Health and Community Services

Health and Community Services Advisory Board
Part A - Meeting in Public

25TH APRIL 2024 9:30AM – 12:30PM

Government of Jersey

Health and Community Services

AGENDA

MEETING: Part A - Health and Community Services Advisory Board
DATE: Thursday 25th April 2024
TIME: 9:30am – 12:30pm
VENUE: Main Hall, St Paul's Centre, Dumaresq Street, St Helier, Jersey JE2 3RL

	Agenda Item	Purpose	Presenter	Time
1	**Welcome and Apologies (including quoracy)**	For **Information**	Chair	**9:30pm**
2	**Declarations of Interest**	For **Information**	Chair	
3	**Minutes of the Previous Meeting**	For **Decision**	Chair	
4	**Matters Arising and Action Tracker**	For **Decision**	Chair	
5	**Chair's Introduction** *Verbal*	For **Information**	Chair	**9:40am**
6	**Chief Officer's Report** *Paper*	For **Information**	Chief Officer	**9:50am**
7	**Jersey Care Commission – Single Assessment Framework**	For Information	Chief Inspector, Jersey Care Commission	**10:00am**
8	**Quality and Performance Report (Month 3)** *Paper*	For **Assurance**	Chief Operating Officer – Acute Services, Director of Mental Health Services and Adult Social Care, Medical Director and Chief Nurse	**10:20am**
9	**Workforce Report (Month 3)** *Paper*	For **Assurance**	Director of Workforce	**10:35am**
10	**Finance Report (Month 3)** *Paper*	For **Assurance**	Finance Lead – Change Team	**10:45am**
11	**People and Culture Committee** *Paper*	For **Assurance**	Committee Chair	**10:55am**
	Comfort Break			**11:05am**
12	**Nursing Appraisal** *Paper*	For **Assurance**	Chief Nurse	**11:15am**
13	**Maternity Improvement Plan**	For **Assurance**	Medical Director	**11:25am**
14	**Medicine Improvement Plan**	For **Assurance**	Chief Operating Officer – Acute Services	**11:35am**
15	**Patient Experience**	For **Assurance**	Chief Nurse	**11:45am**
16	**Board Assurance Framework**	For **Assurance**	Chief Officer	**11:55am**

17	**Freedom To Speak Up Guardian**	For **Assurance**	TBC	**12:05pm**
QUESTIONS FROM THE PUBLIC (Relating to Agenda Items Only)				
	Questions		Chair	**12:15pm**
	MEETING CLOSE Date of next meeting: 30 May 2024			**12:30pm**

	A	B	C	D	E	F	G	H	I	J	K
1	HEALTH AND COMMUNITY SERVICES ADVISORY BOARD - ACTION TRACKER (OPEN)										
2											
3	**Action Number**	**Meeting Date**	**Agenda Item**	**Agenda Description**	**Action**	**Accountable Executive**	**By When**	**Progress report**	**Escalated to / when?**	**Action Closed Date**	**Status**
4	130	28-Mar-24	13	Cultural Change Programme	Board members asked to feedback any comments on the statement to CP by Tuesday 2 April 2024.	C. Power	Apr-24				OPEN
5	129	28-Mar-24	9	Workforce Report (Month 2)	Invest to save options to speed up the recruitment process to be explored and brought back to the next meeting (April 2024).	O. Hasan	Apr-24				Apr Agenda
6	127	29-Feb-24	14	#BeOurBest Programme - Annual update	CP to present the culture dashboard at a future Board meeting.	C. Bown	Jun-24	Update 28 March 2024 CP confirmed that the culture dashboard will be presented to Board in June 2024. Remain OPEN.			Jun Agenda
7	126	29-Feb-24	15	HCS Annual Plan 2024	AM will update the Annual Plan 2024 to include commissioning and the ministerial priorities once determined.	A. Muller	Apr-24	Update 28 March 2024 Awaiting the ministerial priorities. Represent April 2024. Remain OPEN			OPEN
8	125	29-Feb-24	13	Mental Health External Review Implementation	CD asked for an update on the work to join up Mental Health Services and Acute Services as it progress (timescale to be determined)	A. Weir	Apr-24	Update 25 April 2024 AW confirmed that meetings have taken place between Mental health And Acute Services. A summary of this can be presented to the board in April 2024. Remain OPEN			Apr Agenda
9	123	29-Feb-24	8	Waiting List Report Month 1	CT will present the fully validated waiting lists within the next three months	C. Thompson	by Jun 2024				Jun Agenda
10	121	29-Feb-24	7	Quality and Performance Report	CG and CT to discuss remote physiotherapy opportunities.	C. Thompson	Mar-24	Update 28 March 2024 Meeting between CG and CT to discuss remote physiotherapy opportunities to be confirmed. Remian OPEN			OPEN
11	115	25-Jan-24	8	Workforce report Month 12	Evidence of nursing appraisal (to ward level) will be presented to the board to provide assurance on a quarterly basis.	Jessie Marshall	Apr-24				Apr Agenda
12	114	25-Jan-24	7	Quality and Performance Report	AW to provide a paper on neurodevelopmental services in May 2024.	Andy Weir	May-24				May Agenda
13	102	06-Dec-23	14	Serious Incident (SI) Position Statement	HMT noted the monitoring of compliance in maternity services is encouraging and asked that the Board receives an outcome of this work at a future meeting (February 2024).	Patrick Armstrong	Feb-24	Currently a monthly item			Apr Agenda
14	96	06-Dec-23	6	Chief Officer's Report	The board to receive a report indicating progress on increasing the number of ACPs (March 2024).	Jessie Marshall	~~01/03/2024~~ Aug 2024	Update 28 March 2024 The number of ACP's is to be increased – currently there a small number in post however a Project Lead has been appointed with start date 1st July to the position of Practice Development, Advanced Practice and Independent Prescribing who will support the further development of Advanced Clinical Practice across HCS in line with new NMC regulations due 2025/26. Anticipate an update after July 2024. Remain OPEN.			Aug Agenda
15	88	1st Nov 2023	9	Workforce Report Month 9	SG to include the data from the independent exit interviews in future workforce reports (March / April 2024).	Bill Nutall ~~Steve Graham~~	March / April 2024				Apr Agenda
16	76	1st Nov 2023	4	Management of Incidents of Racial Abuse	Prosecution Policy to be presented to the Board (link to action 70).	Andy Weir	~~01/02/2024~~ May 2024				May Agenda
17	31	10-Jul-23	13	Finance Report – Month 5	HMT and CB will discuss the lack of budgetary information available to budget holders with KPMG.	H. Mascie Taylor / Chris Bown	Feb 2024 ~~December 2023~~ ~~01/10/2023~~	Update 28 March 2024 OH advised that Treasury have confirmed that budget holders should have access to the budget data by end April 2024. Remain OPEN. Update 6 Dec 2023 It is anticipated that budget holders will have electronic access to their budgets in Jan / Feb 2024 (Q1 2024). To mitigate the risk, the finance business partners provide manual reports to the care groups monthly and accountable officers are held to account through the performance reviews. For a further update in February 2024. Update 4 October 2023 OH explained that the lack of budgetary information available to budget holders has been tracked over the last six months. Following the implementation of the new system, access rights were changed. The HCS finance team have been told that work to resolve this has been delayed with a revised timeframe of Quarter 1 (Q1) 2024. The HCS Finance Business Partners have limited access, it is the wider access across HCS that will take time. CB noted this was not a satisfactory position. To mitigate the risk associated with this lack of access, the finance business partners download the information and produce reports for budget holders. However, this is an inefficient (manual) process. OH provided assurance that there is a process in place to hold budget holders to account for management of their budgets including weekly meetings with the care groups and the care group performance reviews. The Board asked to be provided with an update at the meeting in December Remain OPEN.			May Agenda

Health and Community Services Advisory Board Report

Report to:	Health and Community Services Advisory Board		
Date of meeting:	25 April 2024		
Title of paper:	Chief Officer Report		
Report author (& title):	Chris Bown, Chief Officer HCS	**Accountable Executive:**	Chris Bown, Chief Officer HCS

1. Purpose

What is the purpose of this report? What is being asked of the HCS Advisory Board?	The Chief Officer report provides, • a summary of key activities for Health and Community Services (HCS), • an overview of HCS' performance since the last Board meeting, • a summary of key issues, some of which are presented in more detail through the relevant board papers. The Board is asked to note the report.	Information	√
		Decision	
		Assurance	
		Update	√

2. Executive Summary

The Chief Officer report provides a summary of key activities for HCS and an overview of HCS' performance since the last board meeting.

3. Main Report

<u>Culture Change Programme</u>

Engaging with HCS staff has continued throughout March. Developing approaches that enable staff to engage with the Financial Recovery Plan continue to be a priority. A breakfast was hosted by myself where staff are recognised by colleagues for the great work they do for HCS. A Schwartz Round titled 'The Voices of Women in Healthcare' was attended by more than 30 HCS staff and created discussions about gender bias in health care settings as well as inclusion issues such as race and disability and the monthly Chief Officer Teams Talk was held from Five Oaks Stores.

In our commitment to drive forward sustainable improvements across HCS and improve the numbers of staff cycling to work rather than using a vehicle, a project involving the refurbishment of bike storage facilities at the General Hospital continues. HCS has carried on delivering wellbeing

support for individual staff as well as for teams.

Other HCS staff engagement events and achievements throughout March have included,

- HCS Colleagues took part in Nutrition and Hydration week, which involved trolley training across the acute wards through the General Hospital. The training was focused on a variety of different nutrition and hydration topics.
- HCS Colleagues celebrated Neurodiversity celebration week, through a range of social and informative events.
- A new, dedicated breastfeeding support clinic was launched, aimed at supporting mums with babies under 28 days.
- HCS Colleagues celebrated International Epilepsy Awareness day by taking part in a cake sale and raising over £500 and meeting HCS paediatric and adult epilepsy nurses.
- Team HCS Mixed Netball 2024 was relaunched, and colleagues were invited to express their interest in taking part.
- The 2024 Island Medical Conference was launched, with an opportunity for colleagues to take part in a presentation competition as part of the conference in June.
- Interim Chief Nurse Jessie Marshall was announced as the HCS Freedom to Speak up Executive lead.
- HCS Colleagues supported the Health Care Assistants recruitment campaign by featuring in a photo shoot and speaking with Islanders who attended the drop in event.
- The Picker survey results were celebrated amongst HCS employees.

Patient Experience

We are pleased to report a noticeable decline in the number of formal complaints and an increase in the number of compliments received. This positive shift demonstrates our commitment to addressing concerns through our de-escalation process on wards and departments working at the point of contact to find early resolutions that prevent concerns, comments, and queries escalating to formal complaints. The patient advice and liaison service has recently been updated to support patients and relatives to easily access the service. Further work is underway to raise the profile of the team in supporting enquiries.

Workforce

The current Director of Workforce, Bill Nuttall, will leaving HCS on 20 May 2024 owing to personal family reasons back in the UK. We hope all goes well. We have secured a replacement who will start in early June.

Preparations continue for the new Connect Talent Acquisition system going live across HCS on 22 April 2024. We will be ensuring that as many staff as possible take up the training and learning packages.

We are reviewing arrangements to facilitate a HCS Volunteer Services. A policy document is being developed that is likely to lead to establishing a Volunteer Co-ordinator position within HCS. Services being considered are patient transport and hospital volunteers to direct and aid patients at the Main Hospital and Outpatient entrances to the General Hospital.

Finance and Financial Recovery Programme (FRP)

- The Financial position for YTD Month 3 is a £5.4m deficit vs budget giving a headline monthly run-rate deficit of £1.8m.

- Adjusting for exceptional items and non-recurrent costs the underlying run-rate deficit is £1.5m.

- FRP savings delivery is £1.82m vs £1.0m plan at M3 (M2 £0.51m) over-achieving by £0.82m in Q1. This is made-up of £0.92m of original schemes vs £1.0m target mitigated by £0.9m of additional mitigating schemes identified to recover slippage and contribute towards reducing the budget pressures highlighted at FY24 budget setting in Jan-24.

- The current FY24 year-end forecast remains a deficit of £18.0m before additional mitigation actions. The key factors driving the forecast deficit are cost pressures of £7.5m due to budget funding constraints identified when completing the FY24 budgets, risk of FRP savings slippage of £6m due to delays in enabling HR/Recruitment, Procurement/Commissioning support and resources to ensure timely delivery, and additional cost pressures carrying forward from year-end FY23 into FY24 that require mitigation over and above the FRP savings.

- Due to the delays in this support being in place and fully functional by Mar-24 (Q1), the resulting slippage in savings delivery to the following year will require making additional savings this year to remain within the required budget constraints. However, this is a timing delay and the savings are expected to be delivered in FY25.

- Mitigating actions being taken include further tightening of grip and control measures on pay and non-pay, obtaining resources to remove delays to recruitment processes and workforce attraction packages, enhanced bank to reduce overtime and additional hrs, obtaining resources for large contracts review, and developing additional mitigation schemes including income maximisation.

- These measures are expected to start impacting the reduction in run-rate from the latter part of Q2 onwards.

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- Additional FRP mitigation schemes include income maximisation (e.g. Private Patients income), enhanced bank to reduce overtime, and Workforce attraction package to reduce time-to-hire for hard to recruit roles that incur extended high cost premium agency overspend

- Recognising the inevitable multiple challenges faced in delivering a major financial recovery and change programme, we remain focused on delivering the FRP plan, which provides a detailed strategy and clear roadmap towards financial recovery that is sustainable.

Quality and Safety

Avoidable harm, quality and safety indicators.
We have seen a rise in deep tissue injury, which are currently under investigation. Our tissue viability team is actively examining the underlying causes to implement necessary preventive measures to ensure wellbeing of patients in our care.

Peer Reviews
In preparation for Jersey Care Commission (JCC) inspection, we have recently reviewed our nursing assurance framework moving away from JNAAS which was a nursing led assurance framework, to a peer review program. This aims to improve patient care and strengthen HCS assurance processes by involving the multi-disciplinary team in determining how well patient care is delivered, sharing good practice and making required improvements. Four reviews have taken place in March with more planned for April. It is anticipated that by the end of May, all wards will have undergone a review using the new process.

Mental Health and Social Care

Performance across mental health and social care remains stable this month, as detailed in the Quality and Performance Report (QPR). The Mental Health Care Group held a staff engagement event earlier this month, involving over 160 staff. The event focussed on performance, service development, leadership and learning from incidents, and has received very positive feedback. A similar event for social care staff is planned for later this year, to focus on social care developments and supported by two of our NEDs.

Mental health services are in the process of recruiting a team of peer support workers – people with lived experience of mental ill health, who will work as part of the multidisciplinary team (MDT) to provide individual and group support to other service users. This is a significant positive step, and will support a move towards a more recovery focussed approach across the services.

A recent inquest into the sad death of a service user under the care of mental health services has raised a number of concerns about the prescribing of cannabis for people with known serious mental illness. This issue is now being taken up by the Director of Mental Health and Social Care.

Waiting Lists: Hospital Services

The QPR demonstrates continued improvement with reduction in patients waiting the longest time for inpatient care as the impact of increased capacity makes impact. Reduction in the *> 52 weeks* cohort for an outpatient appointment was impacted in March through a significant increase in referrals but this is expected to be resolved.

Emergency acute services

Performance on patient flow was impacted by infection control requirements alongside patients who were ultimately discharged from the emergency department (ED). However, improvement was noted in the average amount of time patients were triaged, assessed and commenced treatment.

Regulation

CS Colleagues have been asked to feedback on two public consultations which relate to the gulation of hospital (including HCS provided mental health services) and ambulance services:

1. The Minister for the Environment is consulting on legislation that will require the Jersey Care Commission to regulate hospital and ambulance services; and
2. The Jersey Care Commission is consulting on it's Single Assessment Framework (Standards for Hospital, Mental Health, and Ambulance Services) against which hospital and ambulance services will be inspected.

The Jersey Care Commission's (JCC) remit is expected to expand in 2025 to include regulation of the hospital, ambulance and Government of Jersey mental health services. This results from a Government of Jersey consultation on draft amendments to the Regulation of Care (Jersey) Law 2014 which aims to standardise and further support a safe and regulated care sector on the Island.

We welcome the Chief Inspector from the JCC to the Board to discuss in more detail.

GIRFT Review-

The Getting It Right First Time (GIRFT) review team together with Professor Briggs will visit HCS on April 22nd and 23rd to conduct a review of both Orthopaedic services and Theatres. GIRFT is a well-established programme which has at its core, standardisation of practice and improvements in efficiency to improve care, patient safety, throughput whilst reducing cost. Key to the success of the programme is a collaborative approach with HCS clinicians and staff to ensure that the objectives of the review are deliverable. The findings of the review will be feedback to clinical teams, SLT and Board.

4. Recommendation

For noting.

END OF REPORT

What We Do

The Jersey Care Commission regulates and inspects services for both adults and children, provided by the Government of Jersey, Parishes, private providers and the voluntary sector to ensure that people receive high quality and safe care.

The services we regulate include, but will not be limited to, care homes providing nursing and personal care or personal support for people with a range of health and social care needs, care provided to people in their own homes, adult day care services and residential and other services for children and young people.

Our Purpose

Provide Independent Assurance

We provide the people of Jersey with independent assurance about the quality, safety and effectiveness of their health and social care services.

Promote Best Practice

We promote and support best practice in the delivery of health and social care by setting high standards and challenging poor performance.

Help Achieve Better Outcomes

We work with service users and their families and carers to improve their experience of health and social care and achieve better outcomes.

The Jersey Care Commission standards are statements which set clear expectations about how care services should be provided.

Each standard has been written with children and young people and has an explanation about what it means to them.

Standards for children and young people have been written to:

- Promote the safety and wellbeing of children and young people
- Show what children, young people and their families should expect from the care they receive
- Set out a series of quality statements about what good outcomes look like for children, young people, and their families
- Set out what providers of care services must do to meet the expectations of people who use care services and requirements under the Law
- Provide a structure that can be used to inspect the care provided

Children's Home Services Standards

VIEW STANDARDS

Adoption Services Standards

VIEW STANDARDS

Fostering Services Standards

VIEW STANDARDS

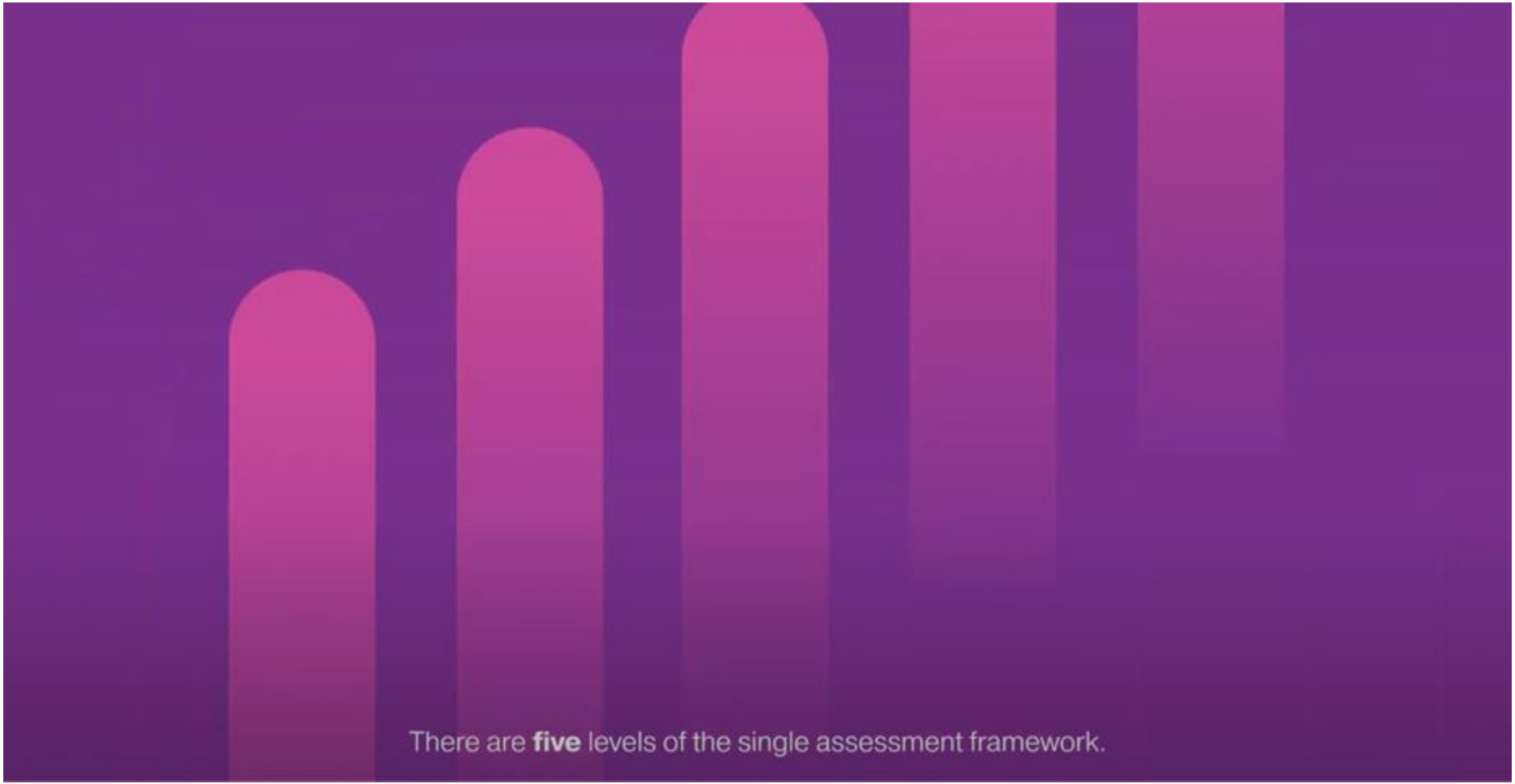
We are preparing for our remit to expand in 2025 to include
the hospital, **ambulance** and **mental health services.**


As a result, we have collaborated with England's health and adult social care regulator

the Care Quality Commission to
prepare our single assessment framework.

