekly and involve multi-agency partners from:

- Children Social Care
- Education
- Family Nursing and Home Care
- CAMHS

Meetings focus on addressing the health needs of children in care in both Jersey and on the mainland. The purpose is to ensure the right level of care and support is in place, and services do not lose sight of the children.

The meetings review all areas of the child's health needs when they are in crisis and in need of additional support. The meetings also assess broader systemic issues which are becoming apparent.

Safeguarding Statutory Reviews

The Team contributes to all Statutory Reviews. Learning from reviews is considered for systems learning and improvement. Key themes are used to improve outcomes and incorporated into Safeguarding training to share key messages.

The Safeguarding Partnership Board did not present any cases for adults at risk during 2024. There were 3 Rapid Review cases submitted for children.

Domestic Abuse

Since the Independent Domestic Violence Advisor (IDVA) service was removed from the Emergency Department (ED), referrals from health services to Jersey Domestic Abuse Services (JDAS) have declined slightly. To address this, a new referral form was introduced in the ED. Currently, data on domestic abuse from MAXIMS is being reviewed to gather the necessary information. There is a need to increase the options in the drop-down box, which will now include non-fatal strangulation.

Violence Against Women and Girls (VAWG)

Our Executive Senior Leadership have agreed to a Health Working Group following the published report by the VAWG Taskforce in November 2023 to action the recommendations for health.

A meeting is planned to take place in the first quarter of 2025 and will include several health disciplinaries and Primary Care.

The areas to be addressed include:

- domestic abuse training
- targeted and routine enquiries
- non-fatal strangulation
- IRIS training

Achievements 2024

During 2024 we:

- redesigned and updated safeguarding training packages for Levels 1, 2, and 3
- implemented reflective safeguarding supervision
- increased the number of colleagues accessing safeguarding supervision
- introduced weekly safeguarding huddles
- increased visibility and attendance in the daily multi-agency missing meeting of children who have or are currently missing
- delivered bespoke training for the Maternity service on their public health study day, which included making referrals, safeguarding supervision, and Female Genital Mutilation (FGM)
- supported the maternity team and collaborated on developing a job role for a Midwifery Safeguarding Advisor post, which is imminently going out to advert
- created a supervision spreadsheet, a live document shared with senior practitioners and the Health Safeguarding Team via SharePoint

- increased visibility in the hospital wards and areas
- designed safeguarding posters and leaflets and distributed them within HCJ
- had a successful Adult Safeguarding Week in November 2024
- celebrated achievements on the feedback board
- established a safeguarding strapline for HCJ: Safeguarding is Everyone's Responsibility, It's Not a Choice
- made safeguarding training accessible on Connect
- had good multi-agency presentations at the Weekly Children Safeguarding Meetings
- gained a trained Harmful Sexual Behaviours (HSB) trainer, they will deliver a minimum of 4 training sessions a year

Priorities for 2025

Our priorities for 2025 are to:

- publish HCJ Safeguarding Accountability and Assurance Framework
- produce Safeguarding Annual Report and Safeguarding Strategy
- provide strategic leadership, influence, and support for HCJ safeguarding arrangements and strengthen and improve the quality of safeguarding across the system within partnerships and local teams
- complete VAWG recommendations through the HCJ VAWG Working Group
- continue to promote the learning from the vulnerabilities faced by young people to exploitation and abuse so they transition safely to young adults or adult's services
- ensure the voices of children, young people and adults at risk remain central to safeguarding across the wider safeguarding system
- continue to progress improvements in the team's work streams focusing on HCJ priority plans
- strengthen governance and reporting mechanisms to the Safeguarding Partnership Board
- continue to develop and embed a model of restorative and reflective supervision for HCJ colleagues
- continue to build on the safeguarding intranet site to publish learning materials such as 7-minute briefings, information grab sheets and training opportunities
- complete training needs analysis to ensure all colleagues and job roles have been identified
- continue to work within a positive partnership with key stakeholders
- work in collaboration with Brook to increase joint working
- complete the first schedule of audits

PART 3:

REVIEW OF OUR QUALITY PERFORMANCE

Part 3: Review of our quality performance

Learning from Serious Incidents and Never Events

Health and Care Jersey promote 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 us identify new and under recognised safety risks, so that we can develop advice and guidance to reduce the risk of similar events reoccurring.

We use 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 us 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).

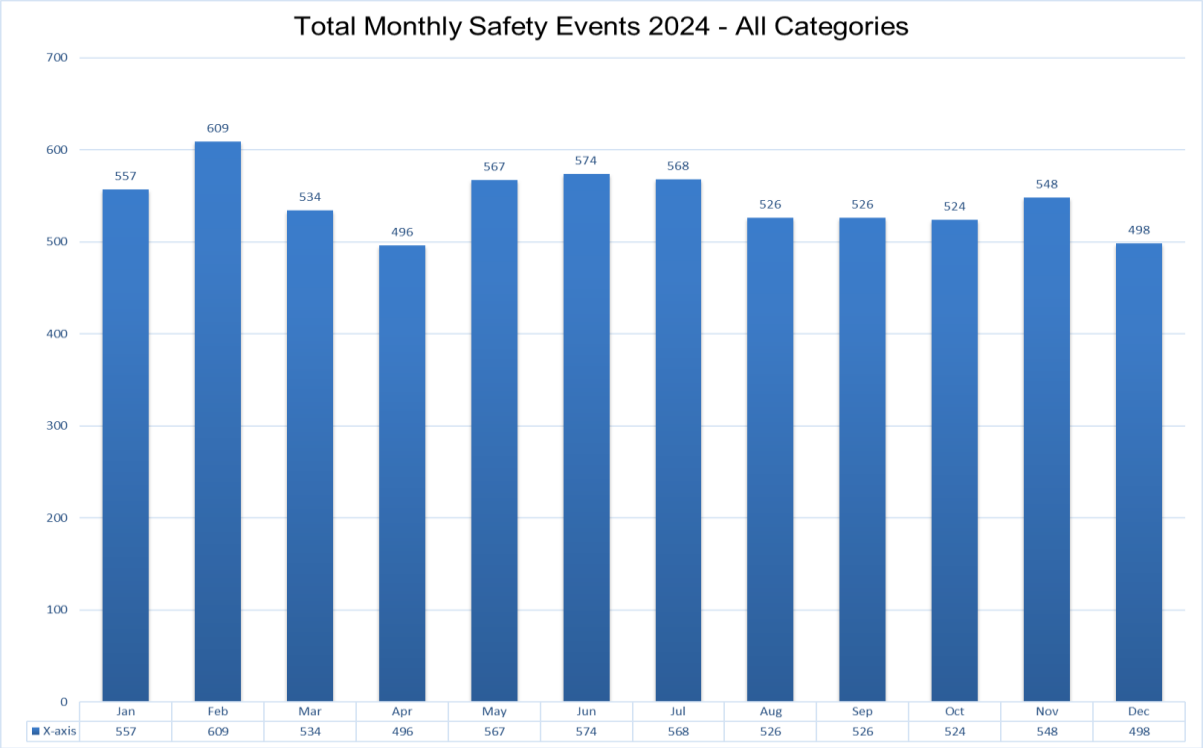
Serious Incidents in health and social care are rare, but it is acknowledged that systems and processes have weakness and human error can occur. It is essential that as an Organisation we can recognise harm and the potential for harm and undertake swift, thoughtful, practical actions in response ensuring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

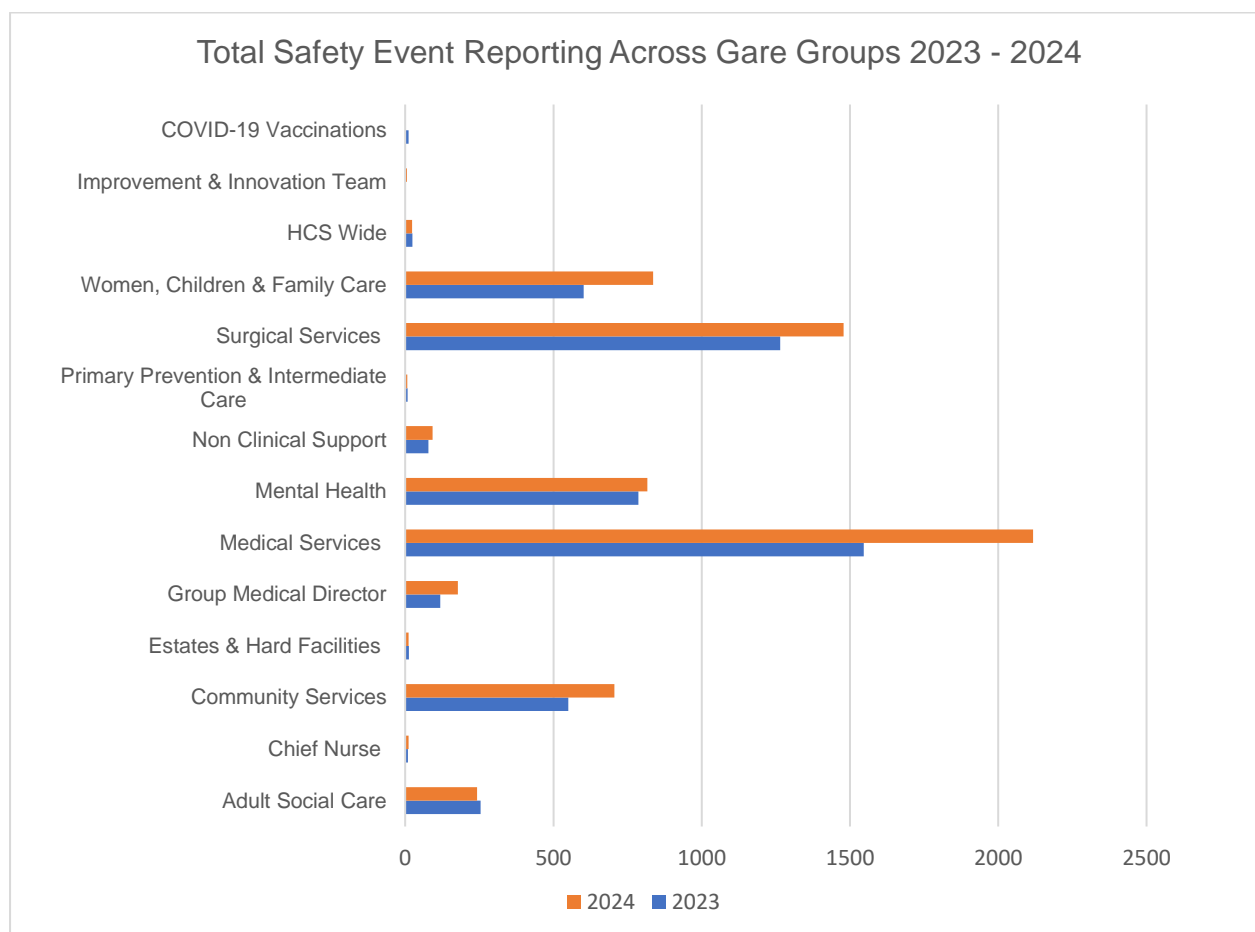
Patient Safety Events	Serious Incidents
A patient safety event can be described as any unexpected or untoward event that has a short or long-term detrimental effect on any person (HCS, 2019).	Serious Incidents are adverse events where the potential for learning is so great or the consequences to patients,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

Patient safety events reported in 2024

There was a total of 6,527 safety events reported in 2024, excluding the rejected safety events and those reported by the Ambulance Service and CAMHS. This is an increase of 1,052 reported safety events from 2023 (23.82%) which demonstrates an improving safety event reporting culture. The data below shows the number of reported safety events per month.

Incidents Reported in 2024





Reporting of Safety Events

HCJ strives to provide high quality, safe and effective patient care. We recognise that patient safety events occur and Datix is the reporting system for colleagues to report and investigate safety events to ensure that learning occurs following the event.

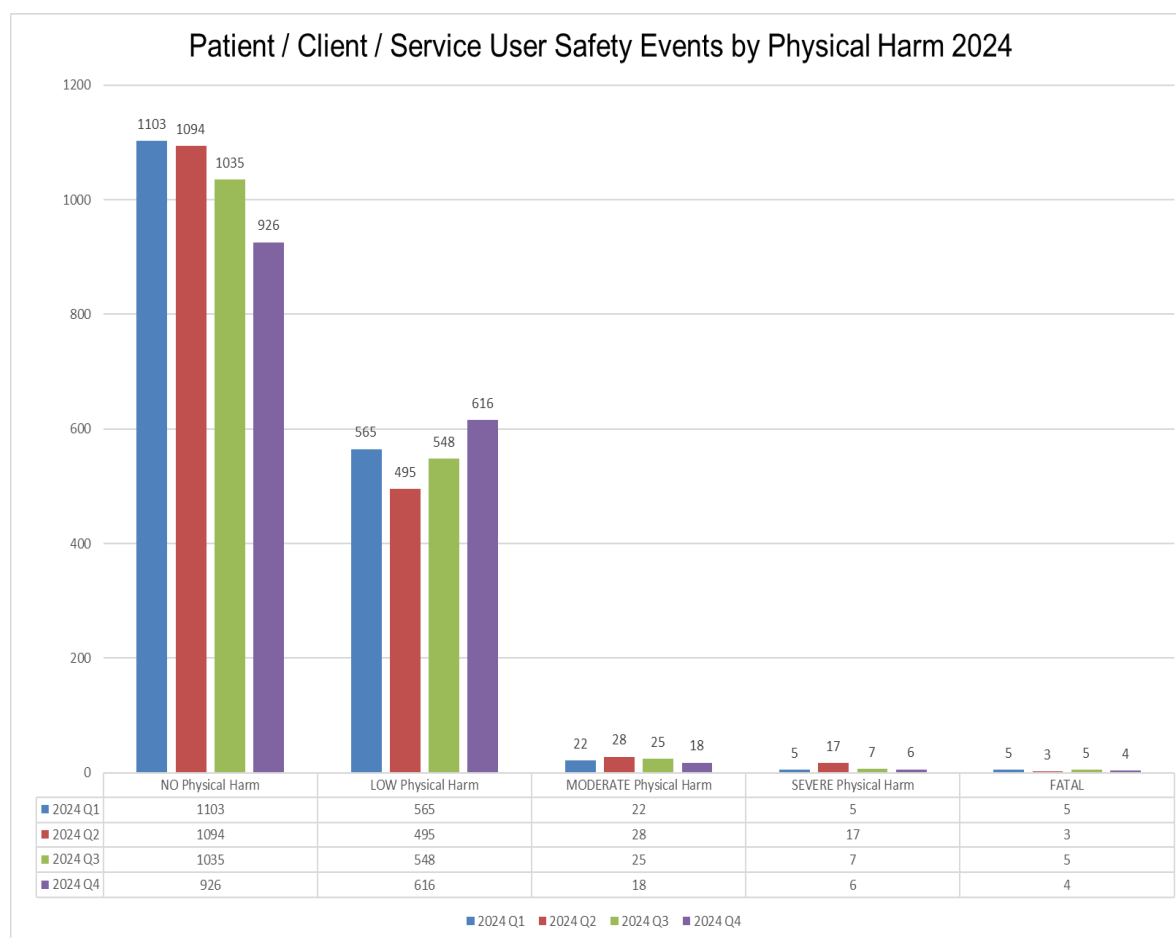
Over the past 4 years, we have seen an increase in the reporting of safety events, with 4,057 safety events reported in 2021, increasing to 4,542 in 2022 and increasing further to 5,268 in 2023 and has again increased to 6,527 in 2024.