Between April and May 2024 there will be a public consultation where you can provide your feedback on the single assessment framework.

What is the single assessment framework?


There are **five** levels of the single assessment framework.

Key elements of care 01

35 standards written in 'we' and 'I' format 02

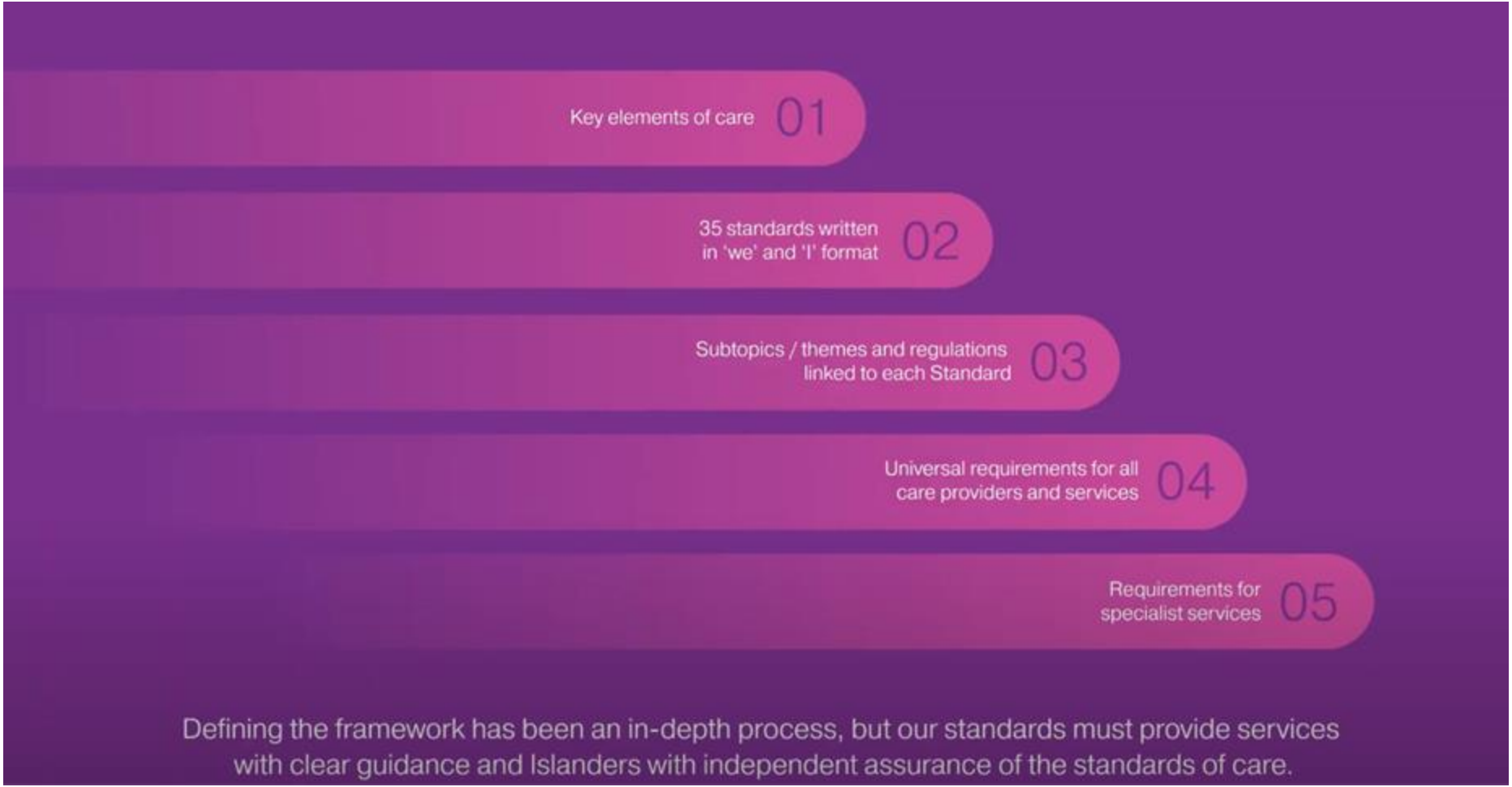
Subtopics / themes and regulations linked to each Standard 03

Universal requirements for all care providers and services 04

Requirements for specialist services 05

Responsive

The framework begins with the Key Elements of Care which sets the expectation that services should provide an environment that is **safe, effective, caring, responsive** and **well-led.**


Key elements of care 01
35 standards written in 'we' and 'I' format 02
Subtopics / themes and regulations linked to each Standard 03
Universal requirements for all care providers and services 04
Requirements for specialist services 05
Defining the framework has been an in-depth process, but our standards must provide services with clear guidance and Islanders with independent assurance of the standards of care.

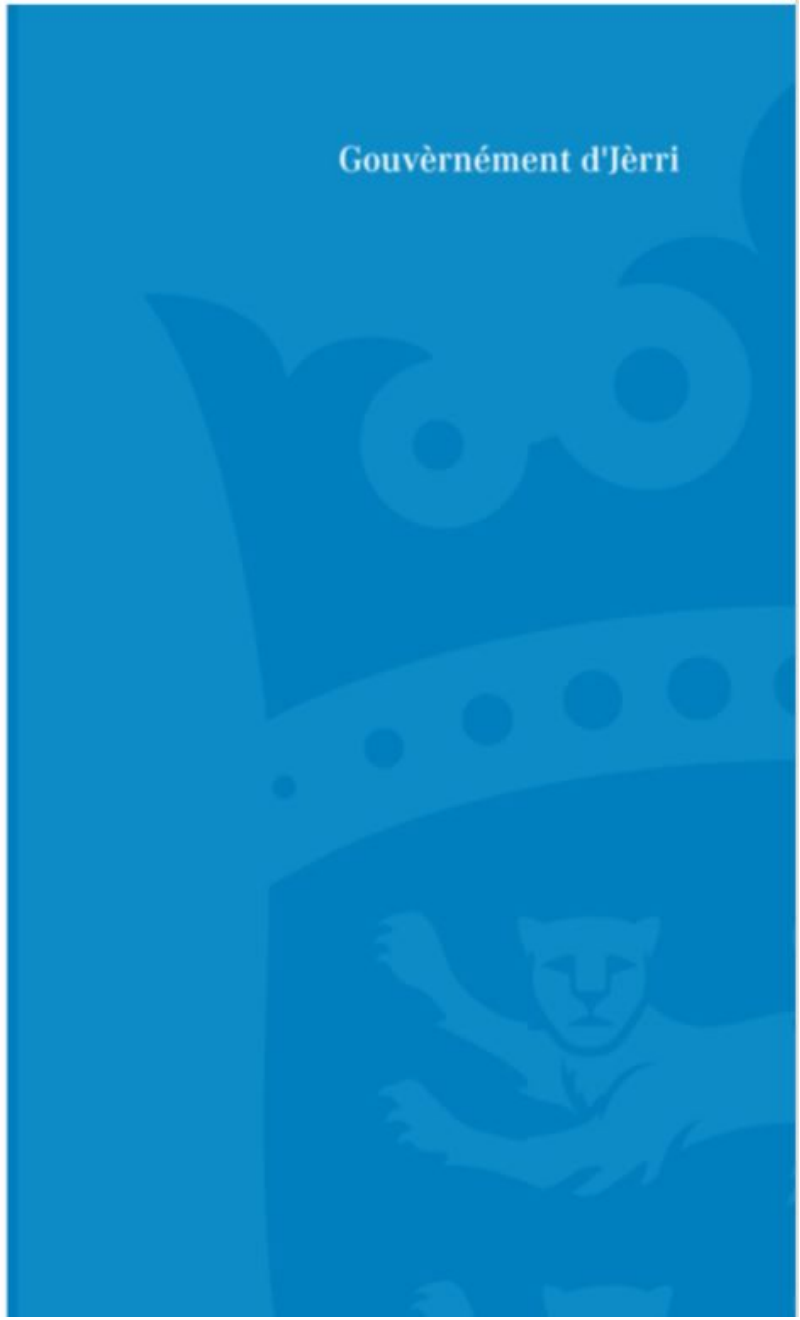
What do I need to do?

Between 15 April and 31 May 2024, all Islanders are encouraged to review the draft framework

and share their feedback via the survey that is available at **carecommission.je.**

Health and Community Services

Quality and Performance Report
March 2024



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Health and Community Services

INTRODUCTION

The Quality and Performance Report (QPR) is the reporting tool providing assurance and evidence that care groups are meeting quality and performance across the full range of HCS services and activities. Indicators are chosen that are considered important and robust to enable monitoring against the organisations strategic and operational objectives.

For 2024 HCS has introduced Statistical Process Control (SPC) charts for the majority of its indicators which identify trends in the data and determine when something has changed. This allows investigation of the change, if the change is unexpected, or provides supportive evidence where service improvements have been implemented with positive effect. Please note that red dots on the SPC charts only denote such a change and they do not necessarily reflect deteriorating performance.

SPONSORS:

Interim Chief Nurse - Jessie Marshall
Medical Director - Patrick Armstrong
Chief Operating Officer - Acute Services - Claire Thompson
Director Mental Health & Adult Social Care - Andy Weir

DATA:

HCS Informatics

Health and Community Services

STATISTICAL PROCESS CONTROL (SPC) CHARTS

WHAT ARE SPC CHARTS?

A statistical process control system (SPC) is a method of controlling a process or method utilizing statistical techniques. Monitoring process behaviour, identifying problems in internal systems, and finding solutions to production problems can all be accomplished using SPC tools and procedures. SPC charts used to monitor key performance indicators:

- Help find and understand signals in real-time allowing you to react when appropriate
- Tell you when something is changing, but you have to investigate to find out what changed by asking the right questions at the right time
- Allow you to investigate the impact of introducing new ideas aimed at improving the KPI; the SPC chart will help confirm if the changes implemented have significantly impacted performance

HOW TO READ SPC CHARTS

Legend	Visual	Description
Mean		The mean is the sum of the outcomes, divided by the amount of values. This is used in determining if there is a statistically significant trend or pattern.
LCL		These are the Control limits (UCL = Upper Control Limit, LCL = Lower Control Limit) and are the standard deviations located above and below the centre line of an SPC chart. If the data points are within the control limits, it indicates that the variation is normal (common cause variation). If there are data points outside of these control limits then they are not within the expected 'normal variation' and indicates that a process change or one off incident may have occurred (special cause variation).
UCL		
Data		The data line connects the datapoints for the date range, allowing a visual representation of the performance of the indicator.
Shift		When more than 7 sequential points fall above or below the mean that is unusual and may indicate a significant change in process.
Trend		When there is a run of 7 increasing or decreasing sequential points this may indicate a significant change in the process.
Potential Process Change		On the moving range chart points which fall above the moving range process limit - grey line - are unusual and should be investigated.
Standard		In order for the standard to be achievable, it should sit within the control limits. Any standard set that is not within the control limits will not be reached without dramatic changes to the process involved in reaching the outcomes.
Investigate		Points which fall outside the grey lines (control limits) are unusual and should be investigated. They represent variations beyond what is considered normal. This does not necessarily reflect deteriorating performance.

Elective Care Performance

Section Owner

Chief Operating Officer – Acute Services

Performance Narrative

Outpatient waits over 52 weeks

A slight overall increase in the number of patients waiting over 52 weeks for an outpatient first appointment is noted. This increase is mainly due to patients requiring dermatology review. Urgent and soon referrals are rightly being prioritised over routine referrals and thus impacting on extended waits for non-urgent patients. Plans to increase the capacity within the service is ongoing with a long-term strategy proposal in its infancy. In month performance was also impacted by a not insignificant increase in referrals (increase of 500) which will be assessed. Continued work on improving utilisation of outpatient capacity is ongoing as part of our Outpatient taskforce project being led by our Head of Access.

Elective inpatients waits over 52 weeks

Focus on long wait elective patients has seen a month-on-month reduction since December. Both Orthopaedics and General Surgery have seen a significant reduction in patient numbers in this category. ENT long waits remain stable, but the operational teams are focussing on increased theatre capacity through WLI activity within these specialties over the next 3 months to address.

Diagnostic waits over 6 weeks

Continued effort to reduce the number of patients waiting over 6 weeks for their diagnostic procedure has resulted in a fall in long waits. Significantly, the endoscopy outsourcing initiative over March has meant over 300 patients have received their diagnostic test who wouldn't have in BAU capacity & nonclinical administration of the MRI WLI will further impact next month's performance positively.

New to Follow – up ratio

The new to follow-up ratio performance is consistent currently with further detailed work in some specialities continuing.

DNA Rate

DNA rate (although improvements noted in Q1) remains over the expected standard of 8% across most specialties. Work to understand the high rate is being undertaken through the outpatient improvement programme.

Elective Theatre Utilisation

Utilisation of theatre capacity has been steadily increasing month on month since December. The theatre improvement programme continues to identify process issues within the elective pathway and subsequently developing interventions to improve overall efficiency. This work will continue over the course of the year to achieve QPR standard.

WNB Rate

A steady reduction in WNB rate is observed.

On Day hospital Cancellations

March saw a significant reduction in hospital cancellations for non-medical reasons. As patient booking processes evolve and more emphasis on understanding cancellations will support the continued fall in on the day cancellations and again is part of our theatre improvement programme.

Elective Care Performance

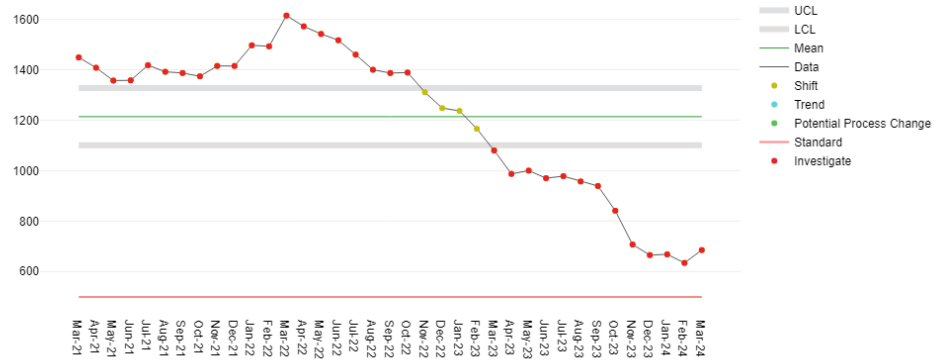
Escalations

No Escalations

Elective Care Performance - SPC Charts

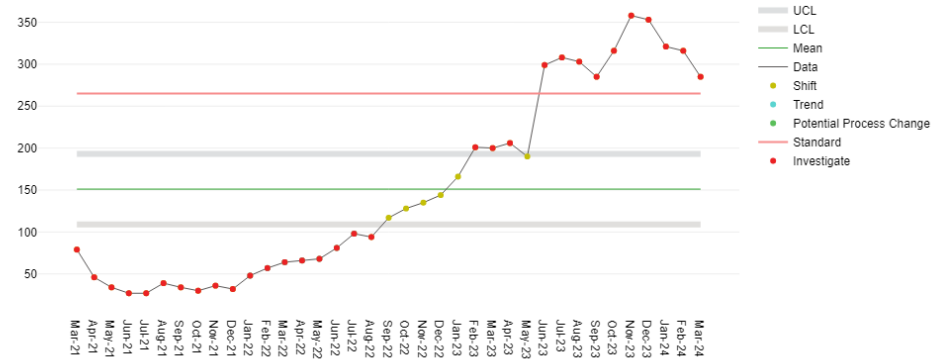
Latest value	Standard
685	<499

Patients waiting for first outpatient appointment Greater Than 52 weeks



Latest value	Standard
285	<265

Patients on elective list Greater Than 52 weeks

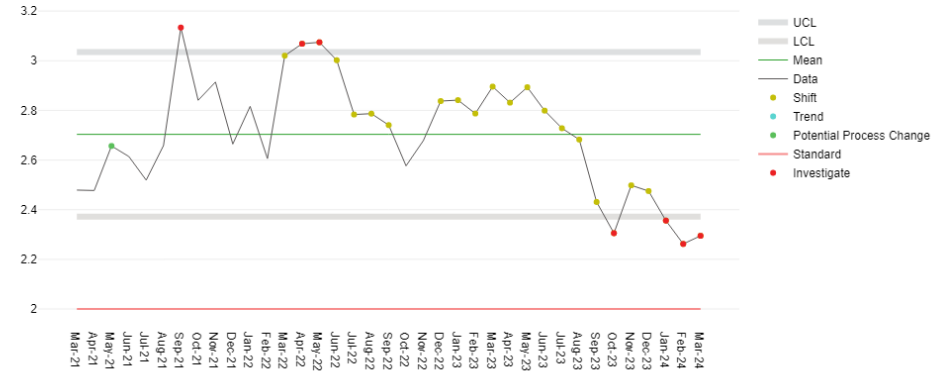


Latest value	Standard
458	<525

Access to diagnostics Greater Than 6 weeks

Latest value	Standard
2.29	2

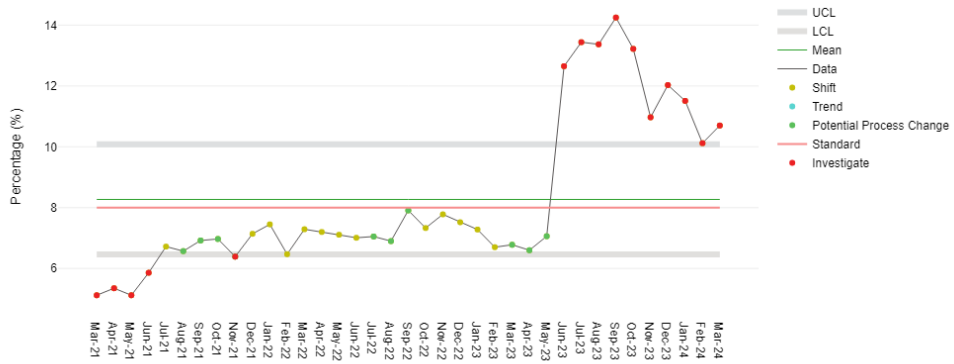
New to follow-up ratio



Elective Care Performance - SPC Charts

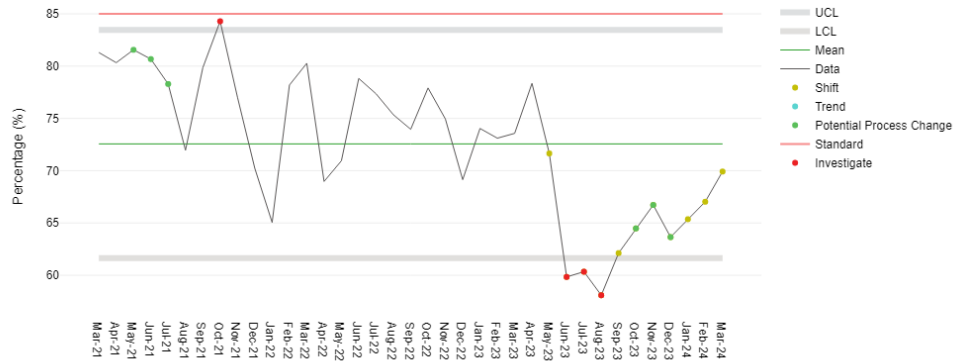
Latest value	Standard
10.7 %	<=8%

Outpatient Did Not Attend (DNA) Rate (Adults Only)



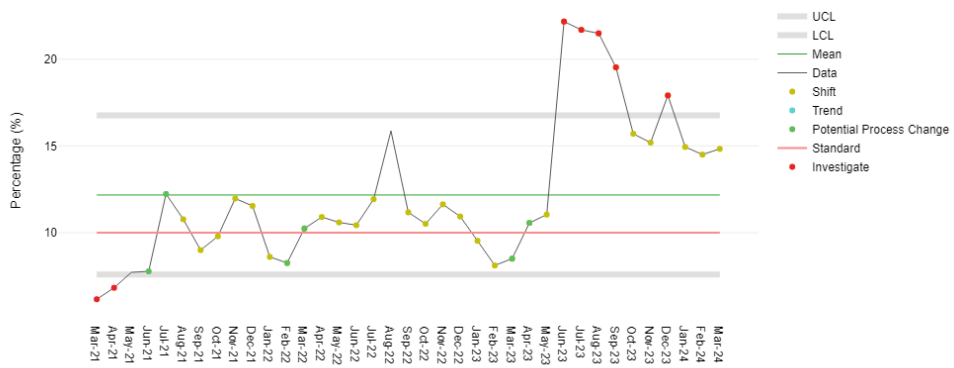
Latest value	Standard
69.9 %	>85%

Elective Theatre List Utilisation (Main Theatres and Day Surgery, Excluding Minor Operations)



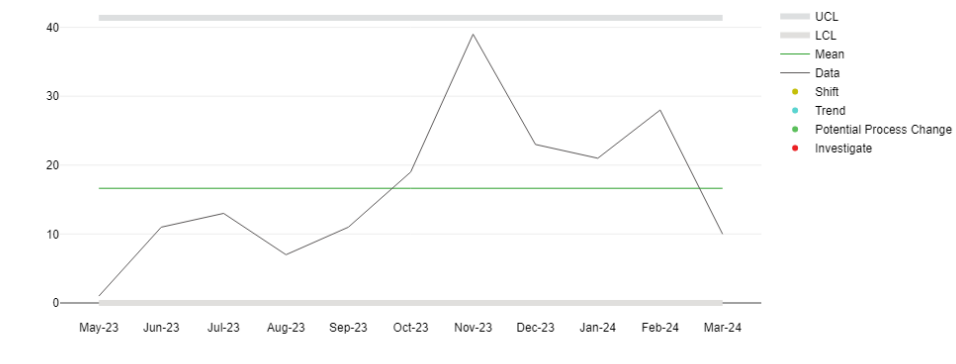
Latest value	Standard
14.8 %	<=10%

Was Not Brought Rate



Latest value	Standard
10	NA

Number of operations cancelled by the hospital on the day for Non-Medical Reasons



Elective Care Performance - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
Patients waiting for first outpatient appointment Greater Than 52 weeks	Hospital Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Standard set as a trajectory to get to 0 by year end, so 75% of 2023 year end value by end of Q1, 50% by end Q2, 25% by end Q3 and 0 by end Q4	Number of patients who have been waiting for over 52 weeks for a first Outpatient appointment at period end
Patients on elective list Greater Than 52 weeks	Hospital Electronic Patient Record (TrakCare Inpatient Listings Report (WLT11A) & Maxims Inpatient Listings Report (IP9DM))	Standard set as a trajectory to get to 0 by year end, so 75% of 2023 year end value by end of Q1, 50% by end Q2, 25% by end Q3 and 0 by end Q4	Number of patients on the elective inpatient waiting list who have been waiting over 52 weeks at period end.
Access to diagnostics Greater Than 6 weeks	Maxims Outpatient Waiting List Reports (OP001DM and IP009DM), Cris report)	Standard set as a trajectory to get to 0 by year end, so 75% of 2023 year end value by end of Q1, 50% by end Q2, 25% by end Q3 and 0 by end Q4	Number of patients waiting longer than 6 weeks for a first Diagnostic appointment at period end. Data only available from January 2024. Diagnostic investigatations included are comparable to those monitored in the NHS DM01 return. Currently HCS is unable to report on all of the diagnostic tests in DM01 due to technical system issues, but is working to include those at a future date.
New to follow-up ratio	Hospital Electronic Patient Record (TrakCare Outpatients Report (BKG1A) & Maxims Outpatients Report (OP1DM))	Standard set locally	Rate of new (first) outpatient appointments to follow-up appointments, this being the number of follow-up appointments divided by the number of new appointments in the period. Excludes Private patients.
Outpatient Did Not Attend (DNA) Rate (Adults Only)	Hospital Electronic Patient Record (TrakCare Outpatients Report (BKG1A) & Maxims Outpatients Report (OP1DM))		Percentage of public General & Acute outpatient (>=18 Years old) appointments where the patient did not attend and no notice was given. Numerator: Number of General & Acute public outpatient (>=18 years old) appointments where the patient did not attend. Denominator: the number of attended and unattended appointments (>=18 Years old). Excludes Private patients.
Elective Theatre List Utilisation (Main Theatres and Day Surgery, Excluding Minor Operations)	Hospital Electronic Patient Record (TrakCare Operations Report (OPT7B), TrakCare Theatres Report (OPT11A), Maxims Theatres Report (TH001DM) & Maxims Session Booking Report (TH002DM))	NHS Benchmarking- Getting It Right First Time 2024/25 Target	The percentage of booked theatre sessions that are used for actively performing a procedure. This being the sum of touch time divided by the sum of booked theatre session duration (as a percentage). This is reported for all operations (Public and Private) with the exception of Minor Ops, Maternity and Endoscopy.
Was Not Brought Rate	Hospital Electronic Patient Record (TrakCare Outpatients Report (BKG1A) & Maxims Outpatients Report (OP14DM))	Standard set locally based on average (mean) of previous two years' data	Percentage of JGH/Overdale public outpatient appointments where the patient did not attend (was not brought). Numerator: Number of JGH/Overdale public outpatient appointments where the patient did not attend. Denominator: Number of all attended and unattended appointments. Under 18 year old patients only. All specialties included. Excludes Private patients.
Number of operations cancelled by the hospital on the day for Non-Medical Reasons	Hospital Electronic Patient Record (Maxims Theatres Cancellations report TH003DM and TCI Statuses IP0024DM)	Not Applicable	Count of the number of on the day cancellations by the hospital for non-clinical reasons in the reporting period.

Emergency Care Performance

Section Owner

Chief Operating Officer – Acute Services

Performance Narrative

An increase in patients remaining in the Emergency Department longer than 4 hours is evident. 77 of these were admitted and 42 were discharged from the department direct. Internal Professional Standards are being developed to support patient flow within the Emergency Department. Red2Green initiative monitoring continues to be embedded across the ward departments. As a subset of this, the number of patients staying in the department over 12 hours is noted, these were mainly attributable to bed waits, for gender and due to isolation requirements in relation to IPAC outbreaks. (Norovirus &Covid)

Improvement noted in average time in ED, conversion rate and commenced treatment time within minors and majors. In March there were 0 P1s, 18 P2s, 87 P3s, 18 P4s.

Same Day Emergency Care continues to embed on the acute admissions unit. The unit is aiming to achieve 33% of the acute admissions alongside reducing length of stay and improving quality of care for patients by enabling care to be delivered same day. Additional specialist Physician capacity has been resourced as part of the response to RCP Acute Medicine report which will support the delivery of this metric.

Significant reduction noted in inpatient movements out of hours for non-clinical reasons.

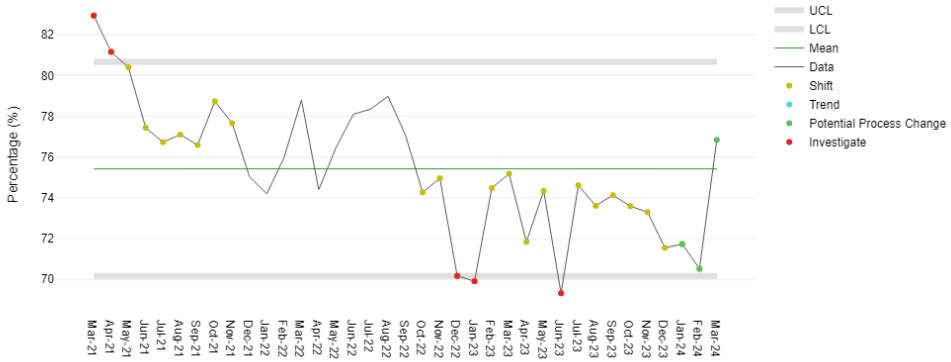
Escalations

A significant increase in Emergency Department length of stay is noted, the main causes being isolation, gender and general capacity. Actions being taken to address are maintaining additional capacity, R2G & length of stay activity in Clinical Productivity workstream, embedding SDEC & ED processes for rapid de-escalation of the department alongside internal SOP.

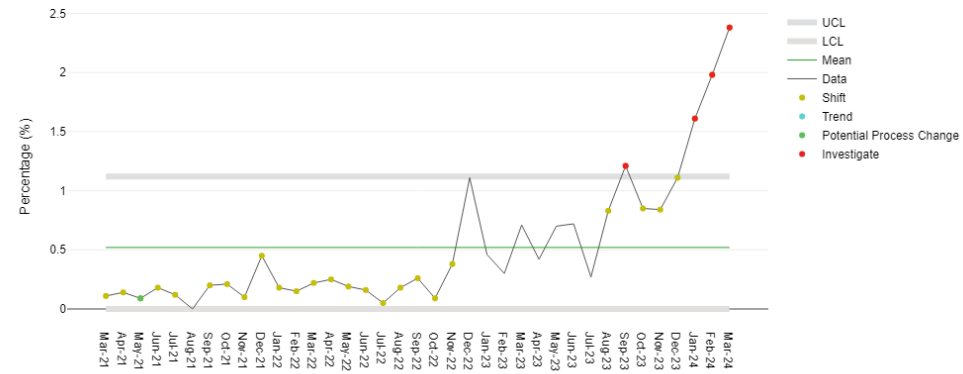
Head of Informatics continues to review the validity of the DTOC metric however detailed oversight continues with high confidence on the internal reporting position as discussed at last month's board meeting.

Emergency Care Performance - SPC Charts

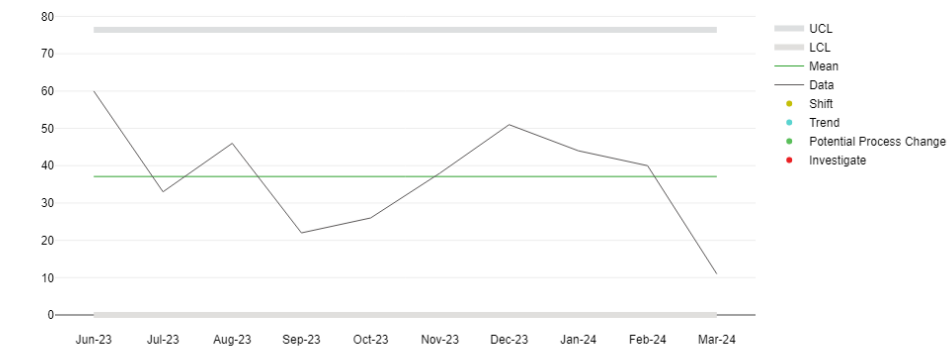
Latest value	Mean
76.8 %	75.4 %



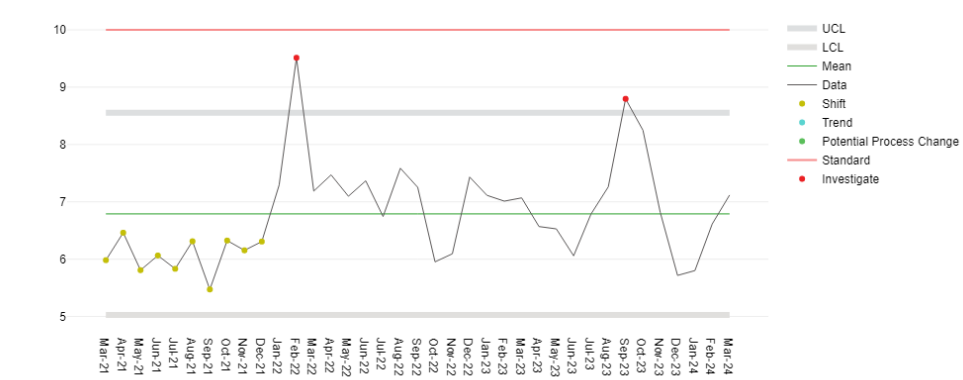
Latest value	Mean
2.4 %	0.5 %



Latest value	Mean
11	37.1

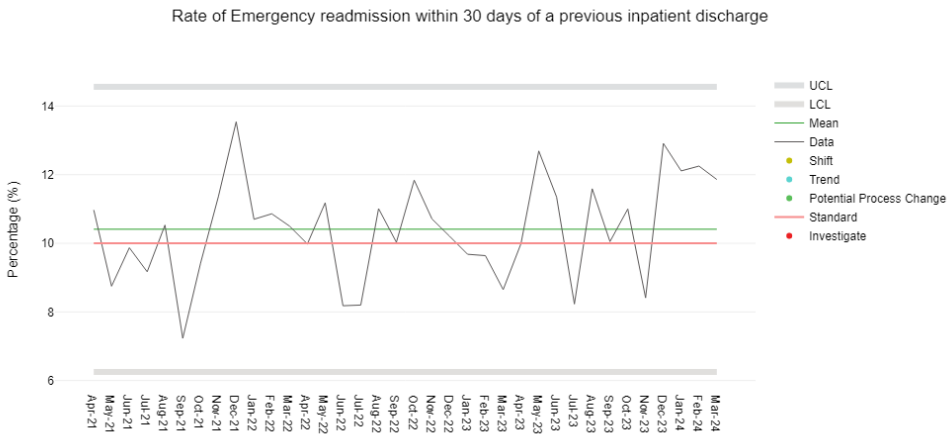


Latest value	Mean
7.12	6.79



Emergency Care Performance - SPC Charts

Latest value	Mean
11.9 %	10.4 %



Emergency Care Performance - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
% Patients in Emergency Department for less than or equal to 4 Hours	Hospital Electronic Patient Record (TrakCare Emergency Department Attendances (ED5A) & Maxims Emergency Department Attendances (ED001DM))	Not Applicable	Percentage of patients in the Emergency department less than or equal to 4 hours from arrival to departure or admission
% Patients in Emergency Department for more than 12 Hours	Hospital Electronic Patient Record (TrakCare Emergency Department Attendances (ED5A) & Maxims Emergency Department Attendances (ED001DM))	Not Applicable	Percentage of patients in the Emergency department for more than 12 hours from arrival to departure or admission
Inpatient movements between 22:00 and 08:00 for non-clinical reasons	Hospital Electronic Patient Record (Maxims Inpatient Ward Movements report IP001DM)	Not Applicable	Count of inpatient moves within wards or between wards, between the hours of 22:00 and 08:00 for non-clinical reasons, in the reporting period.
Non-elective acute Length of Stay (LOS) (days)	Hospital Electronic Patient Record (TrakCare Discharges Report (ATD9P) & Maxims Admissions and Discharge Report (IP13DM))	Generated based on historic performance	Average (mean) Length of Stay (LOS) in days of all emergency inpatients discharged in the period from a General Hospital ward. All days of the stay are counted in the period of discharge. E.g. a Patient with a 100 day LOS, discharged in January, will have all 100 days counted in January. This indicator excludes Samares Ward. During the period 2020 to 2022 Samares Ward was closed and long stay rehabiliation patients were treated on Plemont Ward and therefore the data is not comparable for this period.
Rate of Emergency readmission within 30 days of a previous inpatient discharge	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L, TrakCare Discharges Report (ATD9P), Maxims Admssions and Discharge Report (IP013DM))	Generated based on historic performance	The rate of emergency readmission. This being the number of eligible emergency admissions to Jersey General Hospital occurring within 30 days (0-29 days inclusive) of the last, previous eligible discharge from hospital as a percentage of all eligible discharges from JGH and Overdale. Exclusions apply see detailed definition at: https://files.digital.nhs.uk/69/A27D29/Indicator%20Specification%20-%20Compendium%20Readmissions%20%28Main%29%20-%20I02040%20v3.3.pdf

Maternity

Section Owner

Chief Nurse

Performance Narrative

We have seen a slight increase in the number of babies born less that the 3rd centile over 37+6 weeks, but these are managed appropriately and reviewed through the datix system. This is also due to the improvements in detection of growth restriction.

We have seen an increase in preterm births <37 weeks' gestation but this is in line with the management required with the presenting clinical picture.

We have seen an increase in induction of labour from 26% in February to 31.58% in March, this does fluctuate month on month; we are ensuring we are offering induction at the correct gestation due to the clinical presenting picture.

Caesarean section rate was 40.35% in month which is a reduction from last month and all are reviewed using the Robson criteria and there have been no underlying concerns. Patient choice continues to play a key part in the increasing caesarean section rate which is in line with both UK national and international benchmarks.