The increase in reporting demonstrates an improvement in the safety culture as a good safety culture relies on colleagues 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



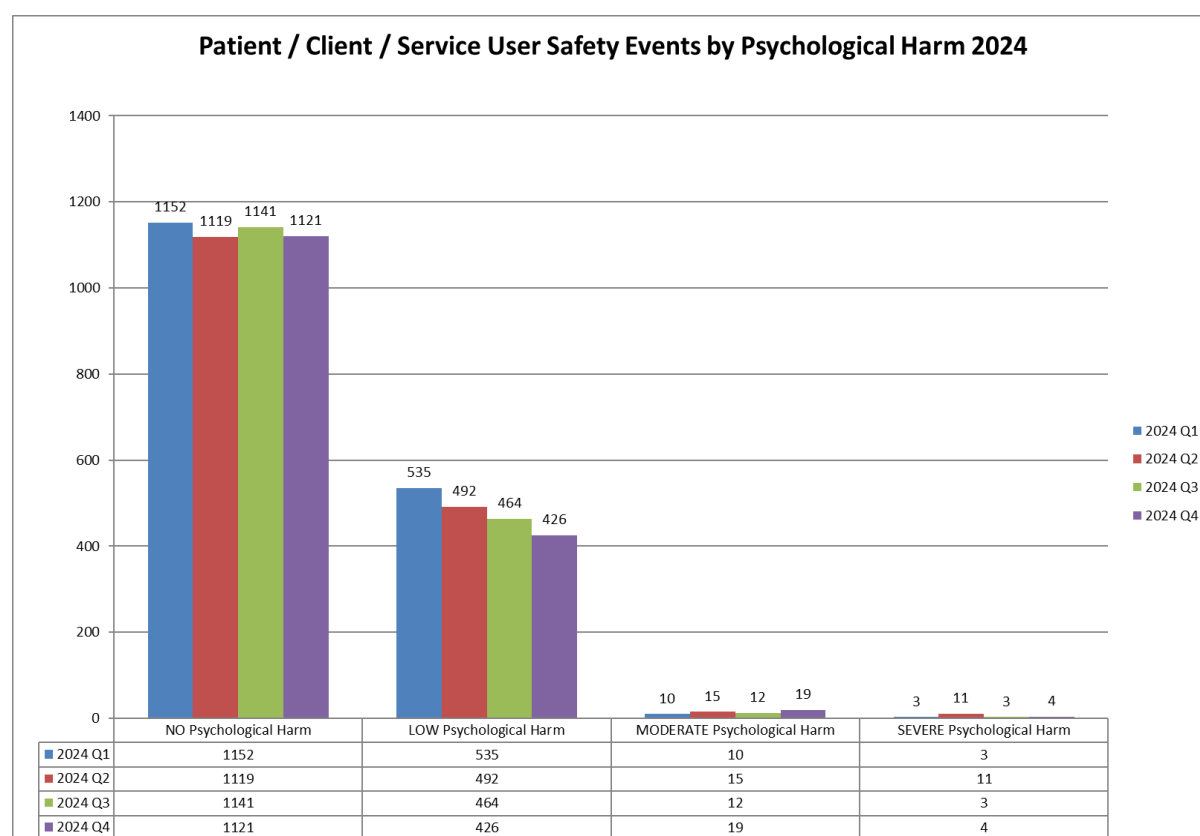
There are 17 reports where they are coded as fatal, the severity of these safety events may change once the investigation has been finalised. Although there are 17 cases reported as fatal, the causes of their death are multifactorial and whilst a patient safety event was reported, it may have contributed to their death, but the patient safety event was not necessarily the cause of death.

Of the 17 fatal patient safety reports, 10 of these patient safety reports were declared as Serious Incident investigations during 2024. One of the 17 fatal events had occurred in 2023, but was not logged onto Datix until 2024, this was investigated as a SI in 2023. Two of the remaining 6 cases were patient safety events for sudden and unexpected deaths in the community and declared as SI's. One case was reviewed using the Mortality Learning Review and good care was identified.

Learning from the remaining 3 cases that were not declared as SI's included training to nursing staff regarding the administration of oxygen and documentation training and education for all clinical staff. Both of which have happened and are included in longer term education training.

Of the 35 severe patient safety reports, 12 have been declared as individual SI's, in addition 13 are being thematically reviewed as an SI. In total 13 SI's have been declared from 25 Datix. The remaining were not classified as SI's.

Psychological harm



Top 5 safety event themes reported in 2024

Safety Events by category		Number Reported 2023	Number Reported 2024
1	Accident that may or did result in personal injury	555	1098
2	Behaviour, harassment, violence, abuse, self-harm	730	746
3	Appointment, admission, discharge, referral, transfer	469	573
4	Pressure ulcer	428	493
5	Medication	440	562

Accidents that may or did result in personal injury

This category remains the largest category of safety events reported in 2024. The largest subcategory remains as slips, trip and falls with a total of 641 reported safety events.

The majority of accidents 665 (65%) resulted in low harm, 425 (38.7%) resulted in no harm, 7 (0.63%) in moderate harm and 1 in severe harm. HCJ has recently appointed a frailty and falls prevention nurse specialist who will be working on policies and procedures, and who will be leading on education which should improve the management of frail patients. HCJ is committed to provide CAIT training and this training will support colleagues in the management of patients with dementia by providing colleagues with tools to de-escalate behaviours of concern.

Falls Benchmarking 2024	
Inpatient Falls per 1,000 Bed Days	7.55%
England average Inpatient Falls per 1,000 Bed Days	6.62%

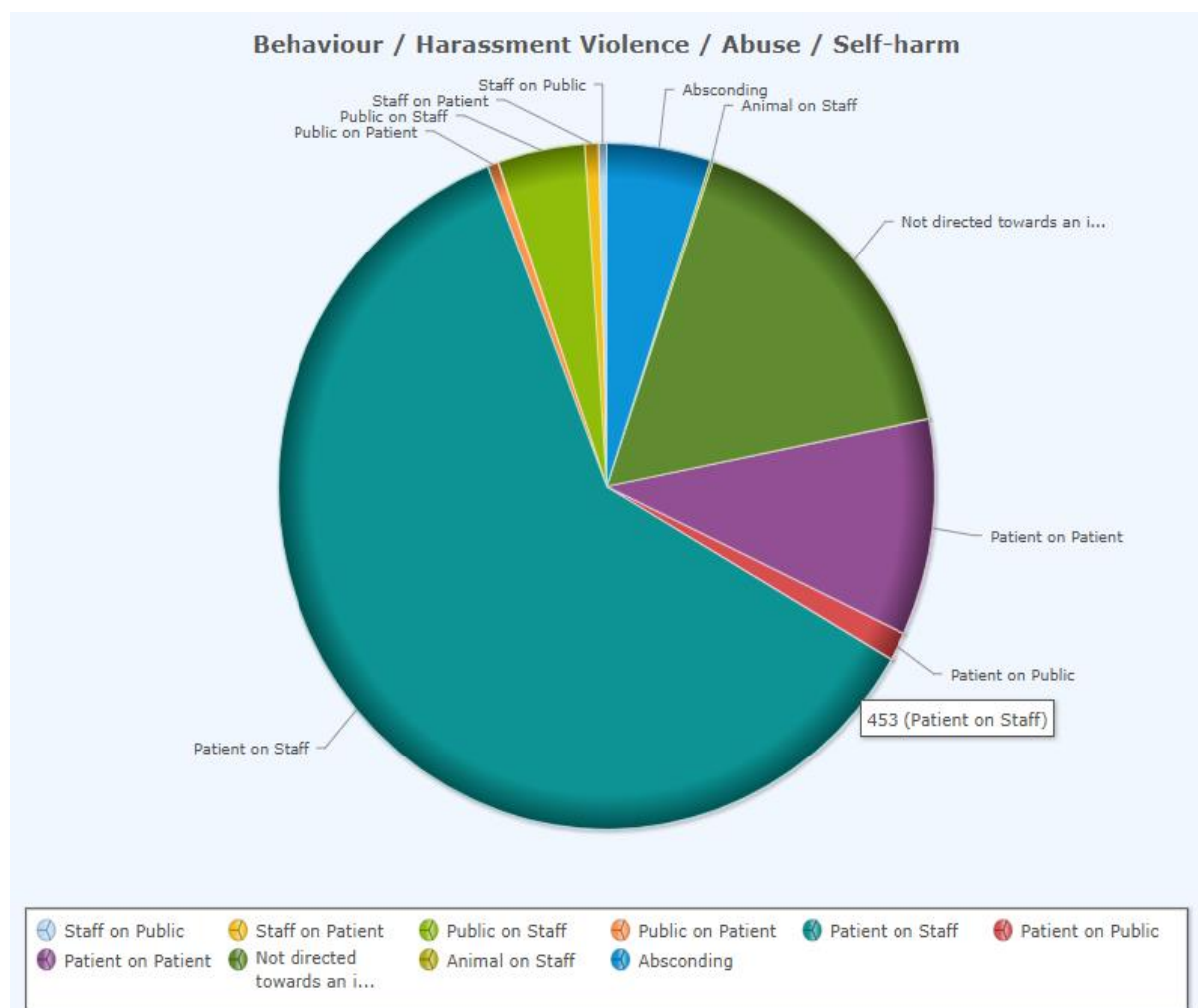
Behaviour, harassment, violence, abuse and self-harm is second highest subcategory with 746 reported safety events. 2 are reported as moderate harm with 744 reported as low or no harm.

Behaviour, harassment, violence, abuse and self-harm

There were 746 reported safety events of behaviour, harassment, violence and abuse. This is a rise of 16 events reporting of these safety events from 2023. The majority were classified as no or low harm with a few classified as moderate harm.

The highest subcategories reported relate to:

- abuse to colleagues by patients, clients or service users, 453 events
- abuse not directed towards an individual, 124 events
- abuse to patients by patients, 76 events



Access: appointment, admission, discharge, referral and transfer

In 2024 there were 573 reported safety events associated with appointments, admission, transfer and discharge. This is an increase of 22.17 % since 2023. There were 449 events reported as causing no harm, 114 were reported as causing low harm with 7 reported as causing moderate harm, 2 reported as severe harm and 1 report as fatal.

Pressure ulcers

In 2024, of the 493 pressure ulcers reported, 319 (64.7%) of these were present before admission to HCJ, 140 developed in care of HCJ (28.4%) and 34 (6.89%) deteriorated whilst in the care of HCJ.

Of the pressure ulcers that developed within HCJ, 7 were graded as moderate harm and 1 was graded as severe harm.

Please note some of the final quarter 2024 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 because of the investigation being fully approved.

Medication

During 2024, there were 562 reported safety events relating to medication this shows an increase of 27% compared to 2023.

Of the 562 reported safety events:

- 457 were reported as causing no harm
- 98 reported as causing low harm
- 5 reported as moderate harm
- 2 reported as causing severe harm

Not all these safety events have been finally investigated or finally approved. The severity may change as a result of the investigation.

There has been a change in the structure of the Pharmacy department with a stronger emphasis on governance and reporting. A new Associate Chief Pharmacist is now in post who has a responsibility for governance.

It is likely these changes have resulted in an increase in reporting which demonstrates a positive safety culture.

Serious Incidents (SIs) and Never Events

There were 63 SIs declared in 2024, 3 were later decommissioned.

1 Never Event was declared in 2024, 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.

There has been an increase in the number of declared SI's and the number of SI notifications that have been notified to panel. This correlates with the increase in reporting of safety events and HCJ has strong Care Group Governance in place.

Total number of Never Events and SIs declared	2022	2023	2024
SIs declared excluding Never Events	28	43	59
Never Events declared	2	0	1

Total number of SIs within HCJ including Never Events	30	43	60
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Categories of Serious Incidents (SIs)

Category of SI	2022	2023	2024
Care and treatment issues	12	27	33
Delayed or failed diagnosis	3	7	9
Recognition, Escalation and Rescue of deteriorating patient	4	5	2
Sudden and unexpected death	9	4	2
Medication errors			5
Massive Obstetric Haemorrhages			4
Consent issues			3
Never Events	2	0	1
Total SIs	30	43	60

Learning from Serious Incidents

A thematic review of Massive Obstetric Haemorrhages (MOHs) was conducted during 2023 when there were 50.

In 2024 there were 24 MOHs, with 4 declared as an SI. The number decreased following significant work on the recognition of Postpartum Haemorrhage (PPH) and the management of MOH within the Women and Children's Care Group, which included:

- audits of each MOH
- human factors training
- changes in documentation and environmental changes

In response to the incidents relating to consent in the Hospital, a thematic review of 3 cases was conducted. Many of the recommendations for consent have been themed and the Medical Director is overseeing this piece work.

One of the Quality Account and Annual Plan 2025 recommendations is to look at the surgical patient pathway. This is as a result of SIs and patient safety concerns relating to pre-operative management and optimisation of the patients as well as the

issues around consent and compliance with WHO checklists and safety huddles noted in panel.

Following patient safety events involving the administration of rapid tranquilisation medication in the acute hospital, training and education has been provided to clinical colleagues on the rapid tranquilisation policy and the importance of reporting these events on Datix. The lead nurses and other colleagues now receive a daily email alert informing them of who has received such medication within the previous 24 hours. The lead nurses follow-up to ensure these medications were correctly prescribed and administered and documented in Datix if necessary. These safety events are also discussed at Care Group Governance meetings.

All safety actions agreed at safety huddles are now logged on Datix and immediately given owners. Monthly reports are run to ensure the actions are completed and then discussed at Care Group Governance meetings.

Following concerns raised around Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), the Serious Incident Review Panel (SIRP) commissioned an HCJ-wide point prevalence audit on compliance with DNACPR documentation. This was fed back to SIRP and immediate actions taken. Immediate actions taken included the following:

- EPR team was contacted to supply a scanner on the same day as the audit to ensure copies of the DNACPR form could be immediately uploaded to the care records
- resuscitation service did on the spot training for uploading the documents on to MAXIMS
- some DNACPR forms that had been completed in the community by GP's were incomplete and this was immediately escalated to Primary care governance
- any deviation to policy was escalated to the Ward Manager, Nurse in Charge, and Doctors, including the Consultant

Learning from SIs and concerns raised at SIRP are shared in a weekly patient safety newsletter and at various shared learning events across HCJ.

Incident reporting increased each quarter, indicating a positive patient safety culture reporting culture.

A new process has been implemented to review all incidents of moderate harm and above within the Quality and Safety Team. This process ensures that the Duty of Candour (DoC) has been verbally completed by the relevant clinician. The team will assist the relevant Director with writing a DoC letter, which will then be signed off by the Chief Officer.

Concerns raised from Serious Incidents were then used to inform focused work on Care Rounds and Peer Reviews carried out by the Chief Nurse team.

Serious Incident recommendations

All open recommendations have been reviewed and the majority placed into themes so focused work can take place to ensure we are learning from safety events.

The proposed themes were presented to:

- SIRP on 13 September 2024 for agreement
- Quality, Safety and Improvement Committee on 31 October 2024 to support the proposal
- Executive Leadership Team on 18 November for agreement with the proposal

The Chief Officer asked the executives for an update of progress in February 2025, with closure of recommendations by May 2025.

Themes include:

- communication
- documentation
- workforce planning and performance
- recognition and escalation of the deteriorating patient
- audit
- learning and development
- policies and procedures
- IT, MAXIMS and CarePartner consent
- multi-disciplinary team working

Throughout 2024 a significant amount of work was completed in relation to nutrition and hydration which became a key focus of Care Rounds and Peer Reviews. A Nutrition and Hydration Steering Committee was set up for HCJ, policies were updated, complex patient MDTs were set up involving key stakeholders and monthly training on malnutrition, nutritional screening and nutritional interventions was rolled out.

The Quality and Safety Team has offered support to all working groups supporting the themes.

Some of the recommendations do not sit within these themes so continue to be monitored by the Quality and Safety team who meet monthly with the Care Group management team to take the learning from the recommendations.

Mortality

In 2024, the Mortality team focused on raising the profile of their relatively new service. Following the completion of Mortality Learning Review (MLR) case note training in October 2023, one of our aims for 2024 was to roll out the MLR

programme throughout the Organisation. The MLR guideline was ratified in October 2024 to support robust MLRs.

The need to undertake MLRs for patients with a Learning Disability (LD) who died while in hospital, and the completion of more in-depth reviews for people with an LD, looking back across their whole lifespan, was acknowledged.

The Team worked with Learning Disabilities Mortality Review (LeDeR) programme in the UK to explore options for submitting HCJ data into the nationally recognised service improvement programme. This was not possible in 2024 due to required amendments to the electronic reporting system. HCJ will develop a validated LD mortality review process that mirrors that of LeDeR programme. The Mortality and Learning Disability teams have been liaising with Guernsey to discuss the possibility of inter-Island LD reviews.

HCJ published its first Inquest Management policy and Inquest Information Leaflet. The Learning from Deaths (LfDs) Framework is currently in draft and will be presented to the Senior Leadership Team (SLT) for approval in the first quarter of 2025. The LfDs Framework will outline the processes for learning from deaths and the future ambitions for HCJ in this area.

An important development in 2024 was the re-introduction of Morbidity and Mortality (M&M) meetings within and across the Organisation. These meetings allow the MDT to reflect and critically analyse the systems and processes contributing to the outcome of care for patients. The Terms of Reference for these meetings is drafted and will be presented, along with the LfDs Framework, for approval at the SLT meeting in Quarter 1 of 2025.

The Mortality team spent a significant part of 2024 supporting the review process for deceased patients who were under the care of the HCJ Rheumatology service and have died since 2019.

This support included:

- contacting relatives of deceased patients to update them on the outcomes of care reviews
- co-ordinating face-to-face meetings with relatives, and acting as a single point of contact for them
- providing progress updates from the Viscount department to the Rheumatology Review team

This work will continue in 2025 as the review period extends to patients who died from 2013 through to the end of 2018.

Towards the end of 2024 the Maternity service reviewed the process of carrying out Perinatal Mortality Review Tool meetings (PMRT). These reviews aim to support objective, robust and standardised reviews of deaths of babies from 22 weeks gestation up to 28 days post birth in accordance with the UK national guidance. The process encourages family involvement throughout and allows for questions they may have to be discussed by professionals within the meetings. This strengthened

process ensures that we have a robust evidence-based process that help to provide answers to bereaved parents about why their baby died.

Number of deaths 2024

There were 312 deaths within HCJ inpatient settings during the reporting period from 1 January 2024 to 31 December 2024.

This number does not include deaths in Maternity; however, it does include patients that died in:

- the Hospital inpatient wards and units
- the Emergency Department
- the rehabilitation ward
- the adult inpatient mental health wards
- Sandybrook care home

This was 49 deaths less than the previous year when there was a total of 361 inpatient deaths. There were no deaths within Maternity in 2024.

Number of inpatient deaths in each quarter of the reporting period.

Quarter	2023	2024
1	93	93
2	92	67
3	90	72
4	86	80
Total number of deaths	361	312

Number of deaths subject to MLR

The total number of MLRs reported as requiring review during the reporting period was 36. 14 of these were completed for deaths that occurred in 2023 to provide qualitative data to the Resuscitation team, who conducted a retrospective cardiac arrest and reportable death audit.

The remaining 22 were reviewed to provide Care Group leadership teams with details of the deceased patients' care while in hospital.

The reasons for requiring more detailed reviews included:

- care concerns raised by colleagues or next of kin
- the patient dying during or shortly after surgery

- the patient having a Learning Disability (LD)
- the patient being on a mental health (MH) ward at the time of death or detained under a MH Article at the time of death

A small number of cases were randomly selected.

12 MLRs completed in 2024 were for deaths occurring in 2024. This was 4% of inpatient death during the reporting period. We aim to achieve a much higher percentage in 2025.

The average length of time to complete the MLRs for patients who died in 2024 alone was 64.9 days. This is still slightly outside the recommended timeframe of 1 month, and we aim to reduce this time going forward.

Quarter	MLRs reported	MLRs completed
1	17	12
2	4	8
3	5	4
4	10	10
Total number of deaths subject to MLR	36	34

Number of deaths subject to MLR

MLRs triggered and completed each quarter 2024

Number of MLRs triggering a stage 2 review or higher

When an overall care score of 1 or 2 is identified called urgent action required or action required, a stage 2 review is triggered.

A stage 2 review is undertaken by a different member of clinical staff however uses the same methodology. The second reviewer effectively validates the first reviewers overall care score.

Where a stage 2 review is triggered, there is a discussion between the Mortality team and the Patient Safety team to consider if immediate action is required whilst the second review is being completed.

The number of MLRs completed in 2024 that generated an overall care score of 1 or 2 was 17% of the total MLRs completed.

Quarter (2024)	No. deaths requiring a stage 2 review	No. deaths requiring a stage 2 review and subsequently escalated to a safety huddle, round table review, a level 2 or 3 PSII, or a family meeting
1	4	3
2	1	1
3	0	0
4	1	1

MLRs completed that generated an overall care score of 1 or 2

Completed MLRs escalated to more detailed reviews or investigations in 2024

As the MLR programme matures, prioritising thematic analysis and implementing learnings across HCJ will be a priority in 2025.

It is important to recognise that over half, or 18, of the total MLRs completed in 2024 identified good or excellent care which is a real achievement and a credit to hospital colleagues and teams.

The way in which we feedback to individual colleagues, wards and departments to promote replication and to celebrate success will also be a priority in 2025.

Qualitative narrative of excellent care identified within the MLRs included:

- prompt investigations and plans on admission
- team effort, both teams came together to deliver the treatment plan
- good evidence of MDT working with medics, nursing and enteral feeding nurse and dieticians
- multiple examples of the patient being put first throughout their hospital admission, Medical and nursing colleagues ensured that the patient's confidentiality, wishes and autonomy were respected and upheld wherever possible
- transfer to the Intensive Care Unit appropriate and in line with patient wishes
- multi-disciplinary approach in care: cardiology, heart failure specialist nurse and microbiology
- support provided by mental health to care for patient during acute episode of care in the General Hospital

The 5 main themes identified as requiring improvement across HCJ were:

- timely discussions with patients and family about Do Not Attempt Resuscitation orders and Treatment Escalation Plans
- improved communication with patients and families about clinical care and care planning
- early recognition and discussion with patient and families about Palliative and end-of-life care
- the need for all documentation to form part of the Electronic Patient Record

- thorough documentation from all clinical colleagues including completion of nursing risk assessments

These will be the focus of quality improvement initiatives in 2025.

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.

In 2024 COVID infection rates decreased and behave as an additional burden to the classic respiratory viruses. Our bacterial HCAI rates show a slight increase in *Clostridium difficile* rates but no change in alert organism bacteraemia rates.

In general, our alert organism bacteraemia rates are about half those of seen in trusts with a similar demographic, but our *Clostridium difficile* rates are approximately the same.

The rates of *Clostridium difficile* in England have increased in the last few years. 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. Colleague COVID and flu vaccination continues to be offered. We have moved away from a pandemic stance and 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 15 for the Hospital and 19 for the community, the same or lower than the previous year's numbers, in the previous period we noted 15 hospital and 19 community. Additionally, there should be no hospital patient-to-patient spread.

For the period 2024:

- 18 cases were designated as Hospital Onset, Healthcare Associated (HOHA) or Community Onset or Healthcare Associated (COHA) cases
- 8 were designated as Community Onset or Community Associated (COCA)

Definitions

Term	Definition
Hospital-onset healthcare associated (HOHA)	specimen date is either greater than or equal to 3 days after the current admission date, where day of admission is day 1.
Community-onset healthcare associated (COHA)	is not categorised HOHA and the patient has not been discharged from the same reporting organisation in the 84 days prior to the specimen date, where day 1 is the specimen date.
Community-onset, community associated (COCA)	is not categorised HOHA and the patient has not been discharged from the same reporting organisation in the 84 days prior to the specimen date, where day 1 is the specimen date.

There were no Community Acquired or Indeterminate Associated cases.

A Root Cause Analysis investigation of all 18 HOHA and COHA cases was undertaken in conjunction with the relevant clinical colleagues. Geotemporal and ribotyping monitoring suggested that there was 1 episode of patient-to-patient spread in the hospital during this period. The other inpatient-associated infections appeared to have arisen in patients who were already colonised by *Clostridium difficile* or as a result of cross-infection from an unknown source, with no evident diarrhea requiring testing for *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 colleagues 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, such as when 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 EOLAS. 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 are defined as first detection in blood cultures taken 48 hours after admission.

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

Methicillin-Resistant Staphylococcus Aureus or MSSA 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 higher risk groups. Jersey had a zero MRSA bacteraemia rate for hospital onset bacteraemia, but 1 community onset bacteraemia was identified within the community in 2024.

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 2024 is 3.

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 2 cases of inpatient associated klebsiella pneumoniae bacteraemia in 2024 related to invasive lines.

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* 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. *Pseudomonas aeruginosa* is resistant to many commonly used antibiotics. We had zero cases of hospital onset *Pseudomonas aeruginosa* bacteraemia in 2024. There was no evidence of acquisition of colonisation in hospital.

E-coli Bacteraemia

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 9 *E-coli* hospital acquired bacteraemias in 2024, 5 in 2023, mostly derived from underlying urinary and abdominal infection.



Pharmacy and Medicines Optimisation

Pharmacy and Medicines Optimisation and HCJ Hospital Pharmacy Services

HCJ's 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:

HCJ Pharmacy services typical of hospital pharmacy services in an NHS England hospital trust include:

- dispensary services
- medicine safety, governance and optimisation
- clinical support services
- technical and aseptic pharmacy services and specialist cancer treatment
- digital/EPMA services – management and implementation of digital pharmacy systems.
- mental health pharmacy services, including both elderly care and youth services

HCJ Pharmacy services atypical of hospital pharmacy services in an NHS England hospital trust include:

- advising Ministers and the GoJ on matters relating to pharmacy, medicines and controlled drugs
- regulation (and licencing) of the pharmacy profession – pharmacists and pharmacies
- high volumes of dispensary services for outpatients
- island-wide procurement of vaccines
- regulation (and licencing) of controlled drugs, including manufacture and wholesale of medicines
- liaison with off-island medicines regulators (and Home Office regarding controlled drugs).

Hospital Pharmacy Services

The Hospital Pharmacy plays a vital role in ensuring Islanders receive timely access to prescribed medicines that are safe, effective, and tailored to their individual needs. The service is committed to promoting the safe and efficient prescribing of medications, optimising treatment outcomes, and delivering exceptional care to patients.

Despite facing significant challenges, including the impact of Storm Ciarán, ongoing recruitment difficulties, and weather-related delays in medicine deliveries, the Pharmacy team has demonstrated resilience and adaptability, maintaining uninterrupted service delivery throughout. This dedication underscores our

commitment to quality and reliability in supporting the health and well-being of Islanders.

The operational activities of the Hospital Pharmacy are managed under the direction of the Director of Pharmacy Services, reporting to the Deputy Medical Director role.

The key functions are:

- the Dispensary service
- Pharmacy procurement and distribution
- Clinical Pharmacy Services
- Pharmacy Aseptic services

The Dispensary service

The Dispensary service prepares medications for inpatients, outpatients, and patients being discharged from hospital. We dispense an average of 15,000 items each month.

Pharmacists clinically verify all prescriptions, regularly collaborating with doctors and nurses to ensure medicines are used safely and effectively and tailored to the needs of each patient.

Prescriptions are reviewed for their therapeutic suitability, including:

- dosage
- frequency
- duration
- legal compliance

They are often adjusted to optimise therapeutic outcomes and provide maximum benefit to patients.

Pharmacy procurement and distribution

The Pharmacy Procurement and Distribution team manage the procurement, ordering, receipt, storage, and distribution of over 4,000 different medicine lines, ensuring medicines are available for patients when needed.

Medicines are sourced from the UK supply chain, with access to NHS national and regional negotiated contracts. This enables the Team to procure medicines at the best possible prices, delivering value for money to the taxpayer.

We manage medication shortages, alongside clinical pharmacists, ensuring appropriate alternative therapies are sourced accurately and in a timely manner.

The Team also oversee the accurate assembly and delivery of medicines to wards and departments across HCJ, including external sites linked to the acute hospital.

Dispensing and stock management are supported by an automated, robotic dispensing system.

In addition to medicines used by inpatients and outpatients at the Hospital, the team is responsible for procuring and distributing vaccines to support Island-wide vaccination programmes, including:

- childhood
- Influenza
- COVID vaccines

Clinical Pharmacy Services

The Clinical Pharmacy service is a dedicated team of pharmacists and pharmacy technicians who provide comprehensive support for inpatient and outpatient care.

Responsibilities include:

- conducting medication reviews
- managing therapies
- delivering services to Mental Health programmes and other external operations beyond the General Hospital site

Given the critical importance of medication effectiveness, safety, and cost-effective prescribing, maintaining a robust clinical pharmacy presence on hospital wards is essential. We ensure that medicines are used safely and appropriately, enabling patients to receive the highest standard of care.

Despite current staffing limitations and the outpatient workload presenting challenges, ongoing recruitment and training efforts through 2025 will strengthen our capacity. As staffing levels improve, the Clinical Pharmacy team will expand its presence across additional hospital areas, further enhancing patient care.

Our colleagues play a key role in supporting prescribers by:

- advising on appropriate prescribing decisions,
- recommending alternative therapies to meet patients' needs,
- screening prescriptions
- accurately documenting medication changes and clinical justifications

Specialist clinical pharmacists focus on providing maximum value for Jersey's healthcare system by:

- improving medicines safety
- reducing the risk of antibiotic resistance
- optimising the effective and efficient use of medicines

The introduction of a pharmacist specialising in the safe and effective use of biologics has already demonstrated significant benefits for patient outcomes. As the service shifts its focus from outpatient dispensing to inpatient and discharge support, it will implement incremental changes to improve clinical outcomes. These initiatives include advancing medication optimisation, supporting patient adherence, and improving communication with GPs regarding medication adjustments.

Pharmacy Aseptic services for Oncology treatment and intravenous nutrition

To minimise the risks to colleagues and patients from preparation at ward level, our Pharmacy Aseptic service prepares systemic anti-cancer treatments (SACT) to be administered in the oncology and haematology unit. This is a highly regulated and technical operation to make sure that medicines produced remain sterile, so patients are not put at risk of infection from them.

The unit also makes some Total Parenteral Nutrition (TPN) products. These provide the requirements of people who are temporarily unable to take food by mouth.

The Number of patients being treated for cancer by the Hospital is increasing. During 2025 we will redirect some resources to strengthen our provision of these essential medicines and improve the resilience of the service.

The Service is preparing for an external inspection scheduled for the summer of 2025. This will assure the quality and safety of the Service. The objective is to maintain its status in the Low-Risk category.

Pharmacy Regulation

The Government of Jersey Pharmacy Regulation team is dedicated to protecting public health by ensuring access to safe, high-quality and professional pharmacy services.

The Team oversees a comprehensive range of regulatory activities to promote the safe use of medicines, uphold high standards among pharmacy professionals and ensure pharmacy businesses comply with Jersey law.

Regulation of the Pharmacy Profession

The Team oversees the registration of pharmacists and pharmacy technicians in Jersey, ensuring they meet the highest standards in line with General Pharmaceutical Council (GPhC) values. They inspect pharmacy premises to ensure they meet the required standards for facilities and practices, offering professional advice to address any areas for improvement.

Regulation of controlled drugs

A key part of our role is regulating controlled drugs and other medicines in Jersey.

- import and export
- possession
- supply
- administration

We issue import and export licenses and work with customs and enforcement agencies to ensure that all activities comply with legal and ethical requirements.

Regulation of Pharmaceutical Industry.

The pharmaceutical industry is governed by a comprehensive regulatory framework that ensures the safety, efficacy, and quality of medicines in Jersey. The Team conducts inspections to confirm compliance across the pharmaceutical supply chain.

Good Manufacturing Practice (GMP) oversees every aspect of the manufacturing process including the

- design of facilities
- maintenance of equipment
- training

Good Distribution Practice (GDP) regulations ensure the quality of medicines throughout the supply chain, from the manufacturer to the end-user and enforces strict controls on storage, transportation, and record-keeping.

Collaborating with regulatory and enforcement agencies

We actively collaborates with both national and international regulatory and enforcement bodies to ensure the safe and effective delivery of pharmacy services in Jersey.

Locally, the Team works alongside the States of Jersey Customs and Police to address local regulatory and enforcement needs.

International partners include the General Pharmaceutical Council (GPhC), Medicines and Healthcare Products Regulatory Agency (MHRA) and the UK Home Office.

Medicines safety governance and optimisation

Medicines are the most widely used intervention in healthcare, but they are also a significant cause of patient harm. Safe use of medicines is a priority in HCJ.

In 2024 a Medicines Optimisation Committee (MOC) has been established to support the safe and effective use of medicines. The Medicines Optimisation Committee reports into the Quality Improvement and Safety Committee to provide assurance and oversight of the safe use of medicines in HCJ. The Medicines Optimisation Committee meets quarterly and is responsible for:

- developing and implementing medication-related policies
- regularly reviewing medication error incident reports
- promoting medicines safety
- specifying governance for unlicensed medicines
- ensuring access to medicines including innovative therapies
- monitoring and auditing medicines use

The MOC, on behalf of HCJ, also has oversight of:

- all cross-care group medicines related policies and procedures
- compliance to medication safety alerts
- non-medical prescribing
- medical gases
- Mental Health Service medicines
- Patient Group Directions

Policies to support the introduction of new and innovative medicines have been developed along with policies to adopt the use of biosimilar biologic medicines to ensure the most cost-efficient use of medicines.

In addition to the Medicines Optimisation Committee processes for the review of Individual Patient Funding requests and the funding and safe use of non-formulary medicines have been established.

The Pharmacy service has procured Blueteq, an online platform to support medicines governance and to ensure the cost-effective use of higher cost medicines. This will be rolled out throughout 2025 to support good medicines governance.

NICE standards for Medicines Optimisation state: “Medicines-related patient safety incidents are more likely when medicines reconciliation happens more than 24 hours after a person is admitted to an acute setting. Undertaking medicines reconciliation within 24 hours of admission to an acute setting enables early action to be taken when discrepancies between lists of medicines are identified.” Due to vacancies in the Pharmacy operational team, this has not been achieved this year, but recruitment is underway to help improve medicines reconciliation rates in 2025.