Escalations

No escalations

Maternity - Key Performance Indicators

Indicator	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	YTD
Total Births	68	59	71	58	80	72	67	58	66	59	67	51	58	176
Mothers with no previous pregnancy (Primips)	31	36	38								24	15	20	59
Mothers who have had a previous pregnancy (Multips)	37	23	25								26	19	30	75
Mothers with unknown previous pregnancy status			8								17	17	8	42
Bookings ≤10+0 Weeks											6	3	7	16
% of women that have an induced labour	20.59%	23.73%	34.78%	22.81%	20.27%	27.78%	31.25%	17.24%	30.77%	38.98%	30.16%	24%	31.58%	28.82%
Number of spontaneous vaginal births (including home births and breech vaginal deliveries)	31	20	17	23	26	25	23	21	18	11	25	13	22	60
Number of Instrumental deliveries	5	9	8	6	5	12	4	5	5	4	7	3	5	15
% deliveries by C-section (Planned & Unscheduled)	36.76%	44.07%	53.62%	31.58%	44.59%	44.44%	37.5%	46.55%	49.23%	45.76%	36.51%	52%	40.35%	42.35%
% Elective caesarean section births	22.39%	23.73%	26.87%	23.21%	23.94%	22.22%	21.88%	23.64%	27.69%	29.31%	23.81%	32%	16.07%	23.67%
Number of Emergency Caesarean Sections at full dilatation	1	1	1	1	0	1	1	1	2	0	2	1	1	4
Number of women in Robson Group 1 cohort (Nulliparous, single cephalic pregnancy, at least 37 weeks' gestation, spontaneous labour)											2	3	0	5
Number of women in Robson Group 2a cohort (Nulliparous, single cephalic pregnancy, at least 37 weeks' gestation, induced labour)											4	3	5	12
Number of women in Robson Group 2b cohort (Nulliparous, single cephalic pregnancy, at least 37 weeks' gesation, caesarean birth prior to onset of spontaneous labour - will always be 100%)											3	3	2	8
Number of women in Robson Group 5 cohort (Previous caesarean birth, single cephalic pregnancy, at least 37 weeks' gestation)											4	6	5	15
Number of deliveries home birth (Planned & Unscheduled)	8	5	3	4	2	4	2	3	3	0	2	3	1	6
Mothers who were current smokers at time of booking (SATOB)			1	2	4	0	1	4	3	2	7	7	3	17
Mothers who were current smokers at time of delivery (SATOD)			0	0	0	0	0	1	0	0	0	1	3	4
Number of Mothers who were consuming alcohol at time of booking			0	1	3	1	1	2	0	3	1	1	2	4
Number of Mothers who were consuming alcohol at time of delivery			0	0	0	0	0	0	0	0	7	4	3	14
Transfer of Mothers from Inpatients to Overseas	2	1	1	0	0	0	0	0	2	1	0	3	1	4
Number of births in the High dependency room / isolation room				1	0	0	1	0	0	0	1	1	0	2
Number of PPH Greater Than 1500mls	3	3	10	3	4	2	3	6	6	3	2	2	1	5
Number of 3rd & 4th degree tears – all births	1	0	0	3	1	1	2	2	1	0	2	2	1	5
Number of babies that have APGAR score below 7 at 5 mins	1	1	1	0	0	0	1	0	1	0	0	1	0	1
% live births Less Than 3rd centile delivered Greater Than 37+6 weeks (detected & undetected SGA)	3.7%	1.79%	5.36%	0%	0%	2.7%	0%	4.55%	2.5%	6.9%	0%	3.7%	7.41%	3.45%
Number of admissions to Jersey Neonatal Unit at or above 37 weeks gestation	4	2	0	0	0	0	0	0	2	2	0	1	0	1
Transfer of Neonates from JNU	0	0	0	0	1	0	0	0	1	1	1	0	0	1
Preterm Births ≤27 Weeks (Live & Stillbirths)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Preterm Births ≤36+6 Weeks	9	2	7	0	6	2	2	7	1	2	1	1	8	10

Maternity - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
Total Births	Maternity Birth Registration Details Report	Indicator is for information only	Total number of births of any outcome. Includes live and stillbirth.
Mothers with no previous pregnancy (Primips)	Maternity Birth Registration Details Report	Indicator is for information only	Total number of births of any outcome to first-time mothers. Includes live and stillbirth.
Mothers who have had a previous pregnancy (Multips)	Maternity Birth Registration Details Report	Indicator is for information only	Total number of births of any outcome to mothers who have given birth at least once before. Includes live and stillbirth.
Mothers with unknown previous pregnancy status	Maternity Birth Registration Details Report	Indicator is for information only	Total number of births of any outcome to mothers with unknown previous pregnancy status. Includes live and stillbirth.
Bookings ≤10+0 Weeks	Maxims Deliveries Report (MT005)	Not Applicable	Number of women who attended their first pregnancy appointment where their gestation length was less than 70 days (10 weeks).
% of women that have an induced labour	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Standard set locally based on average (mean) of previous two years' data	Number of women that had an induced labour as a percentage of the total number of deliveries.
Number of spontaneous vaginal births (including home births and breech vaginal deliveries)	Maternity Delivery Details Report	Not Applicable	Number of spontaneous vaginal births including home births and breech vaginal deliveries
Number of Instrumental deliveries	Maternity Delivery Details Report	Not Applicable	Count of instrumental deliveries
% deliveries by C-section (Planned & Unscheduled)	Maternity Delivery Details Report	Indicator is for information only	Number of c-sections, planned and unplanned, as a percentage of the total number of deliveries.
% Elective caesarean section births	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Indicator is for information only	Number of Elective Caesarean sections, divided by total number of deliveries
Number of Emergency Caesarean Sections at full dilatation	Hospital Electronic Patient Record (TrakCare Deliveries Report (MAT23A) & Maxims Deliveries Report (MT005))	Indicator is for information only	Number of Emergency Caesarean section births (This includes all Category 1 & 2 Caesarean Sections) where the mother's cervix is fully dilated
Number of women in Robson Group 1 cohort (Nulliparous, single cephalic pregnancy, at least 37 weeks' gestation, spontaneous labour)	Hospital Patient Administration System (Maxims, Caesarean Deliveries Report MT008DM)	Indicator is for information only	A woman who hasn't previously given birth, baby is bottom and feet up with their head down near the exit, or birth canal, facing the mother's back. Baby is at full term and no labour-inducing drugs needed.

Maternity - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
Number of women in Robson Group 2a cohort (Nulliparous, single cephalic pregnancy, at least 37 weeks' gestation, induced labour)	Hospital Patient Administration System (Maxims, Caesarean Deliveries Report MT008DM)	Indicator is for information only	A woman who hasn't previously given birth, baby is bottom and feet up with their head down near the exit, or birth canal, facing the mother's back. Baby is at full term and labour was started artificially.
Number of women in Robson Group 2b cohort (Nulliparous, single cephalic pregnancy, at least 37 weeks' gesation, caesarean birth prior to onset of spontaneous labour - will always be 100%)	Hospital Patient Administration System (Maxims, Caesarean Deliveries Report MT008DM)	Indicator is for information only	A woman who hasn't previously given birth, baby is bottom and feet up with their head down near the exit, or birth canal, facing the mother's back. Baby is at full term and baby was delivered via elective caesarean section.
Number of women in Robson Group 5 cohort (Previous caesarean birth, single cephalic pregnancy, at least 37 weeks' gestation)	Hospital Patient Administration System (Maxims, Caesarean Deliveries Report MT008DM)	Indicator is for information only	A woman who has previously given birth via caesarean section, baby is bottom and feet up with their head down near the exit, or birth canal, facing the mother's back. Baby is at full term.
Number of deliveries home birth (Planned & Unscheduled)	Maternity Delivery Details Report	Indicator is for information only	Number of deliveries recorded as being at "Home", planned and unplanned
Mothers who were current smokers at time of booking (SATOB)	Maternity Smoking & Drinking Details Report	Indicator is for information only	Total number of mothers who were recorded as being smokers at their pregnancy booking appointment.
Mothers who were current smokers at time of delivery (SATOD)	Maternity Smoking & Drinking Details Report	Indicator is for information only	Total number of mothers who were recorded as being smokers on their delivery date.
Number of Mothers who were consuming alcohol at time of booking	Maternity Smoking & Drinking Details Report	Indicator is for information only	Total number of mothers who were recorded as consuming alcohol at their pregnancy booking appointment.
Number of Mothers who were consuming alcohol at time of delivery	Maternity Smoking & Drinking Details Report	Indicator is for information only	Total number of mothers who were recorded as consuming alcohol on their delivery date.

Maternity - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
Transfer of Mothers from Inpatients to Overseas	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L), TrakCare Deliveries Report (MAT23A), Maxims Admissions Report (IP013DM) & Maxims Deliveries Report (MT005))	Indicator is for information only	Number of transfers of mothers out of Maternity inpatient wards to an off-island Healthcare facility.
Number of births in the High dependency room / isolation room	Maxims Deliveries Report (MT005)	Not Applicable	Number of births which took place in the High Dependancy Room / Isolation Room
Number of PPH Greater Than 1500mls	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Indicator is for information only	Number of deliveries that resulted in a blood loss of over 1500ml
Number of 3rd & 4th degree tears – all births	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Not Applicable	Number of women who gave birth and sustained a 3rd or 4th degree perineal tear
Number of babies that have APGAR score below 7 at 5 mins	Hospital Electronic Patient Record (TrakCare Maternity Reports (MAT23A & MAT1A) & Maxims Maternity Reports (MT005 & MT001))	Indicator is for information only	Number of live births (only looking at singleton babies with a gestational length at birth between 259 and 315 days) that have APGAR score (a measure of the physical condition of a newborn baby) below 7 at 5 minutes after birth
% live births Less Than 3rd centile delivered Greater Than 37+6 weeks (detected & undetected SGA)	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Indicator is for information only	Percentage of live births with a gestational age lower than the 3rd centile (3% of babies born at same gestational age will have a lower birth weight than them) delivered after 37 weeks and 6 days of pregnancy.
Number of admissions to Jersey Neonatal Unit at or above 37 weeks gestation	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L), TrakCare Deliveries Report (MAT23A), Maxims Admissions Report (IP013DM) & Maxims Deliveries Report (MT005))	Not Applicable	Number of births requiring admission to the Jersey Neonatal Unit at or above 37 weeks gestation
Transfer of Neonates from JNU	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L), TrakCare Deliveries Report (MAT23A), Maxims Admissions Report (IP013DM) & Maxims Deliveries Report (MT005))	Indicator is for information only	Number of transfers of babies out of the Jersey Neonatal Unit to an off-island Neonatal facility.
Preterm Births ≤27 Weeks (Live & Stillbirths)	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Indicator is for information only	Live babies born who were born at or before 27 weeks
Preterm Births ≤36+6 Weeks	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Indicator is for information only	Live babies born who were born before 37 weeks (less than or equal to 36+6 gestation)

Mental Health

Section Owner

Director Adult Mental Health & Social Care

Performance Narrative

Performance across mental health services is essentially unchanged this month, with the key issues being waiting time for psychological treatment (not assessment), and for diagnostic assessment in the ADHD, autism and memory assessment services. Recovery plans and actions continue in these areas as previously reported.

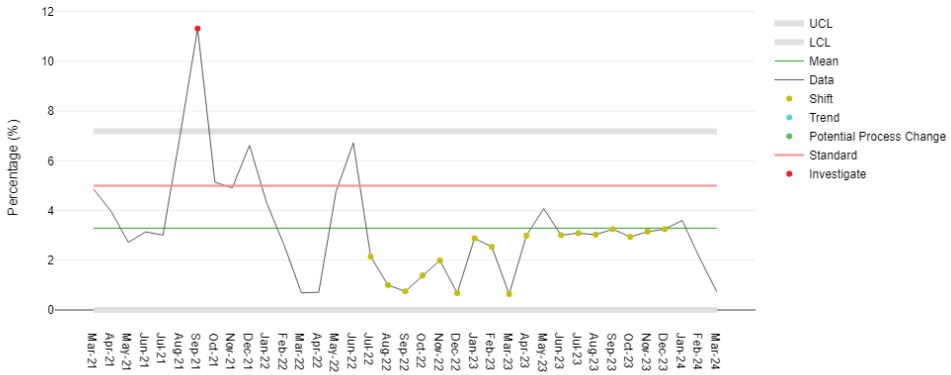
Escalations

Face to face follow up in working age adult services (target within 3 days of discharge) remains a concern this month; this is now being looked at specifically by the General Manager for mental health services, with a view to returning to target achievement next month.

Mental Health - SPC Charts

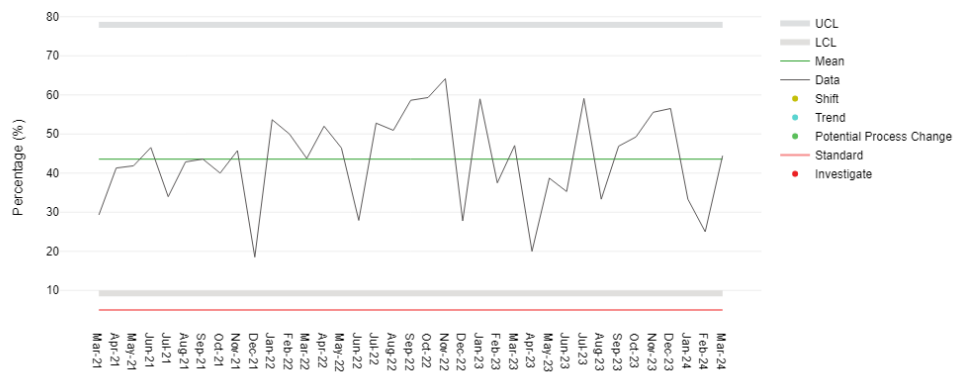
Latest value	Mean
0.7 %	3.3 %

JTT % of clients waiting for assessment who have waited over 90 days



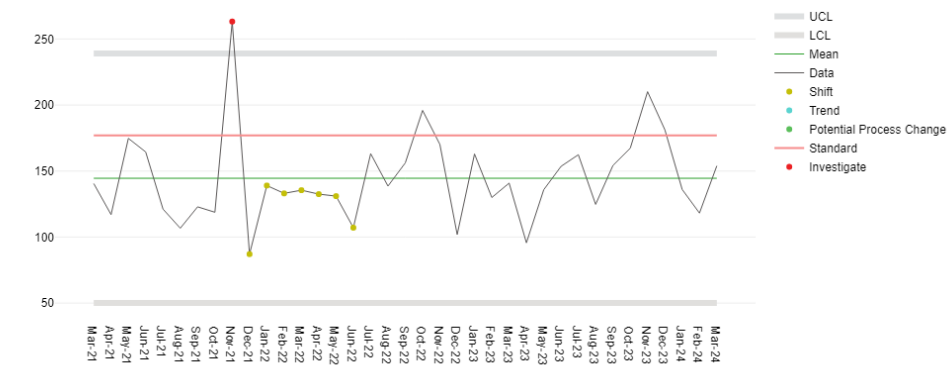
Latest value	Mean
44.4 %	43.6 %

JTT % of clients who started treatment in period who waited over 18 weeks



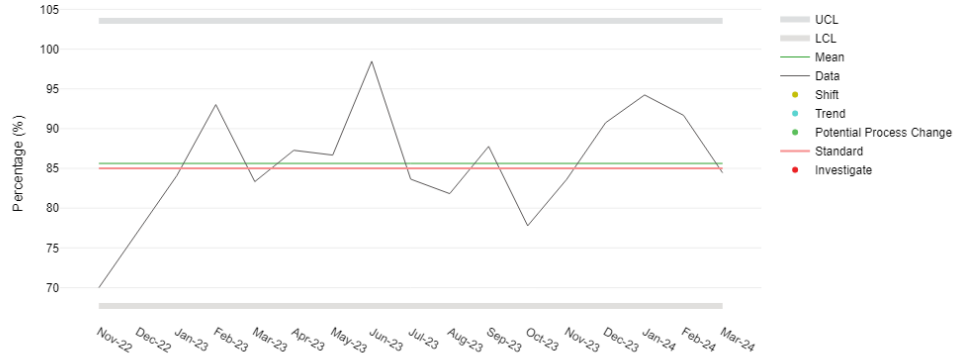
Latest value	Mean
153.93	144.56

JTT Average waiting time to treatment (Days)



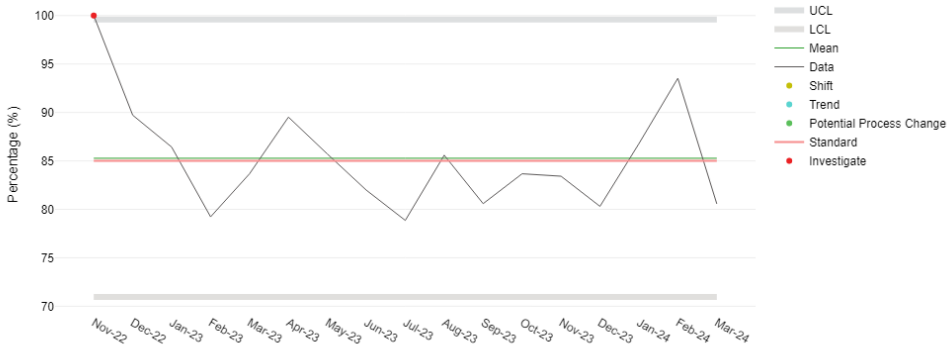
Latest value	Mean
84.4 %	85.6 %

% of referrals to Mental Health Crisis Team assessed in period within 4 hours

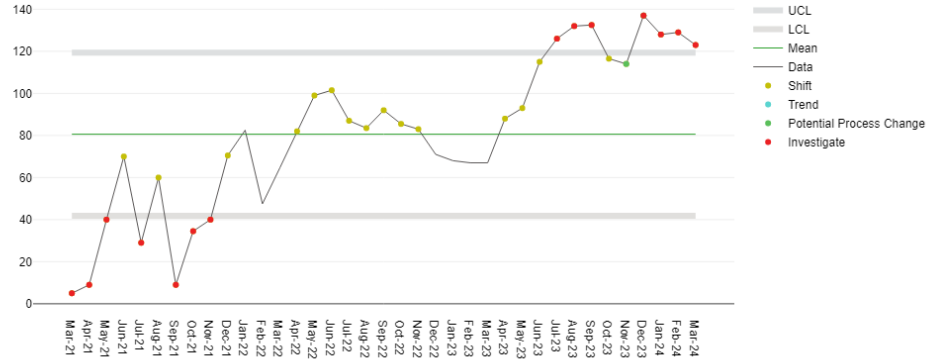


Mental Health - SPC Charts

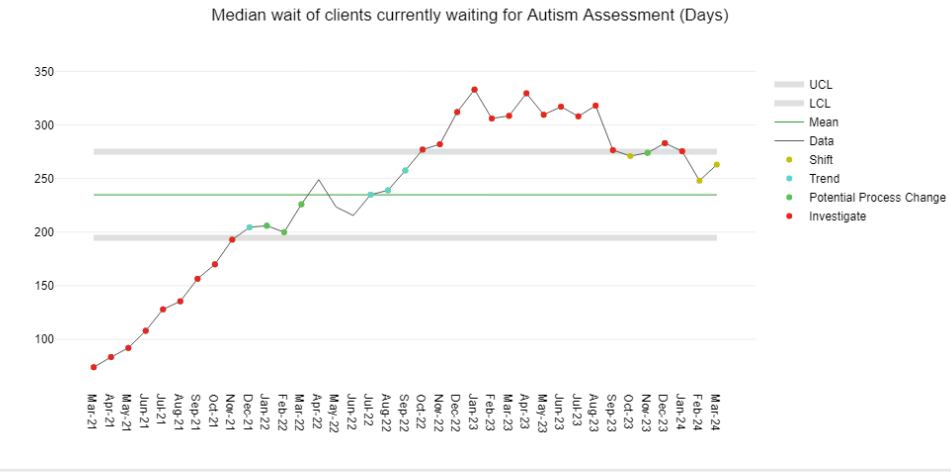
Latest value	Mean
80.6 %	85.3 %



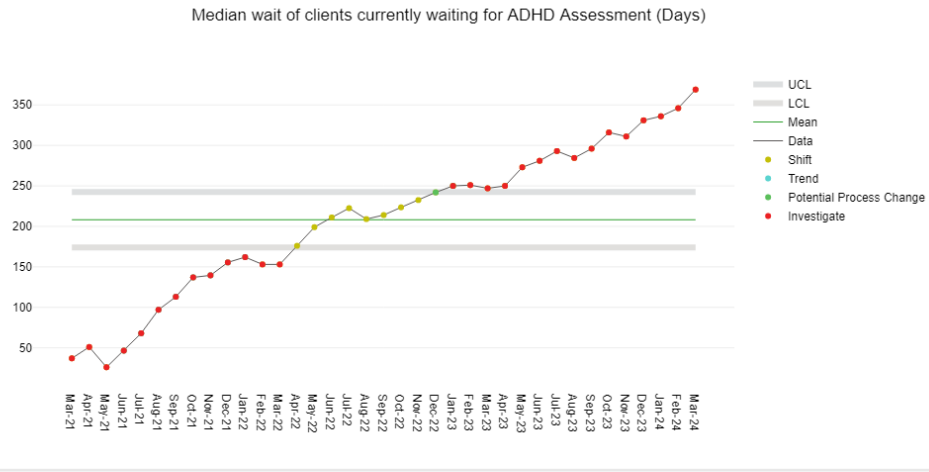
Latest value	Mean
123	80.59



Latest value	Mean
263	234.81



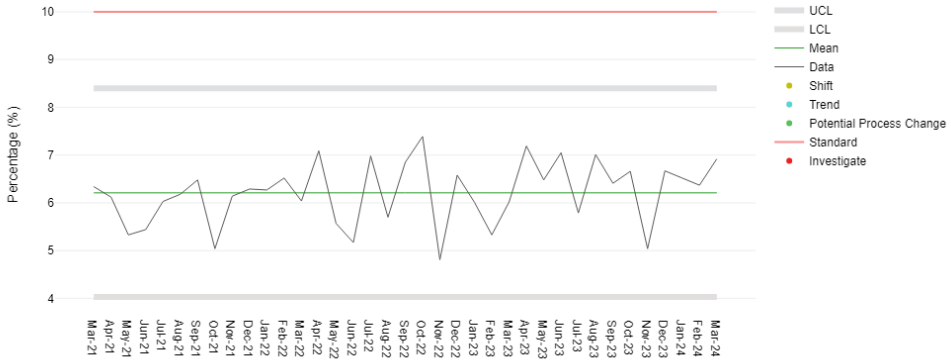
Latest value	Mean
369	208.18



Mental Health - SPC Charts

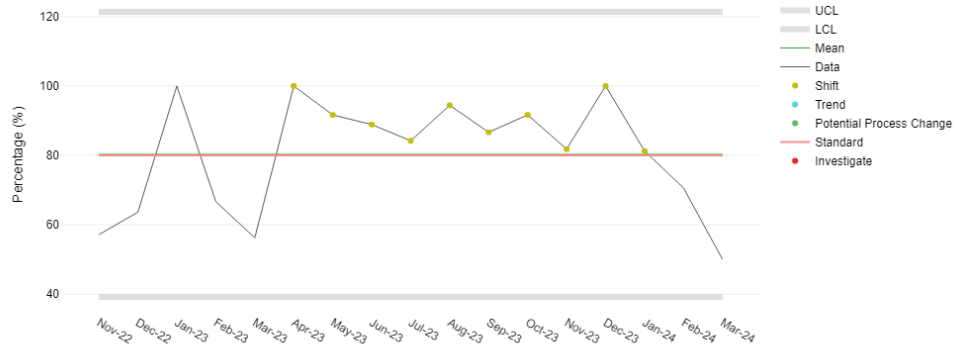
Latest value	Mean
6.9 %	6.2 %

Community Mental Health Team Did Not Attend (DNA) rate



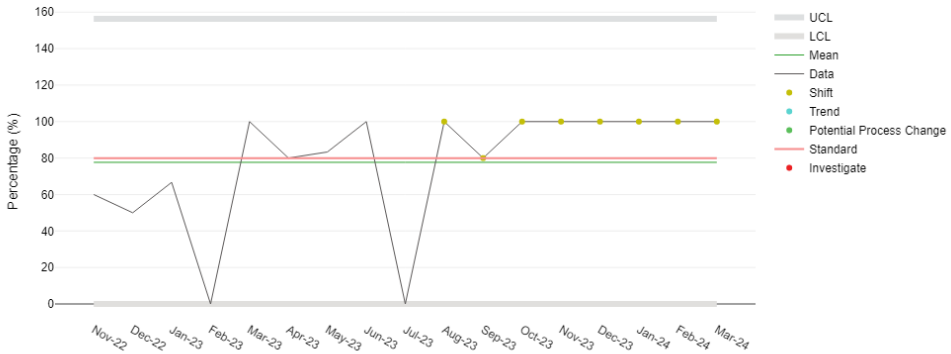
Latest value	Mean
50 %	80.3 %

% of Adult Acute discharges with a face to face contact from an appropriate Mental Health professional within 3 days