The DATIX system provides HCJ with a robust framework to ensure there is a consistent approach across the whole Organisation for all safety alerts received. Medicines and Healthcare products Regulatory Agency (MHRA) Field Safety Notices, recalls and other medicines alerts are processed by the Pharmacy department.

All Medicines Incident Reports are reviewed by the Medicines Safety and Governance Pharmacist. The number of incidents related to medications continues to increase which shows a good level of engagement and awareness of the need to report incidents related to medicines. The number of incidents that are associated with moderate or severe harm are very low, but each incident is reviewed to assess whether lessons can be learned to prevent a future incident.

Audits and reviews of prescribing of the medicines that are used for rapid tranquilisation has contributed to the HCJ service aim to reduce inappropriate use of sedation to manage distress and challenging behaviours.

Good antimicrobial stewardship helps to preserve the effectiveness of antibiotics used within the Hospital service. Antibiotic guidelines for hospital and community are updated regularly and are accessible via the EOLAS online platform. Inpatient

antimicrobial prescriptions are reviewed in collaboration with clinicians, microbiologists and the antimicrobial pharmacist when resources are available.

Palliative Care and ensuring access to medicines to support palliative care patients is supported by collaboration between the pharmacy team and the Jersey Hospice and further development of this service will be progressed in 2025.

Digital ePMA services

Management and implementation of the digital pharmacy service

Electronic prescribing and medicines administration ePMA systems improve patient safety and enhance patient care through reducing medication errors and reducing the overall time taken to prescribe, check, and administer medicines.

We rolled out ePMA to most inpatient ward areas in the General Hospital in 2024 and the final inpatient wards will transfer to the electronic prescribing systems in 2025.

We provided Outpatient services with access to the ePMA system and 85% of outpatient prescriptions are now written electronically. A strategy to deploy ePMA systems in Cancer services will be progressed in 2025.

Optimisation of our ePMA system in 2024 delivered standardisation in surgical pre-admission and standardisation of prescribing of infusions to reduce the risk of medication errors and to enhance patient care.

Data collected from ePMA informed the development of a system to improve safety and care for patients. We deployed a dashboard to monitor good prescribing in thromboprophylaxis in inpatient wards to help reduce the risk of a VTE. We also evaluated how ePMA can support Nutrition services and we will explore the options further in 2025.

Deployment of electronic medicines storage cabinets called Pyxis cabinets, to improve the safe handling of medicines, continued to progress in 2024. We deployed Software upgrades to Pharmacy's dispensing and stock management robots to improve resilience and functionality, and the pharmacy and ePMA system upgrade will go live in 2025.

The Consultant Digital pharmacist role developed further in 2024, leading to collaboration with the Digital Services to progress connections to the NHS England Health and Social Care Network. Establishing this connection will support further medicines optimisation initiatives.

We rolled out new infusion pumps across the Hospital in 2024, and the Pharmacy team supported the development of the drug library in ICU to ensure safe use of medicines. Assessment of drug libraries for infusions in other clinical services will be reviewed and, when appropriate, implemented during the coming years.

| Patient experience

Patient Experience Team

The Patient Experience Team comprises of 2 services, the Patient Advice and Liaison Service (PALS), and the Health Feedback team.

PALS give confidential advice, support and information on health-related services or care and are a point of contact for patients, their families and their carers. This service manages feedback from patients, relatives, and carers who do not wish to make an official complaint but seek responses to their concerns, support and assistance with their care, or who wish to provide feedback about how we can learn and improve the services provided.

The Health Feedback team handle complaints, compliments and concerns.

Complaints, compliments and feedback

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

A total of 1,527 compliments were received in 2024. The top 5 services and departments were:

- the Labour Ward
- Jersey Talking Therapies (JTT)
- Sorel Ward
- Robin Ward
- Cardiology

The primary themes from the compliments received were:

- expressions of gratitude
- the quality of care provided
- the positive attitude and behaviour of colleagues

During 2025 we will focus on working alongside Care Groups to implement improvement actions highlighted by complaints and feedback.

Subjects of complaints and PALS feedback

During 2024 the Patient Experience Team received 216 complaints, as well as 1,194 PALS enquiries and comments about HCJ services.

Service or Care group	Total complaints received 2024	%
Medical Services	80	38%
Surgical Services	55	26%
Women and Children	28	13%
Mental Health Services	26	12%
Adult Social Care	10	5%
Group Medical Director	8	3.7%
Non-Clinical Support Services	6	3%
Therapies	1	0.4%
Primary Prevention and Intermediate Care	1	0.4%
Estates and Hard Facilities	1	0.4%

Complaints received 2024

58 individual departments received complaints attributed to their services. The 5 departments with the highest number of complaints were.

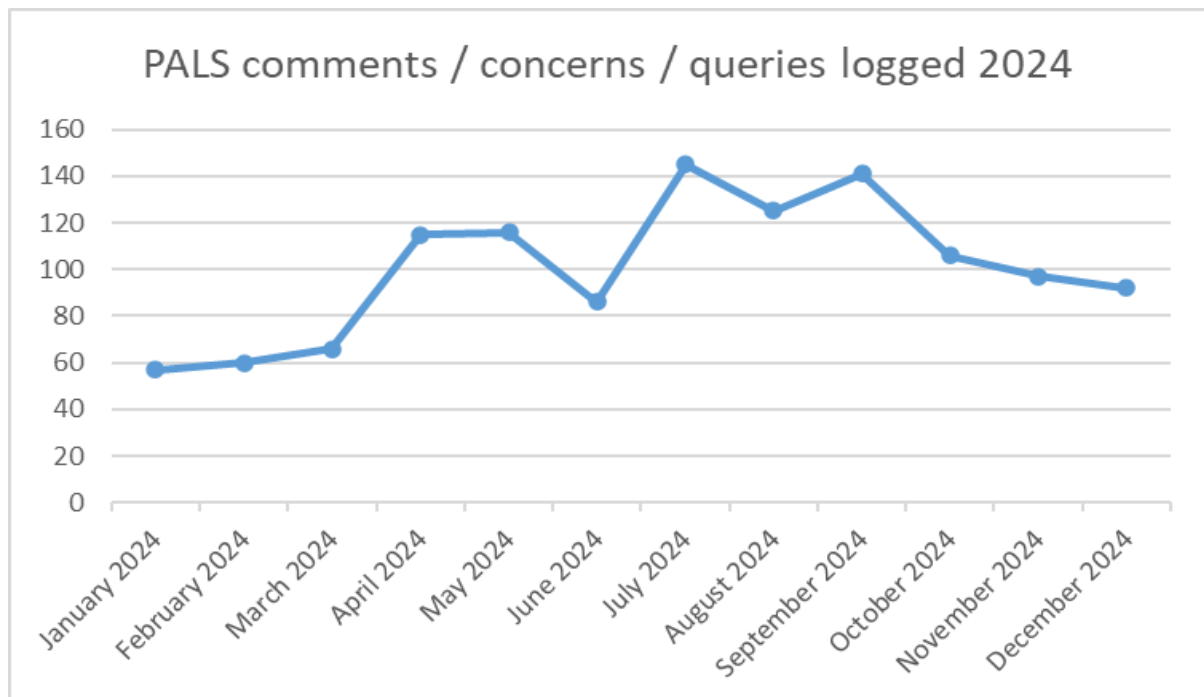
- ED: 31 cases
- Adult Community Mental Health: 18 cases
- Surgical wards: 17 cases
- Trauma and Orthopaedics: 12 cases
- Medical Inpatient wards: 11 cases

Whilst the Emergency Department (ED) had the greatest volume of reported complaints, it is important to note the volume of ED attendances is significantly higher than other services.

There were 14 themes of complaints, the 3 most common themes related to:

- colleagues' attitude
- waiting times
- communication

Throughout 2024, there was a significant increase in feedback through the PALS service. The primary theme of the PALS feedback during 2024 related to appointments and waiting times.



Colleague wellbeing

BeHeard survey 2024

The GoJ BeHeard Staff Engagement Survey was repeated in September 2024. The results of the survey provided a range of views on the work experiences of HCJ colleagues. As an Organisation, we will use the survey results to improve care for patients and work experiences for colleagues.

The overall HCJ employee engagement figure was 52% and our response rate was 29.8% as 833 out of 2795 colleagues participated in the survey.

Compared to 2023 data, the results indicate that growth has happened across 7 of the 8 engagement factors with leadership development and giving something back identified as areas for improvement.

The overall My Team engagement factor score decreased by -4% compared to 2023 results however the engagement score is the highest engagement factor score and above the target score indicating positive feedback.

Colleague engagement 2024

The HCJ Executive Leadership Team are committed to improving the experience of colleagues in their workplace. To improve the overall engagement of HCJ colleagues and to enable them to have a voice, a range of engagement programmes and activity have continued during 2024:

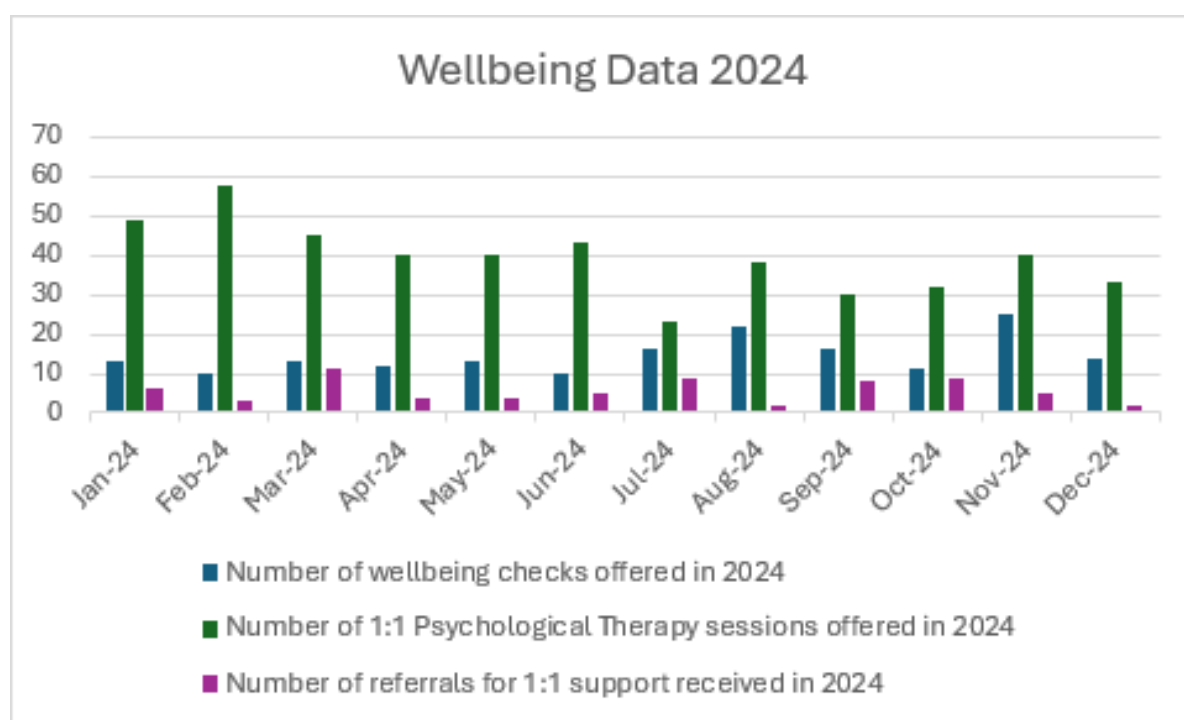
- the Director of Culture, Engagement, and Wellbeing continued to provide executive leadership and strategic direction for employee experiences across HCJ
- Schwartz Rounds were embedded into the regular routine of the Organisation
- a range of employee engagement programmes were offered to strengthen leadership visibility and connectedness including monthly Team Talks where we actively seek colleagues' stories and enable positive feedback to reach those it was intended for
- targeted service areas were identified as benefiting from Organisational development, and appropriate Organisational and cultural interventions were implemented
- the Freedom to Speak Up Guardian established referral and procedural pathways to providing an environment where colleagues feel safe to raise workplace concerns
- improved colleague recognition and reward programme, including the HCJ Our Stars 2024 awards ceremony

Wellbeing initiatives 2024

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

We offered

- 471 one-to-one psychology sessions
- 128 mindfulness sessions



In response to 17 incidents, which involved 66 colleagues, there was a Trauma Risk Management (TRiM) approach involving 9 assessments and 9 follow-up sessions. Those colleagues that declined an assessment identified that they did not require any support.

Freedom to Speak Up

Freedom to Speak Up was launched in the NHS in England following the [Francis Report 2013 and 2015](#) (Mid Staffordshire NHS Foundation Trust Public Inquiry 2013, 2015). It highlighted the need to create psychological safe spaces to enable colleagues to raise concerns to enhance patient safety, service delivery and support ongoing service learning and development.

It recognised the need to foster an open and receptive working environment and culture throughout the NHS to enable employees to feel confident to speak up when they fear something has or may go wrong. Speaking Up endeavours to create a safe and effective working environment for patients and employees.

The Freedom to Speak Up (FTSU) concept was launched HCJ in January 2023, following a review into Clinical Governance in the General Hospital by Professor Hugo Mascie-Taylor. This initiative aims to create an open, honest, inclusive, and supportive culture. The FTSU Guardian (FTSUG) offers colleagues an independent and impartial route to seek advice and where appropriate, raise concerns.

FTSU in Jersey sits outside of the remit of the National Guardian's Office (NGO), but local practice aligns to NGO Guidance regarding:

- performance
- case recording
- reporting of data

The NGO requires information be categorised under the following headings:

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

The Jersey FTSUG undertakes NGO training, attends conferences and workshops and is part of a regional network of FTSUGs in the south of England. The Guardian has also sought support and guidance from more experienced Guardians in England and has regular mentorship sessions to ensure local practice aligns with standards in England and to further develop and expand practice and improvement of the service.

Embedding FTSU into our culture

2024 was a busy year as colleagues became more aware of the role due to improved visibility of the Guardian.

The Guardian continued to raise awareness of FTSU by:

- attending team meetings
- INSET days for the various care groups
- offering training to individual teams and more broadly
- reaching wider audiences across the Organisation

FTSU also has a presence during the induction programme for new employees.

A confidential space

The FTSUG offers an impartial, independent space for colleagues to talk about anything that may be impacting them or getting in the way of them doing their job.

When a colleague makes contact with the Guardian, during the initial meeting, and prior to entering into any conversations, they are advised their contact with the Guardian will remain confidential unless there are any safeguarding concerns relating to any individual, or patient safety issues. Outside of these specifications the conversation remains confidential without the need for issues to be progressed further.

The colleague is made aware that simply having a conversation with the Guardian will not affect any change in and of itself, as it is not the Guardian's role to undertake investigations, but to be the voice of the colleagues should they wish to have their voice heard.

FTSU themes 2024

79 colleagues raised concerns with the Guardian in 2024. This is an increase on the previous year 2023 where 61 concerns were raised.

2023	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Worker safety & wellbeing	-	-	1	3	2	0	4	1	1	2	4	1	19
Other inappropriate attitudes or behaviours	-	-	0	0	2	3	1	0	5	2	0	4	17
Patient safety/quality	-	-	0	1	0	2	4	3	0	2	2	0	14
Bullying/harassment	-	-	0	0	2	0	0	1	4	0	1	1	9
Unsafe practice	-	-	0	1	1	0	0	0	0	0	0	0	2
Total	0	0	1	5	7	5	9	5	10	6	7	6	61

2024	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Worker safety & wellbeing	2	1	6	6	4	4	0	3	5	4	0	2	37
Bullying/harassment	1	0	0	1	2	2	0	1	0	1	5	0	13
Patient safety/quality	1	0	4	1	2	2	1	1	1	0	0	0	13
Other inappropriate attitudes or behaviours	0	0	0	0	7	0	0	0	1	0	0	1	9
Discrimination (race)	0	0	0	1	2	0	0	0	0	0	0	0	3
Other	0	0	0	0	0	1	1	0	0	0	1	0	3
Breach of confidentiality	0	0	0	1	0	0	0	0	0	0	0	0	1
Total	4	1	10	10	17	9	2	5	7	5	6	3	79

Comparison of contacts to the Guardian between 2023 and 2024

The most common themes were worker safety and wellbeing accounting for 37 of the concerns raised. Bullying and harassment and patient safety accounted for 13 respectively. The patient safety concerns were in relation to the impact on patient safety as a result of other negative behaviours on the worker, not directly impacting patient safety due to poor clinical practice. Other inappropriate behaviours and attitudes accounted for 9 of the concerns raised.

Of the 37 employees who raised concerns relating to worker safety and wellbeing:

- 12 used the service for advice and guidance
- 6 chose not to pursue
- 5 were partially resolved
- 2 resolved
- 1 soft intel
- 1 unable to make further contact
- 10 cases remain open

Of the bullying and harassment concerns:

- 5 sought advice and guidance
- 3 were partially resolved
- 2 was resolved
- 3 continue to be addressed

Regarding the impact of behaviours on patient safety and service delivery:

- 5 concerns have been resolved
- 5 were partially resolved
- 1 sought advice and guidance
- 1 unable to make further contact
- 1 case remains open

Of the concerns raised:

- over 20% were raised by colleagues in the nursing profession
- just over 11% were from a various medical professionals ranging from junior doctors to more senior counterparts
- 7.6% of concerns were raised by administrative colleagues

	Advice / Support	Chose not to pursue	Partially Resolved	Resolved	Soft Intel	Unknown / No Contact	Total
Breach of confidentiality	0	0	0	1	0	0	1
Bullying / harassment	5	0	3	2	0	0	10
Discrimination - Race	0	0	0	0	2	1	3
Other inappropriate attitudes or behaviours	3	0	6	0	0	0	9
Patient safety / quality	1	0	5	5	0	1	12
Worker safety and wellbeing	12	6	5	2	1	1	27
Other	1	0	0	0	0	0	1
Total	22	6	19	10	3	3	63

FTSU outcomes 2024

A combined 31 of the 63 employees who contacted the Guardian and had an outcome did not pursue their concerns via the formal Guardian process route but used the FTSU service for advice, support and to share informal information. Some colleagues chose to address issues themselves while others did not wish to pursue, fearing reprisal for Speaking Up. 29 cases were either resolved or partially resolved. Partially resolved refers to cases where plans are in place or changes are being implemented but will take time to see the full effect. A further 3 colleagues did not respond to contact from the Guardian. All colleagues who accessed the FTSUG for support advised they felt better for doing so.

Making FTSU business as usual

Meetings with senior executives and the non-executive lead for FTSU have proven beneficial. They help identify emerging themes and ensure timely responses to concerns, preventing delays.

However, these meetings are yet to find a regular pattern and rhythm. The FTSUG has been very proactive in raising awareness of the benefits of Speaking Up and in empowering employees to do so but an equal amount of commitment is required from managers to Listen Up and Follow Up. The Guardian is willing to provide Listening Skills training to managers to support them with this part of their role.

A robust Speak Up culture needs us to listen, learn and improve, and the FTSUG has developed a service level agreement for reporting back on actions. Agreement to implement this was sought and obtained from the Executive Leadership Team at the end of 2023.

Level	Category	Examples	Return action plan within:	Return feedback and lessons learned within:
1	Immediate	Immediate safety or safeguarding issue Physical or verbal abuse Criminal offence	24 hours	30 days
2	Urgent	Quality of care or service Patient safety Colleague safety	2 days	40 days
3	Standard	Culture of bullying Fraud Adherence to policy and procedure All other concerns	10 days	50 days

If a colleague wishes for their concern to be looked into, it is classed as an open case. Open cases are regularly monitored, and contact is maintained between the Guardian and the colleagues who raised the concern to establish if any additional support is required.

The FTSUG frequently supports colleagues to access support from the Wellbeing Team when needed. Ongoing support to employees is offered via email, phone call or face-to-face meetings.

Proactive and continued awareness raising

The latter part of 2024 saw the launch of the Freedom to Speak Up Newsletter which provides information to colleagues on everything related to Speaking Up, what it is and what the Guardian can help with. The aspiration is for the newsletter to be the central hub for everything Speak Up related including:

- training
- updates on themes
- feedback
- resources
- wider information

During 2024 the Guardian recruited small network of Freedom to Speak Up Champions from various sites across the Organisation. The plan is to further develop and expand this network. The Champions are visible and accessible to all colleagues, raising awareness and proactively supporting them in voicing concerns early. This will help embed a culture where raising concerns becomes a routine part of our operations.

October was annual Speak Up month. The Guardian and Champions visited sites across the Organisation to promote awareness and meet with colleagues. The theme was Listen Up and the Guardian held a Lunch and Learn session called How to Listen well. The session was about developing good listening skills and creating space to hear what others have to say.

A FTSU Feedback form went live towards the end of the year for colleagues to anonymously share their experiences of Speaking Up and offer feedback to the Guardian. It also helps understand presenting issues and who is experiencing them. The form will be developed further in 2025 to capture why some colleagues chose not to pursue their concerns after discussing them with the Guardian and better understand barriers.

Looking forward to 2025

There is continued work to be done. If Speaking Up is to be part of the culture within Health and Care Jersey, colleagues must work in collaboration with one another to create, maintain and uphold the ethos of a what it is to be a respectful, customer focussed, values-led Organisation that delivers, is always improving and is one where we recognise, we are better together. Each employee holds a brush; as we step into 2025, we must ask, what landscape do we want to paint?

Equality and Diversity

As part of the improving Equality and Diversity, 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 colleagues from different parts the Organisation to discuss how it feels to work within the GoJ as an ethnic minority.

Anti-racism statement

Following the work done to understand experiences of racism and discrimination within the Organisation. A survey was conducted in February with responses from over 80 colleagues and feedback shared with the wider Organisation which identified key themes to focus on.

In May, we released an antiracism statement committing to support the Organisation by embedding antiracism into practice. This includes reviewing our Datix system to ensure it reflects psychological harm as a harm category.

Dedicated training has been commissioned, with a pilot session already trialled and evaluated. This training will be rolled across the Organisation in 2025 to support and empower line managers and colleagues in understanding their roles in delivering in

line with the Unacceptable Behaviour Policy and navigating discussions about racism and discrimination. This initiative aims to enhance cultural intelligence among HCJ colleagues for the benefit of all Islanders.

HCJ will continue to develop a programme of cross-agency work with States of Jersey Police about the immediate and follow-up response to unacceptable behaviours from service users.

Staff Neurodiversity Forum

A Staff Neurodiversity forum has been set up by HCJ 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
- Civil Servants
- Human Resources
- HCJ Wellbeing Team

Dr Jane Sedgewick held the first Jersey ADHD Conference on 10 October 2024 and the Chair of the HCJ Network was a guest speaker. The Corporate Learning and Development Team ran a pilot HCJ Equality, Diversity and Inclusion workshop in October, it's hoped that this will be rolled out in 2025.

| Workforce

Nursing Workforce

Ensuring we 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.

We undertook twice yearly reviews of inpatient ward staffing levels, which involved triangulating the numbers of colleagues in the wards against colleagues' wellbeing, harm and financial outcomes.

The service has been able to maintain ward managers in their supervisory capacity enabling the ward leaders to work alongside their colleagues and promote active role modelling.

We also:

- successfully introduced real-time staffing level reviews on a shift-by-shift basis to ensure ongoing appropriate care
- continued to use of the safer Nursing care Tool to ensure that ward staffing levels are flexed in line with changes of patient acuity
- delivered the bespoke Florence Nightingale Foundation ward leader's course
- created a Ward Manager Handbook to ensure a standardised approach to Ward leadership
- gained approval to introduce Registered Nurse associates into the Nursing Workforce Structure
- commenced specialist communication training to all grades of Nursing and AHP colleagues in order to improve care being provide to patients with cognitive impairment
- embedded the overarching HCJ Mandatory and Statutory Training Policy
- rolled out the Midwifery Strategy
- appointment of a Stroke And Frailty nurse specialist
- successfully recruited additional nursing colleagues to near full recruitment ensuring the provision of enhanced care

Plans for 2025 to 2026

- development of the Nursing and Allied Health Professional strategy.
- review of nursing roles in the registered and non-registered workforce to promote alternative career pathways in line with the Strategy
- continue with the specialist Communication and Interaction Training (CAIT)
- creation of a Grade 5 development programme
- deliver bespoke fundamental care training to HCA by the skills facilitators using the skills lab where required

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.

IG provides a framework in which HCJ can deal consistently with, and adhere to, the regulations, codes of practice and legislation on how information is handled such as:

- Data Protection (Jersey) Law 2018
- Public Records (Jersey) Law 2002
- UK General Data Protection Regulation
- Freedom of Information (Jersey) Law 2011

The IG team 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

Disclosures

The IG team manage the 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.

We 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.

Year	2022	2023	2024
Disclosure	111	369	888
Subject Access Request	405	596	819
Police	183	252	271
MHRT	32	31	39
Viscount*	-	58	52
Total	731	1304	2069

Disclosure of information 2024

*The processing of hospital and mental health 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

Privacy compliance 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 2024, the Team 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 HCJ is represented at Government of Jersey cross-departmental Data Protection forums. In doing so we support the delivery of appropriate sharing mechanisms that are controlled and governed in-line with the appropriate legislation and the Caldicott Principles.

The significant increase in the number of disclosures managed by the Team in 2024 meant that our aim to develop the maturity of our function and privacy compliance in HCJ by undertaking the Data Security and Protection Toolkit was not fulfilled.

Therefore, this action has been carried over to 2025, and when completed will enable HCJ to benchmark itself against other UK healthcare providers.

There will be a continued focus on the development of key Information Governance policies, specific to the needs of the health and social care service. This policy work includes the development of updated guidance on:

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

Projects for completion in 2025

As well as providing advice, guidance and support across the Organisation, the IG team 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
- The Sexual Health Clinic information system
- The Data Protection and Security Toolkit
- The Mental Health and Social Care information system

Cyber security

HCJ is engaged with the Digital Services Information Security team, to deliver robust security frameworks across the department to secure and protect data from ransomware, phishing and cyber-attack.

In 2024, having lost the resource made available to HCJ from the Cyber-Security programme in the form of a Departmental Information Security Officer to support the HCJ IG team, there was a reduced ability to progress in a number of areas that require improvement.

In 2025, HCJ IG aim to focus on:

- articulating information risks in a more structured and informative way, identifying mechanisms that could mitigate such risks
- investigating security incidents or issues, identifying the root cause and supporting the response, liaising with key stakeholders and providing the technical expertise to best support HCJ
- improving the timely response to incidents and coordination of incident response
- communicating learning and key messaging across HCJ via all available channels
- working with Digital Services' Information Security team to develop and deliver information security training to all HCJ 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 HCJ 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. HCJ IG is responsible for making sure that this information is accessible and delivered to an appropriate standard.

In 2024 we published a total of 197 procedural documents including:

- 116 policies, procedures, guidelines and associated documents
- 81 patient information leaflets, including translations

We de-ratified a further 42 documents.

This compares to a total of 149 ratified documents published during 2023 which included:

- 99 policies, procedures, guidelines and associated documents
- 50 patient information leaflets, including translations

We de-ratified a further 31.

We continued to support Government Web Services and individual content owners from services and departments across the Organisation maintaining 91 Gov.je pages and 69 MyStates pages.

In 2024, the project to migrate stored information from network drives to Microsoft SharePoint continued with guidance, training and support from the Information Management Officer. This migration enhances accessibility, makes use of the additional functionality and structure knowledge in line with best practice.

We continue to locate information held across the network drives, working within Care Groups and Directorates to migrate documents, identifying what is required, applying retention schedules, where necessary, and transferring electronic public records to Jersey Archive.

Information management

HCJ IG 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.

The Department are working to finalise and publish updated HCJ retention schedules alongside the development Information Governance policies due for consultation during the first half of 2025.

Work also continued on the rationalisation and digitalisation of paper records, enabling quicker and immediate access to medical records online, reducing the risks associated with paper records and the resource required to assure governance controls.

Freedom of Information

We experienced a record demand in requests through Freedom of Information (FOI) in 2024, receiving 249 requests, an increase of 52 requests from the 2023 total of 197, and higher than in any single year since the introduction of FOI legislation.

Split of HCJ FOI requests:

- 204 as sole Department to address the questions submitted
- 20 as lead Department co-ordinating a collaborative response
- 25 as an aggregated Department contributing to a collaborative response

Over 250 requests were completed in 2024, including those carried over from 2023. 22 FOIs submitted in 2024 were still in progress at year end. As of 31/01/2025, 10 remain Live.

Most requests contain multiple questions, often covering a number of service areas or subjects.

HCJ's FOI responses provided in 2024, include, but are not limited to:

- staffing and vacancies
- agency staff use and spend
- service costs
- Pharmacy
- Ophthalmology
- commissioned services
- mental health and mental health services
- waiting lists
- Rheumatology service
- Radiology services
- colleagues' health, wellbeing and safety
- medicinal cannabis
- sexual health

FOI responses can be found at on the Gov.je website at [Freedom of Information \(FOI\)](#)

HCJ spending, staffing, and use of agency workers continue to be points of interest, as do Mental Health services. Whilst the inclusion of Workforce and Finance reports in Board papers has gone some way to satisfy the public interest in these matters,

the types of queries received and the breadth or specificity of detail requested has shifted, requiring alternate or additional data to be interrogated and reported. Further development and refinement of routinely published reports could be used to proactively address such demand.

Invited reviews of the Rheumatology and Radiology services brought requests for reports and related information, and a significant number of requests were received regarding Ophthalmology, Pharmacy and Maternity services, along with provision of early pregnancy care. Other notable areas of interest include sexual health and incidents of abuse or aggression towards colleagues.

The transition to Health and Care Jersey in January 2025 saw responsibility for FOI requests on Public Health and Health Policy matters move into the Department, with topics of public interest, such as assisted dying and PFAS, expected to feature amongst 2025 FOI requests.

Key deliverables for 2025 include finalising the new Freedom of Information Policy for the Department, alongside the Transparency Agenda and Publication Scheme.

Digital Health

The Digital Health team had a very productive year strengthening our digital infrastructure and delivering solutions that support our key priorities of:

- improving patient outcomes
- better access to care
- prioritising patient safety
- enhancing the workforce experience

From streamlined referral processes and easier access to test results, to enhanced patient monitoring and simplified communication between departments, 2024 has been a year of progress. We've delivered more than 20 Digital Health projects, each with the aim of driving efficiencies and improving patient care.

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 4 year period.

Historically, HCJ 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 1 and 2 of the replacement solution was completed in June 2023, with releases 3, 4 and 5 scheduled. These are significant implementations which are designed to drive clinical and operational change. These in turn, will enable improvements in clinical processes and health outcomes. During 2024, the following EPR modules related to release 3 were introduced:

- In-Tray
- Specialist Review
- Order Comms or also known as Clinical Investigations
- Endobase Integration
- UpToDate Integration
- Clinical Notes or Free Text

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 HCJ
- 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 such as:

- resistance to change: concerns about the learning curve, disruptions to established ways of working
- interoperability: the scope of the implementation does not cover interoperability across the whole of the Jersey Health and Care system
- 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 have the time and timely learning how to use the new system effectively to minimise errors and optimise its benefits
- workflow integration: EPR systems should enable workflow optimisation. There have been challenges in ensuring end user co-creation to maximise adoption
- Wi-Fi: there are areas in the Hospital where the wi-fi signal is weak, and have impacted the use of mobile applications on smart handheld devices

As a result of these issues and challenges HCJ has taken the following steps:

- Wi-Fi: rolled out enhanced and more resilient wi-fi services in November and December 2024
- MAXIMS Survey: targeting all users of the MAXIMS system, a user survey process is being undertaken in January 2025 to inform the Programme team of areas of opportunity and enhancement.

Radiology Imaging and Reporting service (RIS and PACS)

Replacement of legacy Radiology GE PACS system for a newer, fit-for purpose Philips PACS system that allows the Radiology department to continue operating.

GP Order Comms in Pathology and Radiology

The implementation of GP Order Comms introduces a modernised, digital system for managing and processing GP orders for Pathology and Radiology services. This system enhances efficiency, reduces errors, and fosters seamless communication between primary care and diagnostic departments.