Latest value	Mean
100 %	77.7 %

% of Older Adult discharges with a face to face contact from an appropriate Mental Health professional within 3 days



Mental Health - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
JTT % of clients waiting for assessment who have waited over 90 days	JTT & PATS electronic client record system	Improving Access to Psychological Therapies (IAPT) Standard	Number of JTT clients who have waited over 90 days for assessment, divided by the total number of JTT clients waiting for assessment
JTT % of clients who started treatment in period who waited over 18 weeks	JTT & PATS electronic client record system	Improving Access to Psychological Therapies (IAPT) Standard	Percentage of JTT clients commencing treatment in the perios who had waited more than 18 weeks to commence treatment. Numerator: Number of JTT clients beginning treatment who waited longer than 18 weeks from referral date. Denominator: Total number of JTT clients beginning treatment in the period
JTT Average waiting time to treatment (Days)	JTT & PATS electronic client record system	Generated based on historic percentiles	Average (mean) days waiting from JTT referral to the first attended treatment session
% of referrals to Mental Health Crisis Team assessed in period within 4 hours	Community services electronic client record system	Agreed locally by Care Group Senior Leadership Team	Number of Crisis Team referrals assesed within 4 hours divided by the total number of Crisis team referrals
% of referrals to Mental Health Assessment Team assessed in period within 10 working days	Community services electronic client record system	Agreed locally by Care Group Senior Leadership Team	Percentage of referrals to Mental Health Assessment Team that were assessment within 10 working day target. Numerator: Number of Assessment Team referrals assessed within 10 working days of referral. Denominator: Total number of Mental Health Assessment Team referrals received
Median wait of clients currently waiting for Memory Service Assessment (Days)	Community services electronic client record system	Not Applicable	Memory Service Assessment Median Waiting times from date of referral to last day of reporting period

Mental Health - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
Median wait of clients currently waiting for Autism Assessment (Days)	Community services electronic client record system	Not Applicable	Autism Assessment Median Waiting times from date of referral to last day of reporting period
Median wait of clients currently waiting for ADHD Assessment (Days)	Community services electronic client record system	Not Applicable	ADHD Assessment Median Waiting times from date of referral to last day of reporting period
Community Mental Health Team Did Not Attend (DNA) rate	Community services electronic client record system	Standard based on historic performance	Rate of Community Mental Health Team (CMHT) outpatient appointments not attended. Numerator: Number of Community Mental Health Team (CMHT, including Adult & Older Adult services) public outpatient appointments where the patient did not attend. Denominator: Total number of Community Mental Health Team (CMHT, including Adult & Older Adult services) appointments booked
% of Adult Acute discharges with a face to face contact from an appropriate Mental Health professional within 3 days	Hospital Electronic Patient Record (TrakCare Discharges Report (ATD9P), TrakCare Admissions Report (ATD5L), Maxims Discharges Report (IP013DM), Maxims Admissions Report (IP013DM) & Community services electronic client record) system	National standard evidenced from Royal College of Psychiatrists	Number of patients discharged from Mental Health Inpatient Unit with an Adult Mental Health Specialty' with a Face-to-Face contact from Community Mental Health Team (CMHT, including Adult & Older Adult services) or Home Treatment within 72 hours divided by the total number of discharges from 'Mental Health Inpatient Unit with an Adult Menatl Health Specialty'
% of Older Adult discharges with a face to face contact from an appropriate Mental Health professional within 3 days	Hospital Electronic Patient Record (TrakCare Discharges Report (ATD9P), TrakCare Admissions Report (ATD5L), Maxims Discharges Report (IP013DM), Maxims Admissions Report (IP013DM) & Community services electronic client record) system	National standard evidenced from Royal College of Psychiatrists	Number of patients discharged from an 'Older Adult' unit with a Face-to-Face contact from Older Adult Community Mental Health Team (OACMHT) or Home Treatment within 72 hours divided by the total number of discharges from 'Older Adult' units

Social Care

Section Owner

Director Adult Mental Health & Social Care

Performance Narrative

The percentage of Learning Disability Service clients who have had a physical health check in the past year continues to be above the target.

The percentage of assessments completed and authorised within 3 weeks is also above target, recording the highest performance seen in the last 2 years. This is a result of the work that has been undertaken to streamline the authorisation process, alongside strong performance from individual staff.

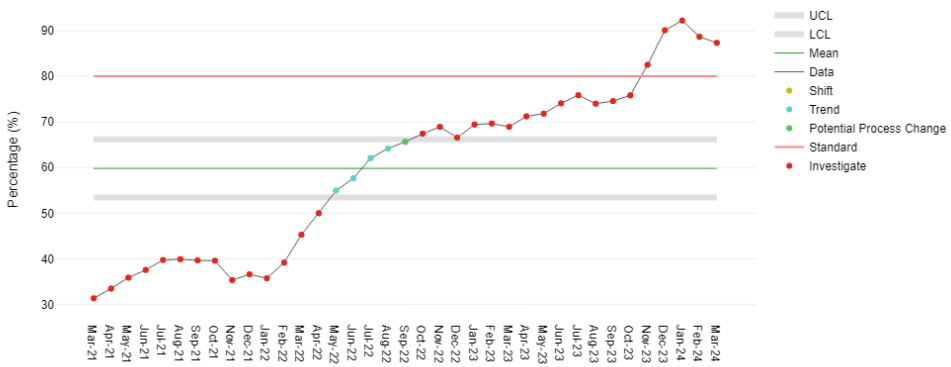
Escalations

There are no escalations required.

Social Care - SPC Charts

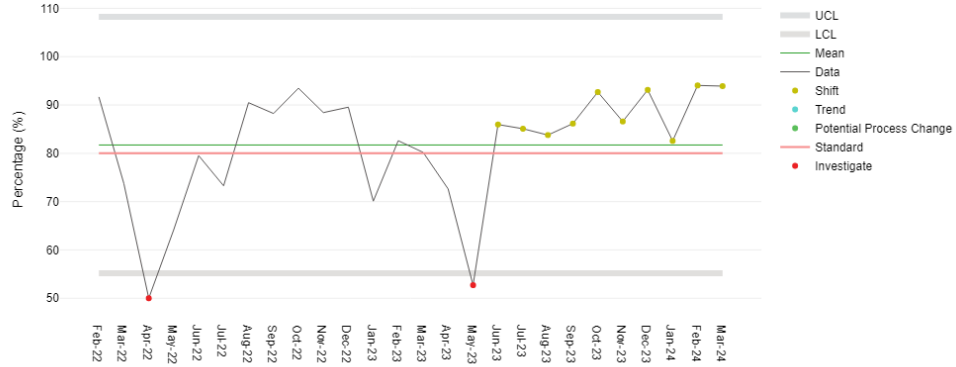
Latest value	Mean
87.3 %	59.8 %

Percentage of Learning Disability Service clients with a Physical Health check in the past year



Latest value	Mean
93.9 %	81.7 %

Percentage of Assessments completed and authorised within 3 weeks (ASCT)



Social Care - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
Percentage of Learning Disability Service clients with a Physical Health check in the past year	Community services electronic client record system	Generated based on historic performance	Percentage of Learning Disability (LD) clients with an open involvement in the period who have had a physical wellbeing assessment within the past year. Numerator: Number of LD clients who have had a physical wellbeing assessment in the 12 months prior to period end. Denominator: Total number of clients with an open LD involvement within the period.
Percentage of Assessments completed and authorised within 3 weeks (ASCT)	Community services electronic client record system	Generated based on historic performance	Number of FACE Support Plan and Budget Summary opened in the ASCT centre of care that are opened then closed within 3 weeks, divided by the total number of FACE Support Plan and Budget Summary opened in the ASCT centre of care more than 3 weeks ago

Quality & Safety

Section Owner

Medical Director / Chief Nurse

Performance Narrative

Complaints:

In the month of March 2024, a total of 15 new complaints were received across all care groups, this is a decrease of 19 complaints (-77%) compared to March 2023. There is no consistent ward, theme or clinician.

The team are actively encouraging patients and relatives to use the de-escalation process on wards and working at the point of contact to find resolutions that prevent concerns, comments, and queries from being escalated to formal complaints.

At the end of March there were a total of 32 official complaints open (24 stage one, 5 stage two and 3 at stage three.)

Compliments:

In March 2024 a total of 101 compliments were logged on the Datix system, this is an increase of 44.8% compared to the same month 2023.

The team are working with wards and departments to ensure that patient and relatives compliments are captured and recorded on Datix so that the relevant people and teams get the feedback and recognition.

Number of Cat 3 / 4 pressure ulcers/ deep Tissue Injury

We have seen a rise in deep tissue injury, which are currently under investigation. Our tissue viability team is actively examining the underlying causes to implement necessary preventive measures to ensure wellbeing of patients in our care. In March additional beds were opened across medicine to accommodate extended lengths of stay in more vulnerable patients. To date at time of reporting we have seen a reduction in April

Falls:

It is encouraging to note that we have had a reduction in falls with zero moderate/severe harm.

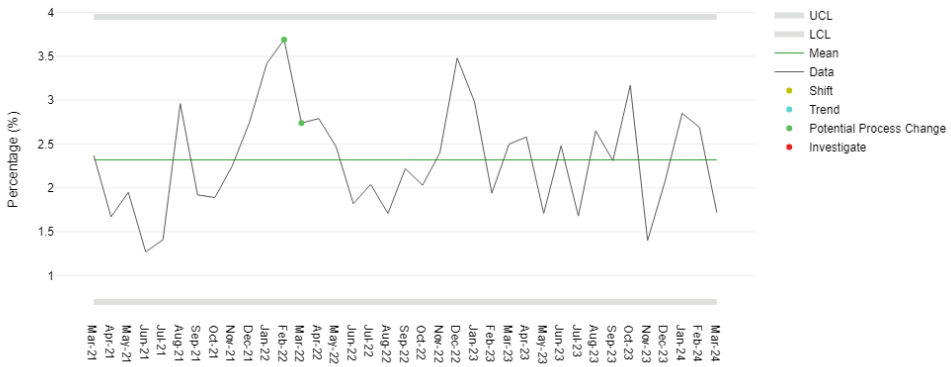
Escalations

No escalations

Quality & Safety - SPC Charts

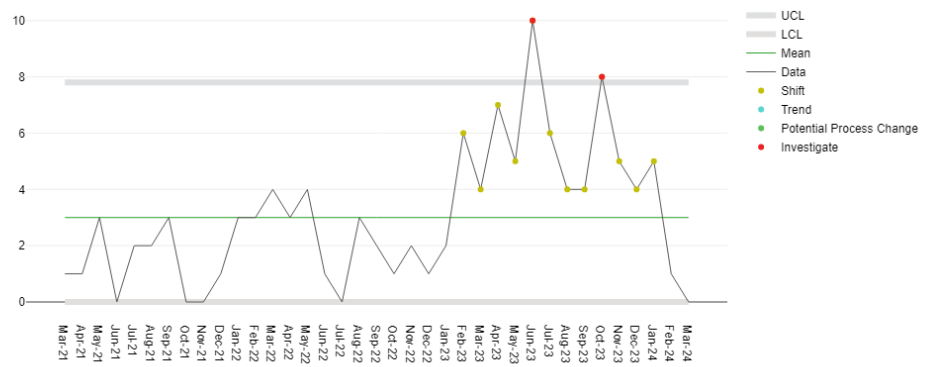
Latest value	Mean
1.7 %	2.3 %

Crude Mortality Rate (JGH, Overdale and Mental Health)



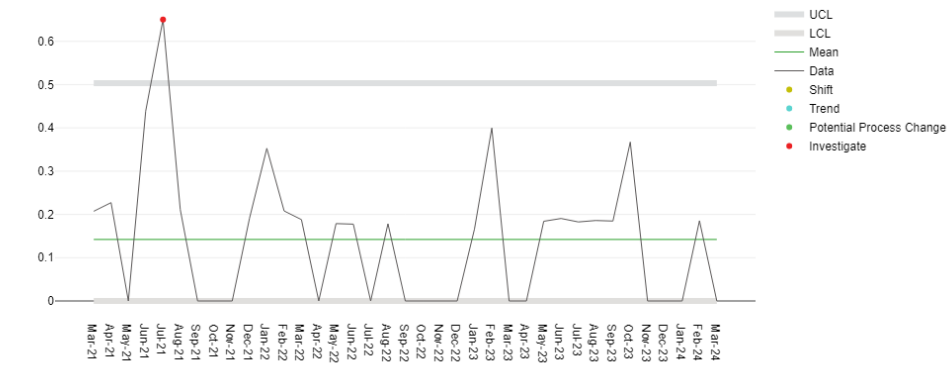
Latest value	Mean
0	3

Number of serious incidents



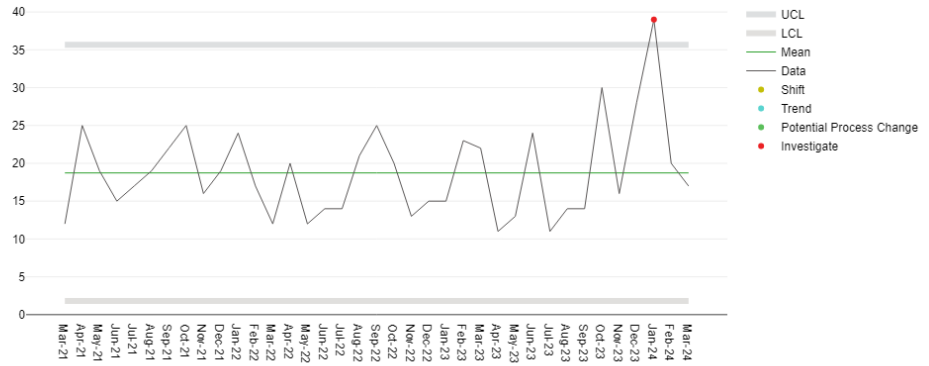
Latest value	Mean
0	0.14

Number of falls resulting in harm (moderate/severe) per 1,000 bed days



Latest value	Mean
17	18.73

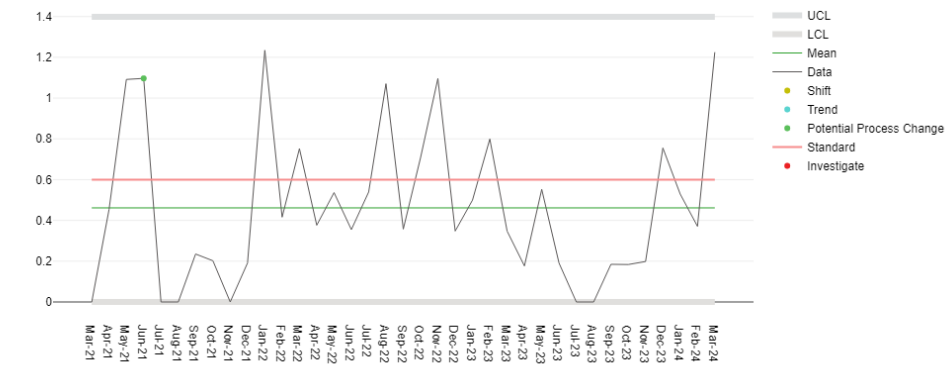
Number of pressure ulcers present upon inpatient admission



Quality & Safety - SPC Charts

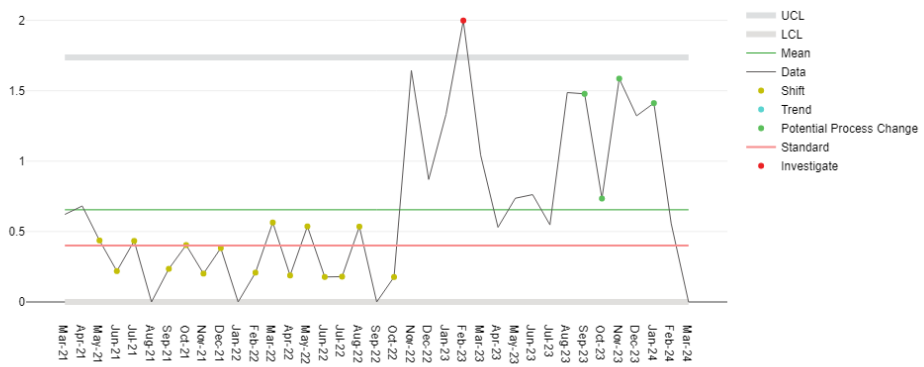
Latest value	Mean
1.23	0.46

Number of Cat 3-4 pressure ulcers / deep tissue injuries acquired as inpatient per 1000 bed days