Core features and functionalities of GP Order Comms include:

- digital ordering platform: GP Order Comms provides a centralised platform for GPs to request pathology tests and radiology investigations electronically which replaces traditional paper-based or faxed requests, ensuring accuracy and reducing delays
- integrated decision support: the system includes decision-support tools, such as test ordering guidelines and alerts for duplicate or contraindicated requests, helping GPs make informed choices
- real-time status tracking: GPs can monitor the status of their orders in real time, from request submission to test completion and result availability
- seamless integration with IMS MAXIMS: the system integrates with GP and hospital IMS MAXIMS, ensuring that patient data flows seamlessly between primary and secondary care systems
- automated notifications: automated alerts notify GPs when test results are ready, facilitating timely review and follow-up with patients
- customisable test panels: GPs can select from pre-configured test panels based on clinical indications, simplifying the ordering process and ensuring adherence to best practices
- audit and reporting tools: GP Order Comms includes tools for auditing test requests and outcomes, enabling practices and diagnostic departments to track trends, identify inefficiencies, and improve service delivery
- secure data exchange: all communication is encrypted and adheres to data protection standards, safeguarding patient confidentiality

Benefits of GP Order Comms for Pathology and Radiology include:

- improved efficiency: digital orders eliminate the time spent on handling paper-based requests and reduce delays caused by incomplete or illegible forms
- enhanced accuracy: the system minimises errors in test ordering, such as incorrect patient details or miscommunication of test requirements
- streamlined communication: by connecting GPs and diagnostic teams through a single platform, GP Order Comms fosters better collaboration and reduces the need for follow-up calls or clarifications
- faster turnaround times: real-time tracking and automated notifications ensure that GPs receive results promptly, enabling quicker diagnoses and treatment decisions
- improved patient experience: patients benefit from more efficient and accurate care, with fewer delays in receiving diagnostic tests and results
- support for clinical governance: the system's audit tools provide valuable insights into test utilisation and outcomes, supporting quality improvement initiatives and resource optimisation

- environmental and cost benefits: reducing reliance on paper-based processes lowers costs and contributes to the Organisation's sustainability goals

Scantrack and T-Doc

Replacement of legacy solution Scantrack for T-Doc. This system allows for traceability of surgical instruments through the sterile supply workflow. It is part of the essential health and safety processes in the surgical department.

Vendor Neutral Archive (VNA)

The implementation of BridgeHead VNA introduces a cutting-edge solution for healthcare data storage, management, and accessibility. Designed to streamline the handling of clinical and imaging data, BridgeHead VNA provides a centralised, secure, and interoperable platform for managing patient information across multiple systems and departments.

Core features and functionalities of BridgeHead VNA include:

- Vendor-Neutral data storage: unlike traditional archives tied to specific systems, BridgeHead VNA enables storage and access to data regardless of the originating vendor or application ensuring long-term usability of data even when technologies evolve
- consolidated data repository: the system integrates and consolidates clinical data, including imaging (DICOM) and non-imaging files such as PDFs, lab results, and documents, into a single, centralised repository eliminating silos and enhancing data visibility
- interoperability and integration: BridgeHead VNA is designed to work seamlessly with various PACS (Picture Archiving and Communication Systems), EHRs (Electronic Health Records), and other healthcare IT systems. This ensures a consistent flow of information across platforms
- data accessibility and sharing: clinicians can access patient data from any authorised device, supporting timely decision-making and improved coordination of care. Secure sharing features facilitate collaboration among teams and departments
- advanced data management tools: the system includes metadata tagging, indexing, and search capabilities, allowing users to retrieve specific data quickly and efficiently
- scalable and flexible architecture: BridgeHead VNA is built to accommodate the growing data needs of healthcare organisations. Its scalable architecture ensures that storage and processing capabilities grow with the Organisation
- robust security and compliance the platform prioritises data security with encryption, access controls, and audit trails, ensuring compliance with healthcare data protection regulations such as GDPR and HIPAA
- disaster recovery and backup: BridgeHead VNA includes built-in disaster recovery options to protect data integrity and ensure business continuity in the event of system failures or cybersecurity threats

Benefits of BridgeHead VNA implementation include:

- improved data access and patient care: centralised access to comprehensive patient records enables clinicians to make informed decisions quickly, leading to better patient outcomes
- enhanced interoperability: by bridging gaps between disparate systems, BridgeHead VNA facilitates seamless communication and data exchange, reducing duplication of tests and procedures
- cost efficiency: consolidating data storage and eliminating vendor lock-in reduces costs associated with managing multiple proprietary systems
- future-proof data management: the vendor-neutral approach ensures that data remains accessible and usable even as technologies and vendors change over time
- streamlined workflows: the integration of diverse data types into a single system reduces administrative burdens, freeing up colleagues to focus on patient care
- regulatory compliance and security: BridgeHead VNA's robust security features protect patient data, ensuring adherence to legal and regulatory requirements
- support for research and analytics: the centralised repository provides a rich source of data for research initiatives and analytics, helping to advance medical knowledge and improve healthcare delivery

Auditbase

The introduction of Auditbase marks a significant milestone for the Audiology Department, bringing advanced functionality and streamlined processes to improve patient care and operational efficiency. Auditbase is a specialised clinical management system designed specifically for audiology services, offering a range of features tailored to meet the unique needs of the field.

Core features and functionalities:

- patient management: auditbase provides a centralised database for managing patient records, including personal details, appointment histories, and clinical data ensuring that audiologists can access accurate and up-to-date information quickly, improving the quality and consistency of care
- integration with audiological equipment: the system integrates seamlessly with audiological testing equipment, enabling automated data transfer. Test results such as audiograms and tympanograms are directly uploaded to the patient's file, reducing manual data entry and the risk of error
- appointment scheduling and workflow optimisation: Auditbase simplifies appointment scheduling with features like calendar management, automated reminders, and conflict resolution ensuring smoother scheduling, reduced waiting times, and better resource allocation within the Department
- data analysis and reporting: built-in reporting tools allow for detailed analysis of clinical outcomes, patient trends, and departmental performance which help in evidence-based decision-making and the development of targeted strategies to improve service delivery

- compliance and security: Auditbase adheres to strict data protection regulations, safeguarding sensitive patient information which includes robust access controls, audit trails, and encryption to ensure compliance with healthcare standards
- hearing aid management: the system provides modules to track hearing aid fittings, repairs, and warranties, making it easier to manage inventory and streamline interactions with suppliers
- teleaudiology support: Auditbase supports remote consultations and teleaudiology services, enabling audiologists to extend care to patients in rural or underserved areas without requiring them to visit the clinic in person

Benefits to the Audiology department include:

- enhanced patient experience: patients benefit from faster services, reduced waiting times, and consistent care facilitated by accurate and accessible records and automated reminders to help ensure they attend scheduled appointments
- improved efficiency: by automating routine tasks and integrating equipment, the system frees up audiologists to focus more on clinical care resulting in increased departmental productivity
- accurate record-keeping: comprehensive digital records reduce errors and redundancies, ensuring a high standard of care and seamless continuity across multiple visits
- data-driven improvements: real-time access to analytics enables the Department to identify areas for improvement, track performance against benchmarks, and implement targeted interventions

Tendable

The implementation of Tendable marks a pivotal advancement in the Organisation's commitment to clinical excellence and continuous quality improvement. Tendable is a comprehensive, user-friendly digital platform designed to manage clinical audits efficiently and effectively at every level of the Organisation that will play a pivotal role during the JCC inspections.

Core features and functionalities of Tendable include:

- mobile-first audit tool: Tendable enables users to perform clinical audits directly from mobile devices, providing real-time access to audit templates, guidelines, and reporting tools ensuring audits can be conducted seamlessly across diverse settings, from hospital wards to community care locations
- customisable templates: the platform offers fully customisable audit templates tailored to the specific needs of the Organisation ensuring audits are relevant to local priorities while aligning with national standards and regulatory requirements
- real-time data collection and analysis: audit results are recorded and analysed in real-time, offering instant insights into compliance levels and identifying areas for improvement with visualisation tools such as dashboards and charts to make it easier to track trends and monitor progress over time

- standardised processes: by standardising audit procedures across departments and teams, Tendable promotes consistency in care delivery and helps reduce variability in clinical practices
- actionable feedback and recommendations: Tendable generates immediate feedback following audits, highlighting non-compliance issues and offering recommendations for corrective actions so teams can act quickly to resolve concerns and improve outcomes
- collaboration and communication: the platform facilitates collaboration among teams by enabling secure sharing of audit results and action plans
- notifications and reminders: ensure that follow-ups are completed promptly, enhancing accountability
- compliance tracking and reporting: Tendable provides detailed audit trails and reporting capabilities, supporting regulatory compliance and demonstrating a commitment to quality improvement during inspections and reviews

The benefits of Tendable implementation include:

- enhanced audit efficiency: the digital platform eliminates the need for paper-based audits, reducing administrative burdens and streamlining data collection, analysis, and reporting
- improved quality of care: by identifying areas for improvement through regular audits, Tendable ensures the delivery of high-quality, patient-centered care across all services
- increased colleague engagement: Tendable's user-friendly interface encourages active participation from colleagues at all levels, fostering a culture of accountability and continuous improvement
- data-driven decision making: real-time access to audit results enables leaders to make informed decisions based on up-to-date information, prioritising areas that require attention
- organisation-wide consistency: the use of standardised audit templates ensures consistent practices across multiple locations, reducing variability and promoting equitable care delivery
- regulatory preparedness: Tendable supports compliance with local, national, and international healthcare standards, ensuring the Organisation is always inspection-ready

Somerset Cancer Register

The introduction of the Somerset Cancer Register (SCR) represents a significant advancement in oncology services, bringing a comprehensive and centralised platform for managing patient pathways, auditing treatment outcomes, and aligning with national cancer audit standards. This system is designed to streamline oncology workflows, improve data accuracy, and support evidence-based decision-making.

Core Features and Functionalities of the SCR include:

- centralised oncology data management: the SCR provides a single, unified platform for recording and managing patient information, including diagnostic details, treatment plans, and follow-up care which ensures all stakeholders have access to consistent and accurate data
- oncology treatment auditing: SCR enables detailed tracking and auditing of oncology treatments, ensuring compliance with clinical guidelines and protocols. by monitoring outcomes, the system supports continuous quality improvement and enhances patient safety
- integration with National Cancer Audit Registers: the system allows for seamless enrollment in the National Cancer Audit Register, ensuring compliance with mandatory reporting requirements and contributing to national efforts to improve cancer care standards
- pathway management: SCR supports end-to-end management of patient pathways, from referral and diagnosis to treatment and survivorship care ensuring timely interventions and minimises delays in care delivery
- real-time data analysis and reporting: the system provides advanced analytics tools for real-time monitoring of key performance indicators (KPIs), enabling oncology teams to identify trends, measure outcomes, and address areas requiring improvement
- multi-disciplinary team (MDT) collaboration: SCR facilitates collaboration across MDTs by centralising communication and documentation. This ensures that all team members are aligned on patient care plans, fostering coordinated and holistic care
- compliance and benchmarking: the system supports compliance with local and national oncology standards, while benchmarking tools allow the Organisation to measure performance against peer institutions

Benefits of implementing the Somerset Cancer Register include:

- improved patient care: by providing a clear and comprehensive overview of patient journeys, the system ensures timely and appropriate interventions, leading to better patient outcomes
- enhanced data accuracy and consistency: centralised data management reduces errors, duplications, and inconsistencies, ensuring the reliability of information used for clinical and administrative purposes
- streamlined auditing processes: SCR simplifies the process of auditing oncology treatments, enabling teams to focus on care delivery while maintaining high standards of quality assurance
- support for research and national reporting: integration with national audit registers contributes valuable data to research initiatives and policy development, helping to shape the future of cancer care
- operational efficiency: automation of routine tasks and improved pathway management reduce administrative burdens and free up clinical resources for direct patient care
- regulatory compliance: SCR ensures adherence to regulatory requirements and provides a robust audit trail to support inspections and reviews

Family History Risk Assessment Software (FaHRAS)

The introduction of FaHRAS, a state-of-the-art genetic profiling system, represents a significant milestone in the establishment of a dedicated genetic clinic. This advanced platform facilitates the seamless integration of genetic data into patient care, enabling personalised medicine and supporting clinicians in delivering more accurate diagnoses and tailored treatment plans.

Core features and functionalities of FaHRAS include:

- comprehensive genetic data management: FaHRAS provides a centralised platform for storing and managing patient genetic information, including DNA sequencing data, family histories, and associated clinical notes. This ensures easy access to detailed genetic profiles for clinicians
- advanced risk assessment tools: the system includes sophisticated algorithms to analyse genetic data and assess patient risk for inherited conditions which guide preventive care and early intervention strategies
- streamlined referral and triage: FaHRAS facilitates the referral and triage process by identifying patients who may benefit from genetic testing or counseling, ensuring that resources are allocated effectively
- integration with genetic testing laboratories: the system integrates with external genetic testing facilities, enabling the seamless transfer of data and results. This reduces administrative burdens and ensures data accuracy
- personalised treatment planning: by providing insights into a patient's genetic predispositions, FaHRAS supports the development of personalised treatment plans, including targeted therapies for conditions such as cancer or rare genetic disorders
- support for Multi-disciplinary Teams (MDTs): FaHRAS fosters collaboration across specialties by centralising genetic data and facilitating case discussions among geneticists, oncologists, cardiologists, and other clinicians.
- comprehensive reporting and analytics: the system generates detailed reports for clinicians and patients, summarising genetic findings and their implications. Additionally, FaHRAS offers tools for analysing population-level data, supporting research and public health initiatives
- compliance with genetic data standards: FaHRAS ensures adherence to stringent data protection regulations and ethical standards related to the storage and use of genetic information, safeguarding patient privacy and building trust

Benefits of FaHRAS implementation include:

- establishment of a dedicated Genetic clinic: FaHRAS serves as the foundation for a Genetic clinic, enabling the Organisation to offer specialised services, including genetic counseling, testing, and personalised care
- enhanced diagnostic accuracy: the system's ability to analyse and interpret complex genetic data improves diagnostic precision, particularly for rare or hereditary conditions
- personalised patient care: by tailoring treatments to an individual's genetic makeup, FaHRAS supports more effective interventions and better patient outcomes

- proactive risk management: early identification of genetic risks allows for preventive measures, reducing the likelihood of disease progression and associated healthcare costs
- research and innovation: FaHRAS supports genetic research by providing a robust database of anonymised genetic information, enabling studies that advance the understanding of genetic diseases
- improved patient experience: patients benefit from a holistic and personalised approach to care, supported by clear explanations of their genetic data and its implications
- compliance and ethical standards: the system's focus on ethical handling and secure storage of genetic data builds confidence among patients and clinicians, ensuring compliance with legal and professional guidelines

PART 4:

QUALITY IMPROVEMENT OF OUR SERVICES

| Part 4: Quality improvement of our services

Adult Social Care

The Adult Social Care, Care Group Customer Feedback Strategy for capturing, collating, analysing and responding to customer feedback to drive service improvement, was formally ratified in March and is published on HCJ website. Feedback outcomes are now included in the monthly ASCC Leadership Group Operational reports. Examples of direct feedback recorded will also be readily available to the Jersey Care Commission (JCC) where applicable to regulated activities for inspection purposes.

The Relationships and Sexuality for People with Learning Disabilities Policy was published in March. The purpose of the policy is to support all those who work with Islanders with a learning disability to uphold their right to practice and enjoy personal and sexual relationships.

Our Adult Learning Disability Service

Our Adult Learning Disability Service continued to promote diversity when supporting people with disabilities with 3 initiatives highlighted as areas of practice were:

The Growing Group

This group offers an opportunity for our clients to learn new skills growing vegetables, build good self-esteem and social connections, improve physical and mental health, and reduce stress. This group is run collaboratively with the Salvation Army.

The Healthy Lifestyle Group

A 6-week course which offers our clients an opportunity to learn about food and health, make healthier choices and learn the importance of physical activity. We also provide some Easy Read Healthy recipes for our clients to try at home.

Dementia Screening Pathway for people with Downs Syndrome and learning disabilities

Using specialist assessment tools specifically for people with a learning disability, the pathway collects baseline data for people with Downs Syndrome from 30 years of age, and when concerns are first raised for people with learning disabilities. Using a coordinated approach, individuals are periodically assessed over time.

Jersey Care Commission (JCC) inspection

Adult Social Care has 7 services registered and regulated by the Jersey Care Commission (JCC). All 7 were inspected during 2024 and have received their inspection reports, which are available in the public domain via the JCC's website.

What we did well:

- no formal improvement notices were received for any of the regulated activities
- registered managers and their teams were found to be professional and fully engaged with the inspection process
- interactions between care receivers and the colleagues on duty were noted to be light-hearted, friendly and respectful, allowing the care receiver to make their own choices
- managers feel supported in their roles and attend regular monthly meetings with other managers within the Learning Disability service enabling managers to meet face-to-face, ask questions, exchange ideas, and discuss new initiatives, staffing, and any issues facing particular services
- management supports an open-door policy, ensuring that colleagues feel comfortable approaching leadership with concerns, suggestions, or requests for support
- colleagues receive regular supervision and annual appraisals, managed via the online Government system, which helps support compliance and address outstanding tasks ensuring continuous professional development and high-quality care within the service
- monthly quality reports evidence consistent oversight of the service

What we needed to improve:

2 services need to improve policies and procedures relating to best practice. A sizable number require updating but relate to wider HCJ policy work and updates where ASCC are not the authors. This has been highlighted to the JCC for their further consideration regarding next year's schedule of inspections.

1 service was advised of the need to source a specific training course in Makaton and SPELL.

1 service was required to draft more formal written agreements for carers accessing day centre support and to review entry and exit points within the building that adjoin a separate service.