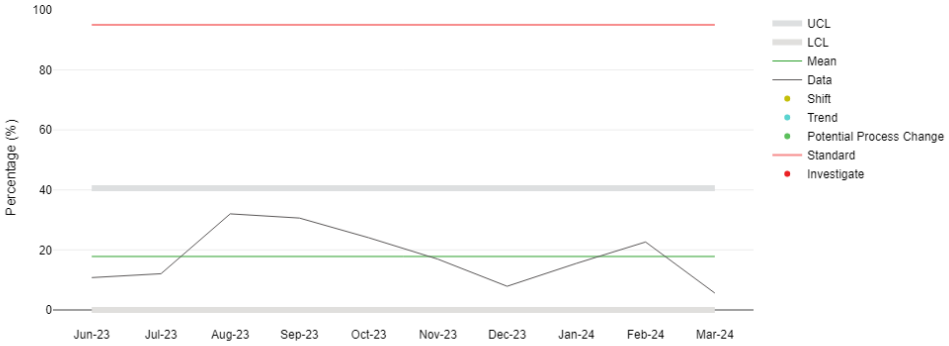
Latest value	Mean
0	0.65

Number of medication errors across HCS resulting in harm per 1000 bed days



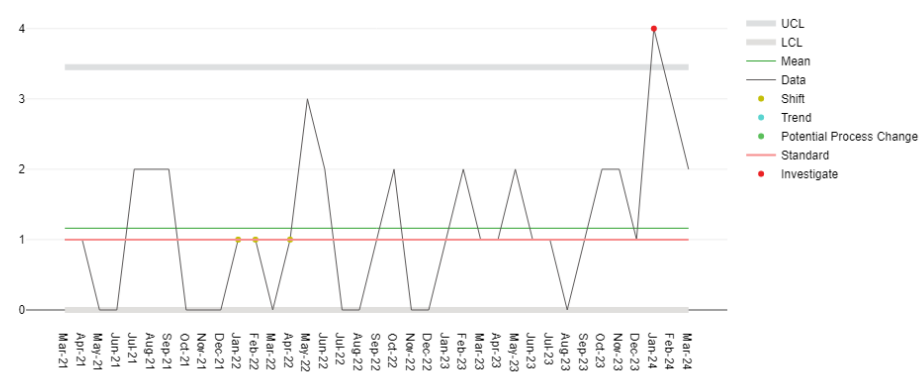
Latest value	Mean
5.6 %	17.8 %

% of adult inpatients who have had a VTE risk assessment within 24 hours of admission



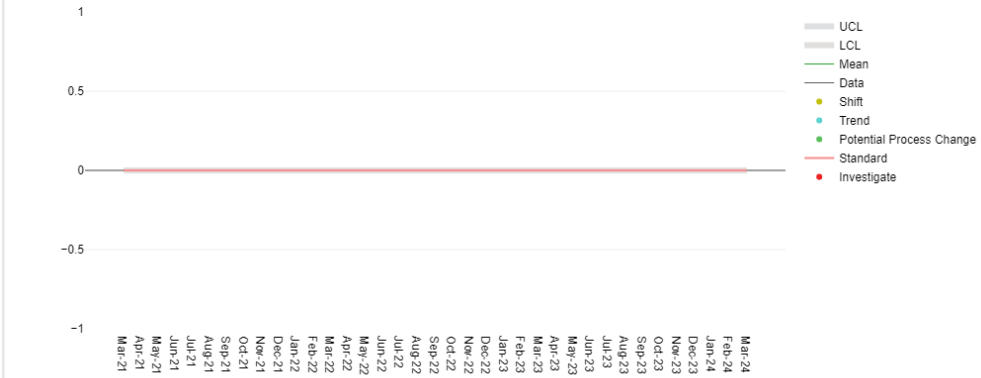
Latest value	Mean
2	1.16

C-Diff Cases - Hosp

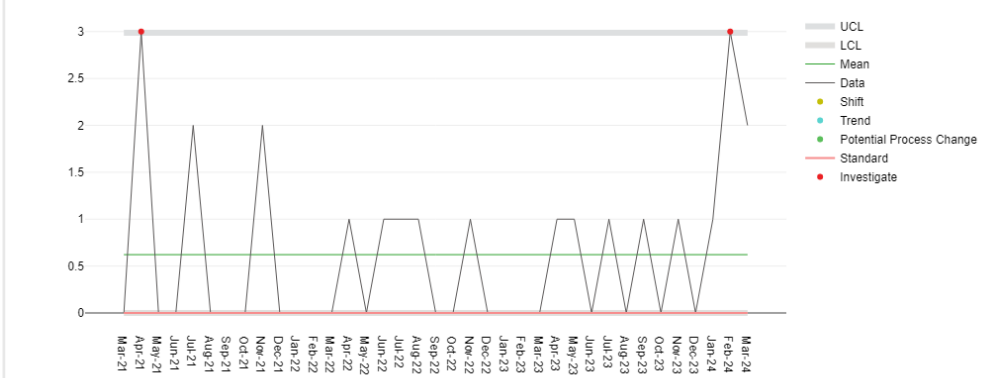


Quality & Safety - SPC Charts

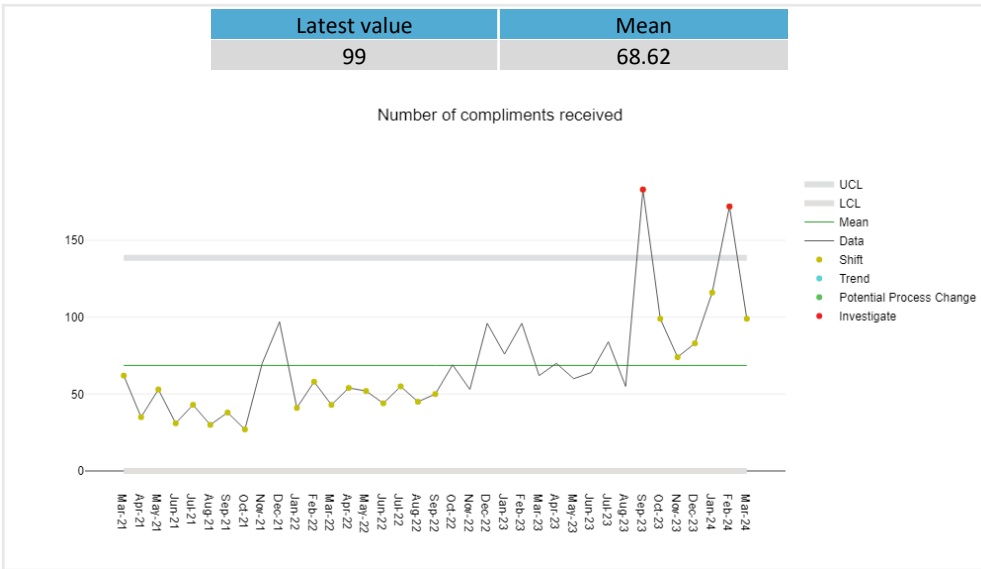
Latest value	Mean
0	0



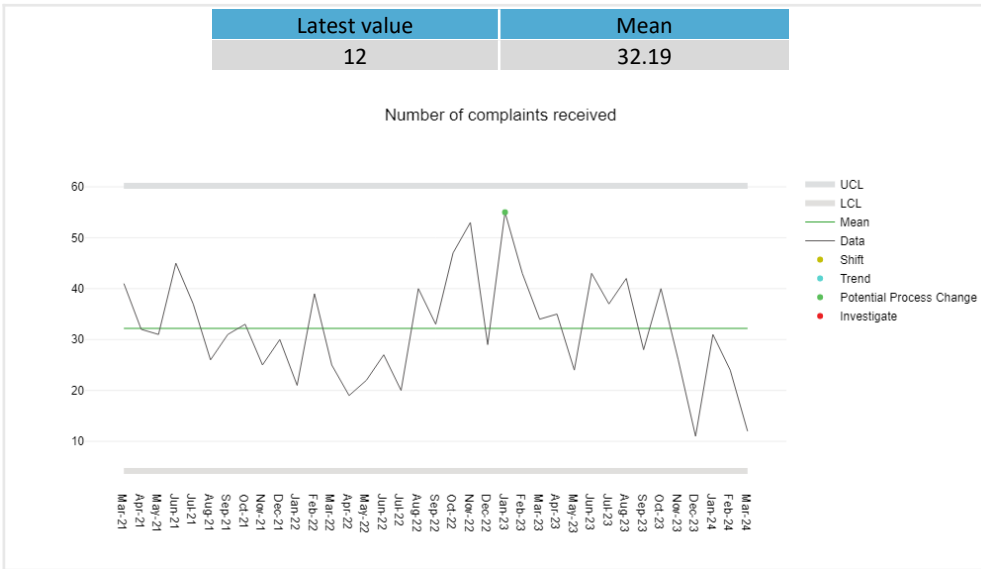
Latest value	Mean
2	0.62



Latest value	Mean
99	68.62



Latest value	Mean
12	32.19



Quality & Safety - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
Crude Mortality Rate (JGH, Overdale and Mental Health)	Hospital Electronic Patient Record (TrakCare Inpatient Discharges Report (ATD9P) Maxims Inpatient Discharges Report (IP013DM))	Not Applicable	A hospital's crude mortality rate looks at the number of deaths that occur in a hospital in any given period and expresses this as a proportion of the number of people admitted for care 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.
Number of serious incidents	HCS Incident Reporting System (Datix)	Not Applicable	Number of safety events recorded in Datix where the event is marked as a 'Serious Incident' in the period
Number of falls resulting in harm (moderate/severe) per 1,000 bed days	Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM)) & Datix Safety Events Report	Not Applicable	Number of inpatient falls with moderate or severe harm recorded where approval status is not "Rejected" per 1000 occupied bed days
Number of pressure ulcers present upon inpatient admission	HCS Incident Reporting System (Datix)	Not Applicable	Datix incidents in the month recording a pressure sore upon inpatient admission. All pressure ulcers recorded as "present before admsission" but excluding those recorded as "present before admission from other ward".
Number of Cat 3-4 pressure ulcers / deep tissue injuries acquired as inpatient per 1000 bed days	HCS Incident Reporting System (Datix), Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM))	Standard set locally based on improvement compared to historic performance	Number of inpatient Cat 3 & 4 pressure ulcers where approval status is not "Rejected" per 1000 occupied bed days

Quality & Safety - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
Number of medication errors across HCS resulting in harm per 1000 bed days	HCS Incident Reporting System (Datix), Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM))	Standard set locally based on improvement compared to historic performance	Number of medication errors across HCS (including Mental Health) resulting in harm where approval status is not "Rejected" per 1000 occupied bed days. Note that this indicator will count both inpatient and community medication errors due to recording system limitations. As reporting of community errors is infrequent and this indicator is considered valuable, this limitation is accepted.
% of adult inpatients who have had a VTE risk assessment within 24 hours of admission	Hospital Electronic Patient Record (Maxims Report IP026DM)	NHS Operational Standard	Percentage of all inpatients (17 and over), (excluding paediatrics, maternity, mental health, and ICU) that have a VTE assessment recorded through IMS Maxims within 24 hours of admission or before as part of pre-admission. Numerator: Number of eligible inpatients that have a VTE assessment recorded through IMS Maxims within 24 hours of admission or before as part of pre-admission. Denominators: Number of all inpatients that are eligible for a VTE assessment.
C-Diff Cases - Hosp	Infection Prevention and Control Team Submission	Standard based on historic performance (2020)	Number of Clostridium Difficile (C-Diff) cases in hospital in the period, reported by the IPAC team
MRSA Bacteraemia - Hosp	Infection Prevention and Control Team Submission	Standard based on historic performance	Number of Methicillin Resistant Staphylococcus Aureus (MRSA) cases in hospital in the period, reported by the IPAC team
E-Coli Bacteraemia - Hosp	Infection Prevention and Control Team Submission	Standard based on historic performance	Number of E. Coli bacteraemia cases in the hospital in the period, reported by the IPAC team
Number of compliments received	HCS Feedback Management System (Datix)	Not Applicable	Number of compliments received in the period where the approval status is not "rejected"
Number of complaints received	HCS Feedback Management System (Datix)	Not Applicable	Number of formal complaints received in the period where the approval status is not "Rejected"

Health and Community Services

Health and Community Services Advisory Board Report

Report to:	Health and Community Services (HCS) Advisory Board		
Date of meeting:	25 April 2024		
Title of paper:	Workforce Report – March data		
Report authors (& titles):	Bill Nuttall – Director Workforce HCS Els Aoutin – HR Business Partner	**Accountable Executive:**	Chris Bown, Chief Officer

1. Purpose

What is the purpose of this report? What is being asked of the Advisory Board?	This report provides the Board with data and metrics on the key workforce indicators across HCS. The Board is asked to note the contents.	Information	X
		Decision	
		Assurance	X
		Update	X

2. Executive Summary

This report provides the Board with data on the main workforce indicators including,

- Vacancy Rate
- Turnover Rate
- Sickness absence rate
- Recruitment activity
- Compliance rate with appraisals

3. Finance / workforce implications

See main report.

4. Risk and issues

See main report.

5. Applicability to ministerial plan

See main report.

6. Main Report

See attached.

7. Recommendation

For noting.

Health and Community Services

Advisory Board

Workforce Report

(March 2024 data)

Executive Summary

The figures in the table below shown in **blue** are generated from the **Finance establishment report**. Figures shown in **black** all relate to the **HR dashboard numbers**.

For the purposes of the finance information, a vacancy is defined as any funded post against which no salary has been paid for in that month. It does not consider roles that have candidates appointed to them.

Work is underway to capture that data and report vacancies accordingly.

Metric	Dec 22	Mar 23	June 23	Sept 23	Dec 23	Jan 24	Feb 24	Mar 24
Funded Establishment (FTE)	**2631**	**2675**	**2709**	**2863**	**2900**	**2887**	**2871**	**2889**
Staff in post (FTE)	**2200**	**2239**	**2228**	**2405**	**2413**	**2378**	**2374**	**2391**
Vacancy data								
Vacant (FTE)	**411**	**436**	**481**	**458**	**487**	**509**	**497**	**498**
Vacancy Rate = Vacant (FTE) / Funded Establishment (FTE)	**16%**	**16%**	**18%**	**16%**	**16%**	**17%**	**17%**	**17%**
Turnover & Leavers								
Total Turnover Rate	**7.5%**	**6.2%**	**6.5%**	**7.0%**	**7.3%**	**7.3%**	**6.9%**	**6.6%**
Voluntary turnover rate	**5%**	**4%**	**4%**	**4.3%**	**4.3%**	**4.7%**	**4.6%**	**4.8%**
Leavers Headcount	**26**	**15**	**13**	**16**	**8**	**13**	**11**	**13**
Sickness (% working days lost) *								
Sickness Rate * compared to same period last year	**6%**	**4.8%**	**5.6%**	**5.5%**	**6.5%**	**7.4%**	**8%**	**9%**
Performance Management (Connected Performance)								
Objectives approved		**3%**	**10%**	**21.5%**	**20.3%**	**8%**	**15.2%**	**27.5%**
Mid-Year Review Complete			**0.3%**	**10.6%**	**12.3%**	**N/A**	**N/A**	**N/A**
Year-end review					**5.7%**	**N/A**	**N/A**	**N/A**

Staff in post has increased 17 FTE since last month, from 2374 FTE in February to 2391 FTE in March 2024.

Commentary on the Metrics

Workforce Data Fidelity

Work between the FRP Change Management Delivery Team, Finance and the GOJ Connect Systems Administration team continues towards producing accurate establishment and vacancy data to Workforce and Executive Directors. Although it is recognised that this work is taking longer than the 'go live' date – 8 March 2024, when completed the work will produce reliable data that aligns staffing and budget reports. It is expected that this work should be completed by the end of May 2024. The Director of Workforce will provide updates to the HCS Executive Leadership Team and Advisory Board at the monthly meetings.

Turnover Rate

The turnover rate for March 2024 has reduced to 6.6% (and was 6.9% in previous month). The total turnover rate has remained constant in the 12 months at around 7%. The voluntary turnover rate (i.e. resignations) has also remained constant around 4%. 165 staff did resign over the previous 12 months.

Sickness Absence

The sickness absence rate has effectively flat lined from February to March 2024, with the main reason for absence continuing to be coughs, cold and flu and gastrointestinal problems. As the sickness absence rate is higher at the end of QTR 1 (Jan-Mar) 2024 than at the end of QTR (oct-Dec) 2023, we need to be vigilant about monitoring this trend to see whether the rate will come down in QTR 2 (Apr-Jun) 2024.

Connect Performance – Objective Setting

The March 2024 data report for objective setting has only slightly improved and will remain an area of focus for the Executive Leadership Team with an action plan for increasing uptake in place for the rest of 2024. More details are documented in the Staff Appraisal and Development section of this report. During a review of the latest data produced by People and Corporate Services (PCS), the Executive Leadership Team questioned whether manual workers were included in the report as it was understood that an agreement had previously been reached with unions to exclude them from the process. If this was proven, then the % Performance Rates were not showing a true and much improved position for HCS.

The Director of Workforce is looking into this and will have follow discussions with Deputy Chief People Officer.

Workforce Data

Vacancy Rate

The following table shows the vacancy rate for each staff group.

Superficially, the March 2024 data suggests an unchanged vacancy rate for whole of QTR One (Jan-Mar) 2024.

However, the March 2024 vacancy rate data is no longer accurate which is frustrating for reasons explained in the commentary on the metrics in the earlier section. Workforce has been advised by establishment/vacancy data validation team that reliable data should be available in the following months.

The move away by Finance from maintaining appointments information in the HCS Establishment file was an intentional decision aligned with the move to Connect People.

The Finance Team is in the middle of the reconciliation of the Connect People system to the Finance list of budgeted posts (as per monthly Finance establishment data). This has been a significant undertaking by the Finance team to correct the budgeted establishment in Connect People, and still requires more work to iron out the remaining differences in April 2024.

	Vacancy Rate					
	Oct 22	**Aug 23**	**Dec 23**	**Jan 24***	**Feb 24***	**Mar 24*****
Medical	19%	18%	16%	13%**	12%**	**12%****
Nursing	20%	23%	20%	21%	20%	**20%**
Healthcare Assistants	13%	20%	17%	23%	23%	**23%**
Civil Servants	17%	19%	17%	18%	18%	**18%**
Manual Workers	9%	10%	7%	5%	5%	**5%**
Total	16%	18%	16%	17%	17%	**17%**

Please note:

*Changes also due to 2024 budget mapping and classification exercise by Finance
**Samares wards now included
***March 2024 data no longer reliable

The Finance team is now receiving twice weekly the 'HCS Appointments by Post' report from the HR Analytics Team. The HCS Finance budgeted establishment is set at 2,889 FTE. Comparing appointed 2,391 FTE against this figure would give a vacancy figure of 498 FTE.

The Summary Table overleaf shows that 498 FTE is broken down against Care Groups. As this summary has been produced at Care Group level, there may be some inaccuracies in the Connect People mapping of cost centres to Care Group classifications.

Budgeted Establishment per Connect People data		Per Connect People 27-03-24		HCS Finance Budgeted Establishment	
Cost Centre Description	Sum of Target_FTE	Sum of Assigned_FTE	Sum of Vacancies	Care Group Budgeted Establishment FTE per Finance	Revised Vacancy Position
Chief Nurse	83	53	30	79	26
Covid-19	0	0	0		0
Director General's Office	45	31	14	34	3
Estates & Hard Facilities Management	71	64	7	70	6
Improvement & Innovation	28	20	8	30	10
Intermediate Care	68	52	16	63	11
Jersey Care Model	14	7	7	0	-7
Medical Director	145	117	28	142	25
Medical Services	622	479	143	575	97
Mental Health	367	272	95	384	112
Non-Clinical Support Services	418	378	40	406	29
Primary Care and Prevention	149	112	37	146	34
Social Care	216	178	38	214	37
Surgical Services	567	461	106	539	79
Women Children and Family Care	218	168	50	206	38
(blank)	4	0	4		0
Grand Total	**3,013**	**2,391**	**622**	**2,889**	**498**

The preferred solution is to get the Connect People budgeted FTE as close to the HCS Finance budgeted establishment at 2,889 FTE as soon as possible, which the Finance Team are working on. Then we will be able to rely on the Connect People data going forward.

In addition to this, the rollout of the new GOJ Connect Talent Acquisition system is still being rolled out during April 2024. This will also help to consolidate a sole source of truth for vacancy management information.

In the meantime, manual collation of data is providing data for some groups and the table below shows the pipeline information we have for the recruitment into nursing and Allied Health Professional roles.

Table - Recruitment of nurses:

Started (11/03/2024 to date)	**Clearances complete awaiting start**	**Offered/Contract issued**	**Roles at interview stage**	**Roles at shortlisting stage**	**Currently at live advert**
64	18	42	15	1	Live: 10 Advert expired: 44

Nurses

85 – Vacant – 'advertised'/shortlisting/interview/pending approval stage
60 – offer/clearance complete stage
64 – started since 01/01/2024 – 39 Internal & 25 External

HCA
51 – vacant - 'advertised'/shortlisting/interview/pending approval stage
22 – offer/clearance complete stage
22 – started since 01/01/2024 – 12 Internal & 10 External

Talent Acquisition (TA) update - as at 08/04/2024

- HCS have raised 77 TA requisitions in Connect People to date (for a total of 129 vacancies)
- 50 are open and either advertised or at interview stage (for a total of 88 vacancies)
- 27 are still pending review (for a total of 41 vacancies)

'Time to hire' planning has taken an average of 8.5 days.