1 service was required to address care records relating to consent and decision making for care receivers who may lack capacity, and the Mandatory training log was also identified as requiring updating for some colleagues.

Mental Health

- recruitment to substantive medical and nursing posts has been successful throughout the year
- inpatient and rehabilitation services started the Quality Improvement Plan
- Prison Health Service transferred to HCJ
- improved access and response
- re-designed services
- reduced waiting in most services, exceptions were ADHD and Psychology
- introduced peer worker and carer support roles
- introduced Care and Recovery Framework (CARF)
- completed Clinique Pinel
- partnerships with police further developed which reduced demand by 33%
- opened Article 36 suite
- improved governance – especially in the use of Mental Health Law
- strategies developed including dementia, suicide prevention, neurodiversity

Community Services

Therapies

Therapies recruitment drive led to a large proportion of vacancies recruited into.

The Podiatry team

The Podiatry team supported Shelter Trust via the Connect Me grant to provide treatment, and footwear and hosiery for people in Jersey who are homeless. The Podiatry team saw 10 people during a 5-month period, who were assessed and provided with appropriate footwear or hosiery. This will hopefully keep the residents more active and reduce any pain and issues they may be having. If the project was funded to continue, it is expected that there would be an overall improvement in foot health within the homeless population in Jersey.

New services

New services were developed within Physiotherapy to support patients with Lymphedema following the closure of the charity Lymphedema Jersey. As part of this development 2 new colleagues were appointed to the service. Post graduate training in Lymphedema has been arranged and pathway development has been initiated.

Women, Children and Family Care

Women's health

Renovation of Maternity unit

We completed refurbishment of the maternity department, including 2 midwifery-led unit rooms to enhance patient experience.

Enhanced mental health support

We expanded access to perinatal mental health services and postpartum depression support.

Maternity Improvement Plan integration

Ongoing integration of the Plan into standard operations, with 30, 60, 90, and 120-day reviews to ensure continuous improvement.

Comprehensive reproductive health services

We expanded offerings in family planning, fertility support, and gynaecological care.

Leadership in gynaecological care:

Collaboration between the medical lead for gynaecology and the nursing manager to streamline policies and enhance service delivery.

Optimised patient flow

We implemented new pathways to improve co-ordination between the emergency department and gynaecology services.

Children's Health

Enhanced Mental Health Services for children

Created a safer and more inviting inpatient ward with ligature-light cubicles.

Creative environment in paediatric wards

Updated cubicles with murals and artwork inspired by young patients, fostering a bright, calming, and inspirational atmosphere.

Jersey Neonatal Unit (JNU) enhancements

Continued implementation of training schedules and new equipment simulations as part of standard practice.

Cross-departmental simulation training

Ongoing 3-way simulation exercises involving Emergency Department, ITU, and Paediatric Ward to maintain skills and share expertise.

Improved infant feeding education

Enhanced knowledge sharing across Women's and Children's (WAC) services to support inpatient care for babies.

Expanded medical workforce

Increased staffing levels to meet rising service demands and ensure quality care.

Surgical Services

Operational

The Care Group continues to identify ring-fenced inpatient beds to ensure the continuity of elective surgery, benefiting both public and private elective patients.

There is a sustained focus on substantive recruitment across all professions medical, nursing, and Allied Health Professionals to support emergency and elective surgical patient care.

Emphasising the value of Multi-disciplinary team (MDT) engagement, the Care Group collaborates with departments, specialties, and external centres to embed robust clinical oversight and governance through effective MDT collaboration, partnerships and integrated working practices.

The Care Group is committed to enhancing on-Island training and learning opportunities and continues to support these initiatives across all clinical groups.

Health and safety walkabouts are now embedded across the Care Group, reflecting a positive cultural shift towards proactive safety measures.

Accreditations and aspirations

Radiology department

Our Radiology department has successfully maintained its QSI (Quality Standard for Imaging) accreditation through UKAS (United Kingdom Accreditation Service), reflecting our commitment to delivering high-quality imaging services.

Central Sterile Services Department:

Our CSSD has maintained its accreditation to ISO standards for quality management and the sterilisation of medical devices, ensuring continued adherence to international best practices.

Local Anaesthetic Department

Our local Anaesthetic Department is actively working towards Anaesthesia Clinical Services Accreditation (ACSA) from the Royal College of Anaesthetists. Achieving

this will enhance patient safety, standardise clinical practice, and ensure the delivery of high-quality anaesthetic care in line with national benchmarks.

Theatres

We are aspiring for our Theatres to be accredited by the Association for Perioperative Practice (AfPP) in 2025. This accreditation will enhance patient care, improve clinical standards, and align with national best practices in perioperative services. To this end, Theatres have a robust audit programme underway, and we are developing Local Safety Standards for Invasive Procedures (LOCSSIPs) from National Safety Standards for Invasive Procedures (NatSSIPs).

Intensive Care Unit

Our Intensive Care Unit is aiming to join the Intensive Care National Audit and Research Centre Case Mix Programme (ICNARC CMP) audit in 2025.

This will enhance clinical outcomes through benchmarking, improve patient care, and align with national standards for critical care. Work in 2024 includes the introduction of necessary IT software for data collection and the development of established KPIs to monitor and improve performance.

Clinical Governance

We ran a programme of surgical clinical governance INSET days to support clinical governance, promote shared learning, and establish best practices across the team. Topics covered in 2024 included, but were not limited to:

- benchmarking clinical care in HCJ
- treatment escalation plans
- Dementia Strategy
- preparing for regulation
- Mortality Learning Reviews
- diversity and inclusion
- safety standards for invasive procedures
- learning from incidents

Medical

Cardiology

The first cardiac MRI in Jersey, supported by the Jersey Research Foundation. Potentially leading to a new public clinical service starting in March.

Echocardiography waiting list initiative bringing down waiting times from 4 months to 6 months.

Clinical Fellow Aaron Henry has qualified to be independent in Echocardiography to the British Society of Echocardiography Level 1 standard. He was locally trained.

Sean Pallot working in Clinical Investigations Department (CID): Locally trained and now British Society for Echocardiography level 2 accredited, Ella Brennand working in CID: Locally trained and now British Heart Rhythm Society Accredited.

Jersey's appointment of the first Specialist Nurse in Preventative Cardiology in British Isles

BHF 25 in 25, Picked out of the whole UK and British Isles to be 1 of the 7 pilot sites

£70k in grants from Jersey Research Foundation for cardiology research

Research outputs

- Caristo: AI interpretation of CT CA was retrospectively studied and presented at British Society of Cardiovascular Imaging Annual congress
- JeFF: Jersey Fighting Failure project started in line with the BHF 25 in 25
- several case reports published Aspired study completed
- presentations and abstracts including Retrospective study for survival outcomes across NT-proBNP levels done and presented at the British Society of Heart Failure (BSH) Conference as a poster where it won the award for best poster
- introduction of a high NT-proBNP pathway to rapidly see those patients
- Island Walk raising funds for the Jersey Heart Support Group
- progression of TLP our 5-year plan, achieving 55 of 92 action points
- integrating Solus onto MAXIMS

Diabetes

There was a major service delivery change in the last quarter of 2024.

Inpatient service

The inpatient service now has two nurses working full time at the General Hospital. following patient feedback and a serious untoward event. The Inpatient team aim to support ward-based decision making, facilitate safer and timely discharges, educate ward colleagues and pre-registration nursing and medical teams.

Post discharge clinics

By offering post discharge clinics, we ensure patients and families are supported following discharge.

Community Diabetes Specialist Nurse

A Community Diabetes Specialist Nurse (DSN) supports primary care providers, educates colleagues and residents in care homes, delivers type 2 diabetes education in community settings, collaborates with Family Nursing and Home Care (FNHC) on shared patient care, and works to ensure that vulnerable groups, such as those with mental health issues, frailty, or immobility, have equal access to diabetes services.

Outpatient team

The Outpatient team based at Enid Quenault Health and Wellbeing Centre is now a smaller team focusing on type 1 care, complex type 2 and paediatrics.

Oncology

Four of our Clinical Nurse Specialist (CNS) team are undertaking the non-medical prescribing module. One CNS has completed their master's module in advanced practice.

Three members of the senior nursing team are undertaking SACT (systemic anti-Cancer Therapy) modules to achieve competence. The Nursing team attended the annual SACT update study day led by the Royal Marsden to maintain competence

The whole multi-disciplinary team participated in our annual audit day on the 15 November.

Pride of Jersey awards

The Oncology team were finalists in the Pride of Jersey awards where we were nominated for the Community Champions Award.

Skye Newton our Teenage Cancer clinical liaison nurse, was a finalist in the Pride of Jersey, Angel of the Year award.

Other achievements included

- being awarded the superstar team of the year award at HCJ stars awards.
- welcoming 3 new team members meaning we are now fully established, and our agency nurses have left us
- embedding Bookwise into our practice and its benefits are reaching out to pharmacy, MDT team and coding

Pathology

- Implementation of GP Order Comms - Connecting Primary Care and Secondary Care systems to allow electronic ordering and resulting for Pathology examinations. Closed August 2024
- Blood Sciences maintained a continuous service during multiple phases and laboratory moves through the year to support the completion of RAAC restoration works in Pathology
- successful appointment of Microbiologist Charles Langoya

Rheumatology

- the Rheumatology Improvement Plan has been embedded, and 11 out of the 17 recommendations, have been completed and the other 6 nearing completion

- a waiting list initiative for DEXA scanning commenced in October 2024 and by the end of Dec 2024 there will be no patients waiting over 4 weeks

Clinical Governance

Medical In-service Education and Training (INSET) days were embedded within the Care Group to increase shared learning. Topics covered during 2024 included but were not limited to:

- infection control
- Freedom To Speak Up
- the future of digital health
- clinical vision of flow
- NEWS2 audit
- cardiology patient reviews
- Medical Day Unit EPMA
MAXIMS role out

2025 INSET days have been booked, including an all-day joint INSET days with the other care groups.

A review of Safety Events has gained traction to reduce overdue events across the care group.

Governance meetings across the Care Group are being established. An agenda template and TOR have been proposed. A schedule is being rolled out to enable assurance to be taken to the appropriate assurance meetings.

Screening

All screening programmes have recovered to pre-COVID cycle times through the hard work and dedication of the teams. A service line manager has been recruited to help with the running of the services.

Diabetic Retinal Screening

Has increased its cycle time, for those patients without any signs of problems for the last 2 years. This means that patients have to come for fewer appointments and require less time off work.

An agreement has been made with GPs to share data, allowing the Service to identify all diabetic patients in the Island and invite them for screening. Additionally, a new clinical lead has started on-Island, and 1 of our team members has joined the British Association of Retinal Screening as a committee member.

Breast screening

The screening service has returned to a 2-year cycle, and in November 2024, a new bespoke screening unit opened at the Enid Quenault Health and Wellbeing Centre, thanks to generous donations from Jersey Cancer Relief and The John Clive Le Selleuer Trust. The Service will become opt-out in 2025. Additionally, an Associate Practitioner will be trained for this new role in Jersey.

Bowel screening

An at home Faecal Immunochemical Test (FIT) testing has increased the eligibility age criteria meaning that more people can be screened for bowel cancer.

Cervical screening

Work continues with Digital Services to procure a new software solution which will allow the Service to become opt out. Current service is operating at normal cycle time with no delays.

Clinical Genetics

An on-Island service to commence in November 2025 to see patients with family history of breast and ovarian cancer.

Office of the Chief Nurse

Achievements in 2024

- Ward Managers completion of the Florence Nightingale Leadership programme
- introduction of Peer-to-Peer assessment across all inpatient wards
- introduction of weekly care rounding to drive up standards of care
- approval to recruit Nursing Associates into the workforce
- appointment of substantive Lead Nurse Infection Prevention and Control
- appointment of substantive Patient Experience Manager
- re-launch of Patient Advice and Liaison Service (PALs)
- facilitated a multi-disciplinary conference Building a Culture of Patient Safety
- introduction of Tendable audit app for quality assurance
- successfully facilitated Clinical Noting Workshop in collaboration with M&D.

Office of the Medical Director

Quality and Safety

The Quality and Safety team expanded in 2024 and recruited to a Compliance and Assurance Team to support HCJ in its preparation for inspection. The team work closely and collaboratively with Care Groups to prepare for inspection and drive forward a positive Patient Safety Culture across HCJ.

In 2024 all Care Group Governance Leads came under the Quality and Safety team, with Surgery being the last to move in December 2024. This allows for support and standardisation of practices across the Care Groups and a stronger Governance framework.

The Datix Manager recently achieved her certificate from the National Examination Board in Occupational Safety and Health (NEBOSH), strengthening our commitment to safety and quality improvement.

Executive Care Group Governance meetings occur monthly with each Care Group, this has resulted in an increased engagement in Clinical Governance Matters and pushed the Quality and Safety agenda to the fore.

Work has been ongoing looking at Standard Operating Procedures for the functions of the Quality and Safety team ensuring that there are clearly outlined responsibilities and accountability.

Care Group Governance

Mental Health

During 2024 a number of activities were completed, one being the Root Cause Analysis for duplicate outpatient prescriptions. This was undertaken following commissioning by the Mental Health Pharmacist. This was then used to inform quality improvement activity through workshops which resulted in change of processes. The new process started in the summer and resulted in a significant reduction in duplicate prescribing.

As part of the Mental Health Development Plan an audit of documentation was undertaken across Mental Health Inpatient Services', community and specialist pathway services, in response to themes arising from Serious Incidents. This has been used to establish a baseline for improvement around the quality of documentation.

Adult Social Care

The ASC Governance Team provides support in gathering and processing information from the diverse range of healthcare professionals and teams to promote service development and safe practice.

This includes

- Occupational Therapy,
- Psychology,
- Speech and Language Therapy,
- Physiotherapy,
- Community Nursing and
- Adult Residential and Domiciliary Care as found within the Learning Disability Service.

In addition, support is also provided to the:

- Positive Behaviour Support Service
- Adult Social Care Team
- Day Centres
- Short Break Service
- Safeguarding Adults Team
- the Capacity and Liberty Assessment Team

To support this range of services the Governance Team has developed further in 2024 and introduced a Governance Toolkit that includes process and procedures for all colleagues to follow.

The team has taken a central role in the implementation and administration of the Adult Social Care, Care Group Customer Feedback Strategy which was ratified and published in 2024.

All client safety data has been provided for Care Group Governance Review meetings by the team and is further disseminated within monthly Registered Manager Meetings for regulated activities currently inspected by the Jersey Care Commission. These meetings are chaired and administered by the Governance Team.

Medicine

In 2024 the number of safety events increased, demonstrating a positive reporting culture. To improve how we learn from this events it was imperative to prioritise safety events oversight, safety huddles for all moderate and above harm events with agreed action plans and in the last quarter of 2024, Duty of Candour. Working in partnership with the Lead Nurse team, the Quality and Safety Manager for the care group has been leading on this.

While some departments had very well-established governance meetings, others required development. A standardised agenda and TOR for all governance meetings has been created and disseminated to the departments. A schedule is being rolled out to enable assurance to be taken to the appropriate assurance meetings. The care group governance meeting schedule is established and booked for Quarter 1 and Quarter 2 of 2025.

Quality Improvement (QI)

The Clinical Pharmacy team were provided with QI support to improve their daily ward rounds. After a week of shadowing, data analysis, collection of colleagues ideas and review of current standards and audits a report was written for the team. This included calculations of the colleague numbers required to provide a good service based on bed numbers. There were 16 recommendations made.

As a result of a Patient Safety Incident the process for Coronary Angiograms was mapped with the Cardiology and Radiology teams. This was subsequently declared a Serious Incident and QI undertook the investigation and report writing. Another process related SI investigation was undertaken within the Dermatology Department. Support was also provided for an urgent audit of DNACPR forms in the Hospital.

Mental Health asked for support in improving their outpatient prescription requesting process. The current and future state processes were mapped, and improvements were made based on this. The results of this were monitored at 30,60 and 90 days to ensure sustainability. One of the main benefits of this has been a significant reduction in the number of duplicate prescriptions written.

In March work started on the Neuro-inclusive Jersey Strategy, the Head of QI was part of the working party and project board. There were a number of workshops held throughout the year including one where stakeholders were invited to review the work completed so far. The strategy is due to be published in the first quarter of 2025 and will be the first of its kind locally.

Data analysis of all Datix entries was conducted in Quarter 1, in response to concerns about MAXIMS functionality. The main recommendation was to improve training for colleagues as most issues were with the operator rather than the IT system. This analysis also revealed other themes that needed attention.

A number of Quality and Safety processes were mapped with a view to standardising and improving them. This included the following processes CAS, National Clinical Audits and Serious Incidents, there is a plan to do this for Inquests and JCC recommendations in 2025.

Quality Improvement training was developed, and a 2-hour session was held in December following a request from the Education Department to teach Adult Social Care Managers in January 2025.

Datix

A series of successful Teams-based and face-to-face Datix training sessions were delivered, resulting in improved colleagues' knowledge and utilisation of Datix. The sessions increased awareness of Datix's vital role in driving quality improvement across all areas of HCJ activity. This progress is evidenced by the growing number and enhanced accuracy of Datix entries being submitted and user engagement.

Training sessions have been scheduled for the next 6 months and will be open to all colleagues. Plans are also underway to integrate Datix training into the colleague's induction programme, ensuring consistent understanding from the outset.

Our Datix manager provided invaluable support to the IPaC Team by transitioning investigation forms for all cases of bacteraemia and *C. difficile* from paper to an electronic format. They also supported the Women Children and Family Care Group by developing a risk assessment tool within the system. These enhancements have saved both areas significant amounts of time whilst enabling the functionality to extract electronic data and compile meaningful results efficiently.

Patient Safety

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 the Organisation. In 2024 the Quality and Safety team presented at a variety of meetings, Care Group INSET days, essential training days for clinical colleagues, audit days and ward and department governance meetings, enabling them to reach large numbers of colleagues.

The ongoing work towards the implementation of Patient Safety Incident Response Framework (PSIRF) in 2025 will strengthen the voice of the service user with the aim of ensuring early collaboration and capturing their experience and expertise.

Policy

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 colleagues. This is due for implementation in 2025.

During 2024, the total number of policies decreased by 19%, this reflected a cleanse on HCJ policies in preparation for the new policy software. The policy template was updated with additional governance checks including an audit statement and applicable NICE guidelines.

Non-Clinical Support Services

Non-Clinical Support Services (NCSS) had a busy year in 2024 supporting its business-as-usual functions as well as HCJ's Major Incident response, Financial Recovery Programme, and development of New Healthcare Facilities. 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.

As the New Healthcare Facilities Programme continues to make progress with designs and preparatory work for an acute hospital at the Overdale site, the NCSS team has been heavily involved in planning and advising on optimal layouts and technical infrastructure.

2024 saw the transfer of administration services into the new Access and Clinical Administration Care Group to join with waiting list managers and cancer services. Key achievements in these areas include the consolidation of medical records at the General Hospital from multiple storage sites as well as progress on an ongoing review of off-Island tertiary care and travel.

The Catering Service had a particularly busy year, developing new menus in line with the HCJ Nutrition and Hydration strategy as well as overhauling its Environmental Health compliance by conducting a full review of its Hazard Analysis Critical Control Point plan.

Continued development of the Thyme Out colleagues and public outlets generated £1.2m of income to offset the cost of providing support services, allowing more money to be directed to clinical activity and assisting the HCJ Financial Recovery Plan. The services continued support of the Meals on Wheels charity also saw the establishment of their new premises at the Enid Quenault Health and Wellbeing Centre.

Laundry Services developed an income generating arm with the on boarding of commercial customers utilising the facilities additional capacity, which generated £180,000 of new income. This has been very successful and is testament to the team's flexibility and broad understanding of the benefits this initiative brings to HCJ, 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 2024. The Portering team maintained their patient focussed approach and continuously went above and beyond to support clinical services across HCJ. The successful development of digital infrastructure to host a newly procured porter job allocation app will be deployed across the Hospital in 2025 making portering services more efficient and job submission easier for clinical services.

This was replicated by our Housekeeping team who kept up with the challenges of new Infection Prevention and Control processes whilst driving significant financial efficiencies through efficient deployment of colleagues and improved purchasing processes for consumables.

Development of a centralised purchasing team based on the HCJ medical supplies service also contributed substantially to more efficient procurement, storage and issuing of medical consumables. This will work in tandem with hospital-based stock control assistants who will monitor usage and stock holdings at ward level to ensure efficient requisitioning whilst maintaining sufficient stocks for clinical need. The standardisation of medical supplies and move to a top-up system of supply is expected to bring significant savings and will prepare acute services for operating in the new acute hospital.

The Switchboard team maintained a professional and approachable service to enable vital communication from the public and within the Department. This team will build on the experiences of this year to develop a more up to date and efficient service in 2025 including new smart digital solutions for call transfer.

Clinical Coding worked hard to embed new practices following the implementation of MAXIMS and address backlogs to enable data availability for clinical planning. Following investment, the Clinical Coding team will grow and develop new processes to support HCJ audits and strategic clinical planning for Jerseys future integrated health services.

The Health and Safety team merged with the Estates Compliance team. This drove efficiency by bringing some services in-house which were previously outsourced. Their hard work and dedication has enabled the reopening and safe use of various assets and areas of HCJ. An overhaul of the governance structures and accountable roles gave greater oversight and assurance of safe practices across the HCJ estate. This will be developed further in 2025.

Improvement and Innovation

During 2024 many projects or work initiatives were delivered and supported.

January

- Ongoing progression of the Maternity Improvement Plan with 87 out of 127 recommendations completed
- Commissioning projects commenced including:
 - review of community nursing services
 - implementation of the palliative and end of life care strategy
 - development of a neuroinclusive strategy

February

- Physical Health Provision review within Mental Health
- Jersey Recovery College syllabus review
- business case for 2024 Private Patient project funding approved
- approval of Maternity dashboard which includes key performance indicators
- Mental Health and Wellbeing Services Framework went live.
- the Cross Government Commissioning Group commenced.
- HCJ Annual Plan 2024 approved by HCJ Advisory Board

March

- fluid balance baseline point prevalence and colleagues survey completed and reviewed by the working group
- RER ward round proforma built in MAXIMS with demonstrations to stakeholders
- new contract issued for Private Patient external resources
- the procurement strategy for Community Nursing services was completed

The Maternity Improvement Plan was presented at the Women Children and Family Care Children's INSET Day on 12 March, and the Maternity Away Days on 14 and 21 March. These communications outlined the progress made so far and fully engaged with the service to develop a strategy for continuing the Maternity Improvement Plan.

April

- ongoing co-design of the Maternity Strategy
- publication of the Maternity dashboard to the HCJ Advisory Board
- facilitated HCJ Mental Health services and EYECAN in partnership working to enhance services to Islanders with sight impairment.
- HCJ section for ARA 2023 approved by HCJ Chief Officer

May

- patient valuables: legal advice obtained to enable lost or left items to be reunited with patients or family members or disposed of appropriately
- Private Patient Strategy published
- Private Patient support officer recruited
- Sorel Ward upgrade undertaken and re-opened as Private Patient Unit
- first perinatal mental health training module was held by the Perinatal Mental Health Midwife Specialist with maternity colleagues discussing Birth Trauma and Communication
- commencement of support for the Medicine Improvement Plan
- the first contract was awarded through the Mental Health Framework

On 5 May 2024, the refurbished Maternity Unit which commenced in 2022 was officially opened by the Bailiff. This project saw the realisation of a dedicated Midwifery-Led Unit (MLU) with a:

- fixed birthing pool
- new High Dependency Unit (HDU)
- refurbished Jersey Neonatal Unit (JNU), previously the Special Care Baby Unit (SCBU)

The completed improvements allow those who use hospital based Maternity Services to experience an enhanced and holistic space that supports mothers, birthing-people and the choices they make in relation to their delivery and care.

June

- fluid balance pilot 1: new documentation with follow up point prevalence and colleagues survey.
- the Maternity Services Strategy 2024 to 2026 was finalised and approved by the Service, with outstanding approval from HCJ SLT
- plans for new end of life care services were agreed by the End-of-Life Partnership Group

July

- Endoscopic Retrograde Cholangiopancreatography (ERCP) Interim Emergency Pathway
- Mental Health Prescribing review and new process implemented
- new self-pay service for NIPT also known as the Harmony test set up with Antenatal team
- commencement of the Practice Development Midwife in their post
- new service specifications for community nursing services were developed
- the Maternity Services Strategy 2024 to 2026 was finalised and approved by HCJ SLT and HCJ Advisory Board
- New service specifications for community nursing services were developed in partnership with stakeholders.

Formal commencement of the Maternity Improvement Plan Phase 2 on 16 July, which currently encompasses 83 recommendations (25 from Phase 1 and 58 identified following the Strategy). Phase 2 is business-as-usual improvements owned by the service.

August

- ERCP Findings and options paper presented completed and presented to SLT
- fluid balance training programme delivered on wards with updated documentation: pilot 2
- 2024 Private Patient tariff completed and issued to insurers
- upgrade of Rozel clinic space completed for Private Patient Services
- Private Patient amenity bed process and procedure approved but put on hold
- formal approval from HSS Scrutiny Panel for closure of 20 recommendations from the Scrutiny Review of Maternity Services 06 July 2021

September

- Variation to contract issued for Private Patient analyst resource
- Mental Health Day Services quality improvement projects:
 - patient and carer welcome packs,
 - medication policy,
 - referral forms,
 - group mailbox and
 - SOPs for Clairvale House and The Diner
- SMI Psycho-Education Syllabus created, maintained and developed an education syllabus
- 2024 Commissioning Academy programme commenced

October

- report of findings completed on inappropriate attendances in the Emergency Department
- agreement to commence direct referrals for leg ulcer from FNHC to Radiology. Scope of practice signed by all parties.
- developed and distributed multiple surveys for Rehabilitation and Inpatient services Inpatient Colleague Wellbeing, Day Services colleagues and service users, Third Sector Rehab service users
- planning and co-ordination of the Admission and Discharge and Colleague Wellbeing workshops for Inpatient Mental Health Services
- GP and Consultant liaison event held in Thyme Out for Private Patient services
- supporting Maternity Services to develop a 3-year delivery plan to embed their Strategy, with the service providing feedback to the Executive team through the monthly Care Group Governance meeting

November

- log keeping of the Inpatient and Rehab Care Pathway Programme Board
- planning and co-ordination of the Pre-Admission and Admission Follow-Up Session for Inpatient Mental Health Services
- confirmation that Maternity Service achieved completion of all 102 recommendations from Phase 1, accomplishing their 30, 60, 90 and 120- day follow-up reviews, which evidence sustainability of business-as-usual process where appropriate
- Dementia Jersey presented an award to the Dementia Strategy Steering Group in recognition of the work done on the Jersey Dementia Strategy
- the Subsidised Products Scheme changes were relaunched

December

- ERCP: new policy, pathway and referral form ratified at PPRG and communicated to stakeholders
- presented findings of Rehabilitation and Inpatient surveys
- planning and co-ordination of the Third-Sector Rehab providers' workshop
- review of the Inpatient Admission Pack for Mental Health Services
- Private Patient policies ratified at PPRG

- extension to contract issued for Private Patient external resource
- ongoing progression of the Medicine Improvement Plan with 25 out of 61 recommendations completed
- new contract was signed for Community Nursing services.
- the final Health and Care Partnership meeting took place which have been supported by the Improvement and Innovation team over the last 3 years.

PART 5:

STAKEHOLDER FEEDBACK

Part 5: Stakeholder feedback

The Quality Account was sent to the following identified stakeholders.

- Child and Adolescent Mental Health Services (CAMHS) / Children Young People Education and Skills (CYPES)
- Jersey Care Commission (JCC)
- Family Nursing and Homecare
- Jersey Hospice Care
- Primary Care Body
- States of Jersey Ambulance Service / Justice and Home Affairs
- Safeguarding Partnership Board
- Jersey Care Federation

The following feedback was received.

Feedback



Child and Adolescent Mental Health Services

Dr Darren Bowring | Associate Director Mental Health and Wellbeing
Donna Marriott | Director of Children Services
Keith Posner | Chief Officer CYPES

Children, Young People, Education and Skills (CYPES) have reviewed the Health and Community Services 2024 Quality Accounts. The accounts describe the Care groups working relationship with the Child and Adolescent Mental Health (CAMHS) services. CAMHS welcome the opportunity to comment on the report.

During 2024 the Children's Governance Oversight Group (CGOG) Terms of Reference were updated. 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. The MOU was additionally updated and ratified in May 2024. The MOU was updated to clarify the Quality and Safety Service's working relationship with CAMHS and describe the oversight of areas of involvement such as serious incident reviews, inquests, audits and policy development. CGOG also continues to maintain 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.

Other notable improvements in 2024 were the opening of Orchard Ward with a dedicated space for young people requiring inpatient mental health support. A Standard Operating Procedure for Orchard Ward was ratified in June 2024 which described the support provided for Young People. There was also a new policy ratified in February 2024 - Clinical Management of Children and Young People with a Mental Health Disorder in an Acute Hospital Setting – which provided information and guidance for hospital staff who may have contact or be providing care for children and young people with a mental health disorder.



Jersey Care Commission

Becky Sherrington | Chief Inspector

Thank you for providing us with the opportunity to review and comment on the draft annual Quality Account for Health and Care Jersey (HCJ). As the regulatory body overseeing care standards, we have carefully reviewed the information presented in the document.

We are pleased to confirm that the data which references the Commission in the Quality Account appears accurate. Furthermore, we appreciate the clear and informative tone of the report, and particularly the positive approach to regulation.

Thank you once again for sharing this report with us.



Family Nursing and Homecare

Rosemarie Finley | Chief Executive Officer

Thank you for providing Family Nursing & Home Care with the opportunity to comment on the HCS Quality Account prior to publication. FNHC have been providing community health care & support across Jersey since 1907 and we provide expert prenatal and parental care and we support children, young people, families and the members of our community who need health care or support in their homes.

Our services range from the Baby Steps programme, Community Children Nursing, School Nursing, District Nursing, Health Visiting, Home Care, Rapid Response and Reablement, Palliative Care and end of life care.

We support the development and improvement of all health and care services to ensure that islanders receive the best care possible and have reviewed these accounts with this focus.

Through its quality account, HCS has demonstrated how hard it has worked to protect the most vulnerable and to keep its patients and colleagues safe. We have all welcomed the improvements HCS has made in the open and transparent way of working with us and other partners and look forward to seeing more integrated and partnership working in the coming years. This isn't an easy improvement to make as trust between all the services has been traditionally low in Jersey, but this reversal of trend is now underway, helped by the new consolidated HCJ structure.

We acknowledge the immense pressure on the Hospital Emergency Department and remain concerned that this service will continue to be under pressure as demand increases. This pressure emphasises the need to introduce earlier health interventions and prevention for islanders over the coming months. The Family History Assessment Service launched by HCS in 2024 has been an important quality of care improvement.

We support the initiatives undertaken to help support staff, including the expansion of the "Speaking Up" service. The improvements made with patient safety reporting should not be underestimated with a 24% increase in reporting using Datix in 2024 compared with 2023 - this is an important improvement providing the learning from the incidents are encouraged and embedded in practice.

We recognise that recruitment and retention of staff remains a key concern as the quality of the services are all dependent on this, but we are all beginning to work together and share solutions.

Health inequalities remain a significant issue here in Jersey and FNHC welcomes the work currently undertaken by HCS to tackle health inequalities and embracing our differences. Living and working in an environment that is inclusive and offering equal opportunities will have many health benefits for us all. There is much to do but progress is being made. Thank you.



Jersey Hospice Care

Mike Palfreman | Chief Executive

Rose Naylor | Director of Palliative Care Services

As representatives of Jersey Hospice Care, we were pleased to be asked to review the latest HCJ Quality Account and welcomed the opportunity to comment. I think last year I referenced a hope that the next Quality Account would include some clearer prominence of the collaboration that underpins the work to date on the Palliative and End of Life Care Strategy for Jersey. I am somewhat disappointed that the document doesn't reference any of the achievements of those services commissioned to date by HCJ as Jersey Hospice Care have now been able to demonstrate achievement in key areas over a sustained period of time.

In terms of feedback on the document, it very comprehensively demonstrates the range and depth of services provided by HCJ 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 vital moving forward and the continued work of the End-of-Life Partnership Group is evidenced by the implementation of key elements of the island's first ever palliative and end-of-life care strategy. This year the focus for Jersey Hospice Care is to extend our reach through the launch of new community services by supporting patients and their families much earlier after a life-limiting diagnosis. In addition to this we will be launching an out-of-hours telephone on-call service to provide other partners with access to specialist advice. And finally Jersey Hospice Care in collaboration with HCJ will be delivering a comprehensive programme of education on palliative and end-of-life care to health and care partners.

The focus of the strategy is essential to 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 high 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 HCJ around this and in our day-to-day work and we look forward to working even more closely with HCJ to ensure all of the goals of the strategy are realised.



Primary Care Body

The report was circulated to the PCB Board for review at their meeting on 6th March 2025 and they had no comments to feed back.

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 +44 (0) 1534 443515

Feedback

feedback@health.gov.je +44 (0)1534 442044

Or search 'health feedback' on the Gov.je website.

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