- from vacancy submission on TA to the vacancy being advertised (range between 1 day and 40 days)
- The current 'pending review' vacancies have taken on average 18 days (range between 1 day to 64 days)

Recruitment Activity

Despite the feeling of having to work with unreliable workforce data, the March 2024 total vacancy rate has remained the same at 17% compared to January and February 2024.

In January there was a significant decrease in medical vacancies, and in February the trend has continued reducing to 12 %. The nursing vacancy rate remains at 20% compared to February whilst Healthcare Assistants vacancy rate stabilised at 23% along with Civil Servants and Manual Workers.

At the end of March/beginning of April 2024 an HCA Open Day event is being organised with broad media coverage and promotion. It is the start of developing an annual 'calendar of events' mapping targeted recruitment campaigns throughout a 12-month period.

Workforce attraction and recruitment and retention packages continue to be developed by the FRP Change Management Delivery Team. These will aim to address 'hard to fill roles' that have been identified and following discussions with the Chief People Office, it is intended to present these proposals to the GOJ Executive Leadership Team and States Employment Board (SEB) by early May.

Work is being finalised between the FRP Change Management Delivery Team and Workforce Resourcing to establish a list of 'approved recruitment/specialist search companies' compliant with the GOJ procurement/contract standards that will support recruitment campaigns planned to take place throughout 2024. These recruitment campaigns are being co-ordinated between Workforce Resourcing, The Chief Nurse's Team guided by a specialist Recruitment Campaign Advisor from People and Corporate Services. This work will initially focus on HCA recruitment with an 'Open Day' at the General Hospital on 11 April 2024, and then focus on arranging regular Registered Nurse recruitment campaigns throughout the year. Digital media recruitment initiatives will also be developed to widen the search for new staff.

In addition to the above, work will also start on finalising the development of the dedicated nurse 'recruitment microsite' and the commencement of work associated with digital marketing nursing marketing.

Workforce Resourcing (a newly established function combining the focus on temporary health workers and permanent staff) includes 3 x FTE in house Recruiting Officers seconded from People and Corporate Services and is working hard to prepare reducing the Time to Recruit (TTR) from 120-140 days to 60-90 days and the Time to Hire from 210-240 days to 150-180 days to coincide when the new GOJ Connect Talent Acquisition (TA) system go-live across HCS on 22 April 2024. TA will replace the current Resource Link system. The key to success will be establishing a new relationship between hiring managers and the recruiters especially when it comes to securing a licence required for each post to be advertised and that the job description has been posted on Connect TA.

Before the Easter Break, a senior Workforce Specialist from the FRP Programme Management Delivery Team assisted the Head of Medical Staffing in mapping the current TTR and TTH metrics associated with the recruitment of Medical Consultants, advising on how time could be saved with new ways of working which would need to be agreed with the General Managers in each of the Care Groups. Similar mapping activity needs to follow through in April 2024 for SAS/Middle Grade roles after which change management discussions need to be held and agreed to make the process of medical recruitment more efficient.

Work is also ongoing to continue to examine ways to improve the post hire activity that is onboarding which also included ensuring new permanent staff recruited to HCS and junior medical staff have access to appropriate temporary accommodation.

Junior Doctors

For F1 and F2 plus GPVTS doctors, we are part of the Wessex Deanery rotation, and they supply HCS with doctors who are UK graduates. If they are unable to fill the slots, we work with NHS Professionals – Gateway programme to fill the slots with overseas doctors, for example we currently have 3 doctors working with us from Myanmar.

For clinical fellow roles, we advertise in the British Medical Journal (BMJ), we often receive a good number of applications from international graduates and have taken doctors from India, Pakistan, Caribbean as well as several doctors in the UK that have completed their foundation training. In addition, we will have our own doctors who have completed foundation training electing to remain with JGH as a clinical fellow.

The Clinical Fellow posts are popular, this is mainly due to the excellent educational support they receive from our Medical Education team. You will be pleased to know that all our Clinical Fellow posts are filled for the August 2024 rotation.

Other Planned Recruitment Activity

Other planned recruitment activity to take place during end of QTR One/Early QTR Two 2024 includes the following:

- A review the current BMJ contract (to end in July 2024) to ensure that it is being used effectively to help with the recruitment of medical staff.
- The Head of Medical Staffing and her Team in collaboration with the FRP Change Programme Delivery Team to develop a strategy for recruiting 34 medical staffing vacancies some of which are recognised as 'hard to fill'. This will include reviewing job adverts to include opportunities for consultants to develop a private patient portfolio.
- Finalising the list of specialist recruitment agencies to support targeted recruitment campaigns.
- Reviewing progress on digital marketing projects to support recruitment campaigns.
- Getting the Job description of the new Director for AHP (Allied Health Professionals) Services job evaluated and advertised.
- Continued review of accommodation available to HCS to provide temporary transitional relief for new starters before they enter the private housing market.
- Continued promotion of the 'Refer a Friend' recruitment initiative.
- Ensuring that the new team of in-house recruiters will support 'hiring managers' navigate and manage the new GOJ Talent Acquisition recruitment and on boarding system effectively.

Retention

The total turnover rate for the last 12 months to the end of March 2024 is 6.6% and remains constant, which equates to 164 people leaving HCS. This is a small decrease in percentage compared to last month (February: 6.9%).

The voluntary turnover figure (which relates to resignations) for the 12 months to end of March 2024 is 4.2%, which was the same percentage this time last year. This equates to 105 (voluntary) leavers spread across the year.

In addition, there were 27 retirements over the previous 12 months. The remaining 32 'involuntary' leavers consisted of 23 leavers, due to end of contracts in Hospital and Community Services.

Exit Interviews

The Government of Jersey runs an online exit interview system, which captures leavers' views on several topics. The data submitted by leavers is collated centrally for all leavers across Government.

Law at Work was commissioned to contact all leavers in 2023 to offer them independent exit interviews and report on the outcomes in November 2023.

Following an initial review of the report by the Director for Culture, Engagement and Wellbeing, the Freedom to Speak Up Guardian (FTSUG) and the Director of Workforce in March 2024, it was agreed that the HCS Executive Leadership Team should also review the report prior to it being reported on to the Advisory Board in April 2024 (as previously reported in the board minutes).

The report focused on the following after conducting interviews and reviewing current documentations and online processes:

- The current process for exit interviews and forms used where appropriate.
- The options available to staff to select to explain the reasons why they were leaving.
- The actual reasons why staff left in broad categories.
- The various areas related themes behind why staff left or transferred.

It also made recommendations on improving the process and how it could be used for staff retention, measuring alignment with HCS's values and cultural aspirations and lessons learned.

Overall, the report was objective of the process in terms of its limitations and lack of human interaction (face to face discussion) as well as being candid about the comments made by staff vis-a-vis, leadership and management, work-based culture and environment, career and development, cost of living, unsafe working environments, terms and conditions and alleged bullying and harassment.

Executive Directors have cascaded and shared the findings widely, asking managers and their teams to comment, ask questions and offer any response from their work areas as the report did not identify any specific areas nor rank them aligned with where the results of the survey emanated from.

The Executive Leadership Team subsequently agreed that the process for Exit Interviews should be undertaken automatically whenever a member of staff leaves or transfers out from HCS; that the interview should ideally be undertaken in person and not online although the latter must be available to all staff. It continues to be essential for management to know the actual reasons why staff would want to leave the employ of HCS rather than reasons be limited by standard forms. Those managers not already trained, should be trained in conducting exit interviews, the results from which should continue to be used as lessons learnt by HCS aiming to be a learning organisation.

Induction – Corporate Days and Local Induction

The Director of Workforce will be developing arrangements for regular Corporate Induction to HCS for new members of staff seeking endorsement from the Executive Leadership Team in April 2024. Such arrangements will include an introduction to the Executive Team, how hospital and community services operate, an understanding key policies and procedures, the importance of Statutory and Mandatory Training; a tour of the General Hospital and some of the facilities for staff, meet the Chief Officer on Teams Call and meet the Freedom to Speak up Guardian, etc. – this list is not exhaustive! In the spirit of good management-union partnership working, union representatives will also be invited to have a session whereby they can engage with prospective new members.

In addition to the above, the Director of Workforce will be reviewing local induction arrangements undertaken by managers with new starters to ensure consistency across HCS to consolidate the welcoming of new recruits to their teams.

The combination of corporate and local induction processes is in keeping with best practice and will help in contributing to making HCS 'a great place to work'.

My Welcome

In addition to developments concerning HCS corporate and local induction, the GOJ My Welcome is the online GOJ induction programme all new starters to working for the Government re expected to undertake. There continues to be a consistent uptake of the face-to-face element of the GOJ.

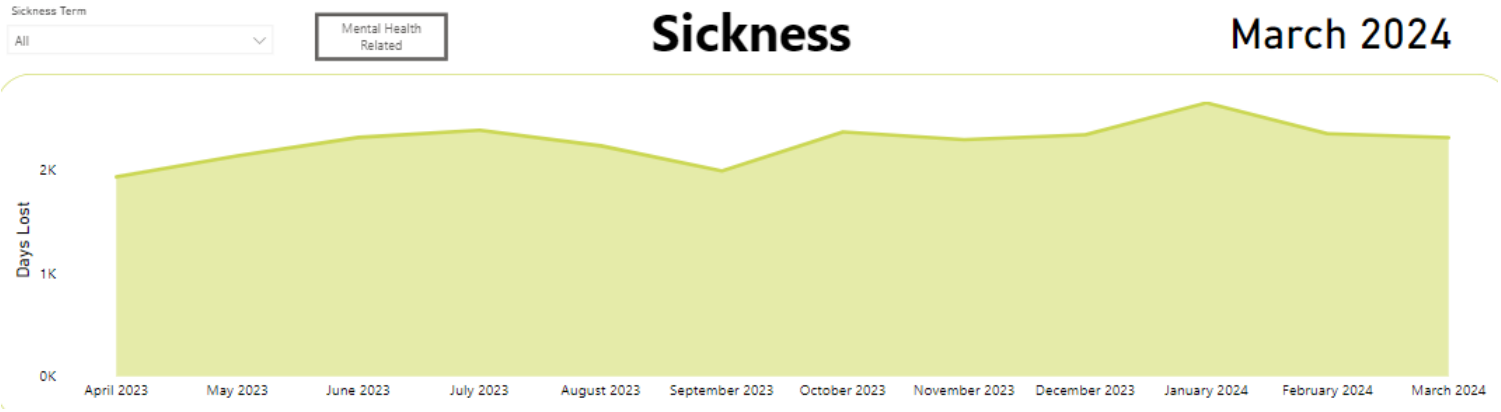
The completion rate of the My Welcome online programme remains at approximately 30% which is the average rate for the Government as whole.

Statutory and Mandatory Training

The statutory and mandatory training policy and training matrix has been approved and development of the programme of activity is underway to ensure that all employees within HCS are aware of the requirements of this.

Health and Wellbeing

Analysis of the AXA Health Remote Occupational report for March 2024 shows there has been a further decline in the number of days lost due to sickness absences compared to January and February 2024, however it is still higher compared to the average sickness absence in 2023. This is shown in the graph below:



The main reasons for absence have remained constant with the predominant reason being recorded as cough, colds and flu followed by gastrointestinal problems.

The AXA Health Occupational Health Service contract is being reviewed centrally by People and Corporate Services in advance of the re-tender date of November 2024. A report on the performance of AXA Health is currently being prepared by the end of April 2024.

Employee Relations (ER)

HCS Workforce HRBP/Consultants Service continues to monitor live formal cases with the GOJ People and Corporate Services Case Management (CM) Team meeting each month to review the CM report which covers a range of cases that have moved from informal attempts to resolve issues (via facilitated discussions/mediation/fact finds) to formal investigations leading to disciplinary hearings. During QTR 1 2024, HCS has averaged 14 formal cases per month.

Staff Appraisal and Development

The data on the usage of Connected Performance is shown in the summary table at the beginning of this report.

At the end of March 2024, HCS had 27.5% objectives approved by the line managers. This is an increase compared to the (January: 8%, February: 15.2%).

The Chief Officer has made Connect Performance KPIs a standing item on the agenda for both the Executive Leadership and Senior Leadership Team meetings. When discussing the setting objectives completion rates if was felt that would be helpful if the Deputy CPO and the Heads of Estates and Non-Clinical Services re-evaluate whether manual workers in these services areas ought to be included in the in the appraisal process or not. It was recently understood that there has been support from the unions that this group of staff in these service areas are not required to participate in the union process. However, how would management evidence the drive for cultural and values-based engagement whilst increasing performance in such areas in the absence of some form of performance review? The need to clarify if this is correct is imperative as if not (i.e. if manual workers were excluded from connect performance), the HCS completion figures would show a marked percentage improvement.

Connect People Update

Talent Acquisition is the new functionality in Connect People that changes the way we will manage recruitment and onboarding replacing the current Talent Link online system by 22 April 2024.

The Director of Workforce is in regular contact with the TA Project Implementation Team to monitor the take-up of training and knowledge sessions by HC Staff in preparation for the go live date of 22 April 2024 and at all major meetings he attends is reminding managers of the need to cascade the message to their staff to make the time for learning how to use this new GOJ system.

In addition to the above, communications were sent to hiring managers on 19 March 2024 via HCS comms advising them of the go live date as well as comms being included in the HCS Monday Message. A reminder communication will be sent w/c 8 April 2024.

A further communication will be sent on the go live date on 22 April with links to resources and details of

support available. Through April and May 2024, a daily drop-in call l be held on Teams from 09:00 am to 09.30 am where managers can raise queries and ask for support/seek advice.

End of Report

Health and Community Services

Health and Community Services Advisory Board Report

Report to:	Health and Community Services (HCS) Advisory Board		
Date of meeting:	25 April 2024		
Title of paper:	Finance Report		
Report author (and title):	Obi Hasan, Finance Lead Change Team, Interim Lead of Finance Business Partnering HCS	**Accountable Executive:**	Chris Bown, Chief Officer HCS

1. Purpose

What is the purpose of this report? What is being asked of the HCS Advisory Board?	To provide an update on the Month 3 Financial position for 2024. To discuss the financial position noting the risks and mitigations.	Information	x
		Decision	
		Assurance	x
		Update	x

2. Executive Summary

FY24 Month 3 Finance Position

	Current Month		Year-to-Date			Full Year			Year-to-Date	Full Year
HCS Categorisation	Budget (£'000)	Actual (£'000)	Budget (£'000)	Actual (£'000)	Variance (£'000)	Budget (£'000)	Forecast (£'000)	Variance (£'000)	% Variance	% Variance
Staff Costs	17,218	18,301	50,402	52,186	(1,784)	206,787	211,378	(4,591)	(3.5%)	(2.2%)
Non Pay	8,834	9,099	27,394	31,505	(4,111)	107,621	118,436	(10,815)	(15.0%)	(10.0%)
Income	(2,321)	(3,311)	(5,847)	(6,377)	531	(28,173)	(25,570)	(2,603)	9.1%	(9.2%)
Grand Total	**23,731**	**24,088**	**71,950**	**77,314**	**(5,364)**	**286,235**	**304,244**	**(18,009)**	**(7.5%)**	**(6.3%)**

- The Financial position for YTD Month 3 is a £5.4m deficit vs budget giving a headline monthly run-rate deficit of £1.8m.

Underlying position and run-rate

- Adjusting for exceptional items and non-recurrent costs the underlying run-rate deficit is £1.5m.

FRP savings delivery

FRP savings delivery is £1.82m vs £1.0m plan at M3 (M2 £0.51m) over-achieving by £0.82m in Q1. This is made-up of £0.92m of original schemes vs £1.0m target mitigated by £0.9m of additional mitigating schemes identified to recover slippage and contribute towards reducing the budget pressures highlighted at FY24 budget setting in Jan-24.

FRP savings will initially be recognised against the GoJ Value For Money (VFM) target for HCS of £3.986m which is included as part of the FRP target of £12m for FY24. In FY23 £3.2m of savings were delivered against a VFM target of £1.3m and FRP target of £3m.

FY24 year-end forecast

- The current FY24 year-end forecast remains a deficit of £18.0m before additional mitigation actions. As reported last month, the key factors driving the forecast deficit are:
    - Budget cost pressures due to funding constraints identified when completing the FY24 budgets of £7.5m
    - Additional cost pressures materialising at year-end in FY23 carrying forward into FY24, which require mitigation over and above the FRP savings target.
    - Risk of FRP savings slippage due to delays in enabling support to ensure timely delivery of an estimated £6m. The FRP Plan highlighted some key dependencies to ensure full delivery of the planned FRP savings of £12m in FY24. These include receiving dedicated central HR/Recruitment and Procurement/Commercial Contracts support and resources to deliver the key FRP schemes with large savings, such as Workforce agency premium reduction through accelerating recruitment and time to hire, and Large Contracts Review with Procurement and Commissioning.
    - Due to delays in this support becoming fully functional by Mar-24 (Q1), the resulting slippage in savings delivery to the following year will require making additional savings this year to remain within the required budget constraints. However, this is a timing delay and the savings are expected to be delivered in FY25.

Mitigating Actions being taken:

- Mitigating actions include further tightening of grip and control measures on pay and non-pay, removing delays to recruitment processes and workforce attraction packages, enhanced bank to eliminate overtime and additional hrs, resources for large contracts review, and additional mitigation schemes including income maximisation.
- These measures are expected to start impacting the reduction in run-rate from the latter part of Q2 onwards.

Conclusion

- FY24 YTD M3 deficit is £5.4m giving a headline monthly run-rate of £1.8m. Adjusting for one-off items and non-recurrent costs the underlying monthly run-rate is £1.5m.
- FRP savings delivery is £1.82m vs £1.0m plan at M3 over-achieving by £0.82m in Q1. This includes £0.9m of additional mitigating schemes identified to recover slippage and contribute towards reducing the budget pressures highlighted at FY24 budget setting.
- The current FY24 year-end forecast is a deficit of £18.0m. The key factors driving the forecast deficit are cost pressures of £7.5m due to budget funding constraints identified when completing the FY24 budgets, risk of FRP savings slippage of £6m due to delays in enabling HR/Recruitment, Procurement/Commissioning support and resources to ensure timely delivery, and additional cost pressures carrying forward from year-end FY23 into FY24 that require mitigation over and above the FRP savings.
- Because of the delays in this support being in place and fully functional by Mar-24 (Q1), the resulting slippage in savings delivery to the following year will require making additional savings this year to remain within the required budget constraints. However, this is a timing delay and the savings are expected to be delivered in FY25.
- Immediate mitigating actions being taken include further tightening of grip and control measures on pay and non-pay, obtaining resources to remove delays to recruitment processes and workforce attraction packages, enhanced bank to reduce overtime and additional hrs, obtaining resources for large contracts review, and developing additional mitigation schemes including income maximisation.

- These measures are expected to start impacting the reduction in run-rate from the latter part of Q2 onwards.
- Additional FRP mitigation schemes include income maximisation (e.g. Private Patients income), enhanced bank to reduce overtime, and Workforce attraction package to reduce time-to-hire for hard to recruit roles that incur extended high cost premium agency overspend
- Recognising the inevitable multiple challenges faced in delivering a major financial recovery and change programme, we remain focused on delivering the FRP plan, which provides a detailed strategy and clear roadmap towards financial recovery that is sustainable.

3. Main Report

FY24 Month 3 Finance Position

	Current Month		Year-to-Date			Full Year			Year-to-Date	Full Year
HCS Categorisation	Budget (£'000)	Actual (£'000)	Budget (£'000)	Actual (£'000)	Variance (£'000)	Budget (£'000)	Forecast (£'000)	Variance (£'000)	% Variance	% Variance
Staff Costs	17,218	18,301	50,402	52,186	(1,784)	206,787	211,378	(4,591)	(3.5%)	(2.2%)
Non Pay	8,834	9,099	27,394	31,505	(4,111)	107,621	118,436	(10,815)	(15.0%)	(10.0%)
Income	(2,321)	(3,311)	(5,847)	(6,377)	531	(28,173)	(25,570)	(2,603)	9.1%	(9.2%)
Grand Total	23,731	24,088	71,950	77,314	(5,364)	286,235	304,244	(18,009)	(7.5%)	(6.3%)

- The Financial position for YTD Month 3 is a £5.4m deficit vs budget giving a headline monthly run-rate deficit of £1.8m.

The key drivers are:

Year-to-date (YTD) position is a £5.4m deficit:

- **Staff Costs £1.8m overspend** is made up of an agency overspend of £3.0m (no. of agency staff: 161), an overtime overspend of £0.6m, and a budget pressure of £0.4m, offset by a substantive underspend of £2.2m (no. of vacancies: 498 FTE). The position has been impacted by some exceptional items including an year-to-date non-recurrent £0.6m re back pay for additional payments following doctors' job planning, £0.24m re Operation Crocus which will be funded later in the year, and the continued impact from previous years costs of £0.18m due to problems with the new purchasing system. Excluding these one-off items, the underlying position is an overspend of £0.8m.

  The Care Groups/Directorates accounting for this Staff Costs overspend are Medical Services £1.3m, Surgical Services £1.0m, Women and Children £0.3m, Director General's Office £0.3m, and Mental Health £0.1m. All other areas are underspent on staffing. £0.3m of the Surgical Services overspend relates to doctors' job planning impacts, with just under £0.2m in Medical Services. The Medical Services position includes £0.2m costs in relation to Operation Crocus.

- **Non-Pay £4.1m overspend** includes significant overspends in Medical Services £1.1m in relation to consumables, and Oncology and Medical Day Care drugs, Social Care £0.8m mainly in relation to domiciliary care packages, Surgical Services £0.6m in relation to consumables, an overspend on the Charter Flights contract, and an overspend of £0.2m in Estates & Hard Facilities Management mainly in relation to utilities. There is also an overspend of £0.6m in Director General's Office, which is made-up of £0.4m in relation to the opening budget pressure included here as part of FY24 budget setting, previous years' costs impact of £0.13m, and a £0.37m cost pressure from inter-departmental recharges relating to accommodation service income 'voids' for Q1 which is being disputed. These overspends are partially offset by an underspend of £0.3m mainly in Covid-19 PPE provision.

- **Income over-achievement £0.5m** mainly due to Health Education income received for April 2023-March 2024 which was in excess of the amount accrued for at FY23 year-end, which has led to a £0.6m overachievement in Medical Director.

Underlying position and run-rate

- Adjusting for the non-recurrent/one-off exceptional items the underlying deficit at M3 is £4.5m or an average monthly run-rate of £1.5m.

FRP savings delivery

- FRP savings delivery is £1.82m vs £1.0m plan at M3 over-achieving by £0.82m in Q1. This is made-up of £0.92m of original schemes (vs £1.0m target) mitigated by £0.9m of additional mitigating schemes identified to recover slippage and contribute towards reducing the budget pressures highlighted at FY24 budget setting in Jan-24.
- FRP delivery will initially be recognised against the GoJ Value For Money (VFM) target for HCS of £3.986m which is included as part of the FRP target of £12m for FY24. In FY23, £3.2m of savings were delivered against a VFM target of £1.3m and FRP target of £3m.

FRP Delivery and Development Tracker – FY24 Savings Delivery

FRP Savings Plan by Workstream

Workstreams	Projects	Scheme RAG	2023 Saving Delivered	Full Year 2024 Planned Saving	Jan	Feb	Mar	Total 2024 Forecast Saving	Forecast Variance against Plan	Remaining FYE 2025 Planned Saving
Delivery Tracker										
					Actual					
Clinical Productivity	Theatres Efficiency		-	1,940	-	-	-	1,940	-	466
Workforce	Clinical - Medical		221	516	50	34	70	609	93	138
Workforce	Clinical - AHPs		119	160	13	13	13	160	-	-
Non-Pay and Procurement	Non-Pay Controls (NPCP)		-	1,099	19	19	74	1,044	-55	158
Non-Pay and Procurement	Procurement		585	195	65	65	65	195	-	-
Non-Pay and Procurement	Medicines Management		98	33	11	11	11	32	-	-
Non-Pay and Procurement	Other Non-Pay		-	172	9	9	9	124	-48	5
Income	Other Income Opportunities		163	781	65	68	68	735	-46	-
Income	Private Patients		242	371	54	57	55	398	27	-
Care Groups and Non-Clinical Directorate schemes	£3m in 3 months		1,914	-	-	-	-	-	-	-
Total schemes currently in delivery			3,341	5,266	286	275	366	5,238	-29	767
Development Tracker										
					Planned					
Clinical Productivity	Patient Flow and Discharge/LOS			38	-	-	-	38	-	27
Clinical Productivity	Theatres Efficiency			452	-	-	-	452	-	226
Workforce	Clinical - Nursing			2,230	-	-	-	2,230	-	2,719
Workforce	Clinical - Medical			1,355	-	-	-	1,355	-	907
Workforce	Clinical - AHPs			1,329	-	-	-	1,329	-	615
Workforce	Non-Clinical/ Directorate			-	-	-	-	-	-	1,840
Workforce	Workforce Savings			583	-	-	-	583	-	417
Non-Pay and Procurement	Procurement			406	-	-	-	406	-	829
Non-Pay and Procurement	Medicines Management			222	-	-	-	222	-	311
Non-Pay and Procurement	Other Non-Pay			172	-	-	-	172	-	100
Non-Pay and Procurement	Non-Pay Controls (NPCP)			8	-	-	-	8	-	12
Income	Other Income Opportunities			50	-	-	-	50	-	1,871
Income	Private Patients			432	-	-	-	432	-	1,496
Mitigating Schemes	Unidentified recurrent effect of 2023 £3m in 3m			1,392	-	-	-	1,392	-	-
Total Schemes being prepared for delivery				8,668	-	-	-	8,668	-	11,369
Mitigations for Other budget pressures	Identified mitigating budget measures			1,122	-	-	896	1,122	-	-
TOTAL FRP SCHEME SAVINGS			3,341	15,056	286	275	1,262	15,028	-29	12,136

- The FRP Programme over the three years has identified savings of £29m with a risk-adjusted value of £18m which are phased to be delivered over FY23 £3m, FY24 £12m and FY25 £10m.

FRP Savings FY23-FY25 - At a glance

FRP Project Plans Development Summary

Workstreams	Projects	Total Savings Identified	FY23 Delivered Savings	FY24 Identified Savings	FY25 Identified Savings	Total Risk Adj Amount	RAG Staus
Clinical Productivity	Patient Flow and Discharge/LOS	64	-	38	27	28	
	Theatres Efficiency	3,084	-	2,392	692	2,576	
Workforce	Clinical - Medical	3,137	221	1,871	1,045	2,083	
	Clinical - Nursing	4,949	-	2,230	2,719	3,567	
	Clinical - AHPs	2,224	119	1,489	615	1,498	
	Non-Clinical/ Directorate	1,840	-	-	1,840	460	
	Workforce Savings	1,000	-	583	417	250	
Non-Pay and Procurement	Medicines Management	663	98	254	311	418	
	Procurement	2,015	585	601	829	1,089	
	Other Non-Pay	449	-	344	105	325	
	Non-Pay Controls (NPCP)	1,277	-	1,107	170	1,374	
Income	Other Income Opportunities	2,865	163	831	1,871	999	
	Private Patients	2,540	242	802	1,496	1,055	
Care Groups and Non-Clinical Directorate schemes	£3m in 3 months	1,914	1,914	-	-	2,404	
Mitigating Schemes	Unidentified recurrent effect of 2023 £3m in 3m	1,392	-	1,392	-	348	
TOTAL FRP SAVINGS		**29,412**	**3,341**	**13,934**	**12,136**	**18,474**	

FY24 Year-end Forecast

- The current FY24 year-end forecast remains a deficit of £18.0m before additional mitigation actions. As reported last month, the key factors driving the forecast deficit are:
    - Budget cost pressures due to funding constraints identified when completing the FY24 budgets of £7.5m
    - Additional cost pressures materialising at year-end in FY23 carrying forward into FY24, which require mitigation over and above the FRP savings target.
    - Risk of FRP savings slippage due to delays in enabling support to ensure timely delivery of an estimated £6m.

      The FRP Plan highlighted some key dependencies to ensure full delivery of the planned FRP savings of £12m in FY24. These include receiving dedicated central HR/Recruitment and Procurement/Commercial Contracts support and resources to deliver the key FRP schemes with large savings, such as Workforce agency premium reduction through accelerating recruitment and time to hire, and Large Contracts Review with Procurement and Commissioning.
    - Due to delays in this support becoming fully functional by Mar-24 (Q1), the resulting slippage in savings delivery to the following year will require making additional savings this year to remain within the required budget constraints. However, this is a timing delay and the savings are expected to be delivered in FY25.

The detailed break-down of the variances is as follows:

- **Staff Costs £4.6m forecast overspend** due to a £10.4m overspend on agency locums (total forecast spend £16.7m), and £1.5m from negative budget pressures, partially mitigated by an £7.3m underspend on substantive staffing due to vacancies.

  The net impact above is made-up of:

  - Net overspends due to agency/locums and substantive costs in Medical Services £1.8m, Surgical Services £1.7m, Women & Children's Services £1.1m,, which are mitigated by substantive pay underspends of £1m in other Care Groups (Primary Care & Prevention £0.4m, Improvement & Innovation £0.4m, Non-Clinical Support Services £0.2m). The DG's Office adverse variance of £2.8m (Pay £1.1m and Non-pay £1.7m) is due to holding £2.7m of the total £7.5m of opening budget pressures and a £1m contingency for additional cost pressures arising during the year.
  - £1.2m re the full year impact of doctors' back-pay from job planning.
  - £0.4m in staff costs re Operation Crocus for which budget is expected to be received during the year.

- **Non-Pay overspend £10.8m** with the main forecast overspends in Medical Services £1.9m, DG's Office £1.4m, Mental Health £1.0m, Tertiary Care £0.8m, Estates £0.7m, Non-Clinical Support Services £0.6m, Medical Director £0.6m, Social Care £0.4m, Women & Children £0.3m, and Primary Care £0.1m.
- **Income under-achievement £2.6m** is due to the current forecast shortfall in Surgery private patient income of £2.2m due to a planned delay of 2 months in launching the improved ways of working to increase theatres productivity, which is expected to be recovered during the year. The forecast will be updated in Q2 to recognise this. There is also a £0.5m under-achievement in Non-Clinical Support Services, mainly due to staff capacity constraints leading to a slower than planned increase in laundry income growth.

Mitigating Actions being taken:

- To recover the forecast deficit position, the following urgent mitigation actions are being taken, working with the Care Groups with weekly updates, to tackle the above risks and cost pressures to reduce the current overspend run-rate:
  - Increasing grip and control measures by tightening pay rota controls vs budget with escalation and approvals on agency/locum and overtime, tightening non-pay expenditure controls and planning to establish an HCS Centralised Purchasing and Procurement Function working with the central GoJ teams
  - Monthly Finance Budget Accountability Meetings with Care Groups led by Executive Directors and Change Team Finance Lead aimed at driving increased accountability and accelerate improvement actions. Ensuring Care Group budget holders have ownership of Actual vs Budget spend and recovery actions.
  - Additional FRP mitigation schemes including income maximisation (e.g. Private Patients income), enhanced bank to reduce overtime, and Workforce attraction package to reduce time-to-hire for hard to recruit roles that incur extended high cost premium agency overspend
  - Obtaining additional resources to accelerate recruitment and time to hire to get agency out faster and recover forecast FRP savings slippage
  - Obtaining additional resources to deliver Non-Pay/Procurement and Commissioning re Large Contracts and recover forecast FRP savings slippage
- These measures are expected to start impacting the reduction in run-rate from the latter part of Q2.

4. Recommendation

The Board is asked to note:

- FY24 YTD M3 deficit is £5.4m giving a headline monthly run-rate of £1.8m. Adjusting for one-off items and non-recurrent costs the underlying monthly run-rate is £1.5m.
- FRP savings delivery is £1.82m vs £1.0m plan at M3 over-achieving by £0.82m in Q1. This includes £0.9m of additional mitigating schemes identified to recover slippage and contribute towards reducing the budget pressures highlighted at FY24 budget setting.
- The current FY24 year-end forecast is a deficit of £18.0m. The key factors driving the forecast deficit are budget cost pressures identified when completing the FY24 budgets of £7.5m, risk of FRP savings slippage of £6m due to delays in enabling HR/Recruitment, Procurement/Commissioning support and resources, and additional cost pressures carrying forward from year-end FY23 into FY24 that require mitigation over and above the FRP savings.
- Because of the delays in this support being in place and fully functional by Mar-24 (Q1), the resulting slippage in savings delivery to the following year will require making additional savings this year to remain within the required budget constraints.
- However, the FRP savings slippage is a timing delay and the savings are expected to be delivered in FY25.
- Immediate mitigating actions being taken include tightening of grip and control measures on pay and non-pay, obtaining resources to bolster recruitment processes and workforce attraction packages, enhanced bank to reduce overtime and additional hrs, obtaining resources for large contracts review, and developing additional mitigation schemes including income maximisation.
- These measures are expected to start impacting the reduction in run-rate from the latter part of Q2 onwards.
- Additional FRP mitigation schemes include income maximisation (e.g. Private Patients income), enhanced bank to reduce overtime, and Workforce attraction package to reduce time-to-hire for hard to recruit roles that incur extended high cost premium agency overspend
- Recognising the inevitable multiple challenges faced in delivering a major financial recovery and change programme, we remain focused on delivering the FRP plan, which provides a detailed strategy and clear roadmap towards financial recovery that is sustainable.

Health and Community Services Advisory Board Report

Report to:	Health and Community Services Advisory Board		
Date of meeting:	25 April 2024		
Title of paper:	People and Culture Committee Report		
Report author (& title):	Carolyn Downs, Committee Chair and Non-Executive Director	**Accountable Executive:**	N/A

1. Purpose

What is the purpose of this report? **What is being asked of the HCS Advisory Board?**	To provide assurance to the HCS Advisory Board on the work of the People and Culture Committee and escalate issues as necessary. .	Information	√
		Decision	
		Assurance	√
		Update	

2. Executive Summary

The People and Culture Committee reconvened on Wednesday 27 March 2024. Carolyn Downs CB, Lead Non-Executive Director for Workforce and Culture chaired the meeting.

Agenda items included reviewing the terms of reference and annual work plan, recruitment and culture.

3. Finance/workforce implications

Nil.

4. Risk and issues

Nil

5. Main Report

Summary of key actions, discussions and decision-making arising in the Committee meeting.

<u>Terms of Reference</u>

The committee's name has been changed from **People and Organisational Development to People and Culture Committee** to better reflect its function and purpose. The terms of reference (including the membership) have been reviewed and amended.

Workforce Indicators

It was agreed the workforce indicators are on the Board agenda, it would not be a good use of the committee's time duplicating these discussions. This Committee will review future workforce reports and then report areas of concern at the Board meeting the following month. There was a discussion regarding HCS's sickness rates (7.5 – 8%) and how this benchmarks against similar healthcare jurisdictions. The Executives have been tasked with deciding what the target should be for HCS.

Recruitment

A lack of information prevented an in-depth discussion. However, it was agreed that this is a key focus for the committee particularly in view of the financial recovery programme (FRP).

Culture

The committee received the cultural change programme action plan which details the objectives, actions, success measures and progress to-date. The action plan will be reviewed at the next meeting which will contain a greater level of granularity regarding what success looks like.

It was agreed that the main discussion item for the next meeting will be how we can measure what it feels like for staff to work in HCS and what could make a difference to the feel of the organisation.

6. Recommendation

For noting.

END OF REPORT

Health and Community Services

Health and Community Services Advisory Board Report

Report to:	Health and Community Services Advisory Board		
Date of meeting:	25 April 2024		
Title of paper:	Nursing and Midwifery Appraisal		
Report author (& title):	Jessie Marshall Interim Chief Nurse	**Accountable Executive:**	Jessie Marshall Interim Chief Nurse

1. Purpose

What is the purpose of this report? What is being asked of the HCS Advisory Board?	This report provides the HCS Advisory Board an update on Nursing and Midwifery Appraisals using data from the connect system.	Information	
		Decision	
		Assurance	√
		Update	

2. Executive Summary

This report provides the appraisal compliance for nursing and midwifery staff when viewed in line with the connect system reporting mechanism.

However, the report goes on to further explain the existing challenges related to the reconciliation of the connect system and individual paper-based systems.

This report has highlighted a training anomaly whereby when appraisal and objectives have been set and entered on to the connect system, the current system requires the appraiser to go into the system a second time to confirm the appraisal. This secondary input is not widely recognised by all staff. Training is underway to address this.

Recent peer review has identified when combining the paper-based appraisal systems with the existing connect system a compliance of 54%,

3. Finance / workforce implications

The requirement for an annual appraisal represents the minimum of good practice standards and reflects a well led organisation.

4. Risk and issues

The failure to take time to listen and respond to the individual needs of all staff places the organisation at risk. In addition, the ability to ensure that all staff developmental needs are identified combined with a plan for improvement is essential to ensure high-quality cost-effective patient care.

5. Main Report

The purpose of this report is to provide an in-depth review of appraisal compliance rates within the Nursing and Midwifery workforce across HCS reported by the Connect IT system.
Challenges remain across the organisation regarding the alignment of staff within management structures and shortfalls of training. These factors have resulted in the majority of wards and departments continuing with both paper based and Connect system objectives.

Current position.

54 %of Nurses and Midwives have received an annual appraisal.

Connect Objectives	**Number**
No Objectives set	504
Objectives set	102
Objectives approved	296
Paper based Appraisal	25
Newly Appointed Staff	47

A breakdown of ward compliance is available, which varies between wards and departments of greater than 85% to less than 50%.

The weekly meetings between the Lead Nurses and the Deputy Chief Nurse now provides weekly monitoring of compliance with supportive programmes in place for ward/department leaders. It should be noted that staff on long-term sick leave and paternity leave are included in the number of staff with no objectives set. New staff to the organisation are also included in the connect system data but have an onboarding program to be completed over several months prior to having an appraisal completed.

Conclusion.

It is regrettable to report this position and a plan is underway to address this on a weekly basis as previously identified.

Further training has been made available to all staff.

Cleansing of data is underway to ensure the correct alignment is being undertaken by ward/department managers.

In addition, this report has identified an anomaly within the system whereby once an appraisal

is completed, the system requires a secondary input to confirm the appraisal has taken place. This requirement is being re-enforced across the organisation.

Recommendation.

The Board is asked to note the contents of the report. and support the ongoing work in progress.

END OF REPORT

Health and Community Services

Health and Community Services Advisory Board Meeting Report

Report to:	Health and Community Services (HCS) Advisory Board		
Date of meeting:	25 April 2024		
Title of paper:	Maternity Improvement Plan		
Report author:	Livi Methven Higgins, Senior Change Manager	**Sponsor:**	Patrick Armstrong, Medical Director Jessie Marshall, Chief Nurse

1. Purpose

What is the purpose of this report? What is being asked of the Advisory Board?	To provide information and update on the Maternity Improvement Plan. The Board is asked to note the content of the report and acknowledge the ongoing progress of completion.	Information	X
		Decision	
		Assurance	X
		Update	X

2. Executive Summary

The Maternity Improvement Plan (hereafter referred to as MIP) was established on 28th June 2023, the purpose of the programme is to deliver coordinated and sustained improvements within Maternity to address the recommendations from internal and external reports which have been received and been within the organisation since 2018, with clear assurance and accountability. This includes reviews of maternity services in the UK with included recommendations of relevance to quality improvement in obstetric and maternity care. The programme aims to consolidate the themes and actions within the plans in addition ensuring that the responses become part of the embedded business-as-usual governance process of the organisation, with a sustained, lasting improvement in Jersey Maternity Services.

Maternity Services are keen to ensure that voices of the women and families that use their service are heard at all levels. The Jersey Maternity Voices Partnership will be essential in providing the patient voice within the co-design of the Maternity Strategy during March and April. The Jersey Maternity Voices Partnership are currently developing their 2023 report, which is due early 2024. The Maternity Voices Partnership are a group of volunteers who work with women, birthing people and their families together with Maternity Services providers, such as midwives, doctors, and other health care providers, to improve maternity services in Jersey.

Since the last HCS Advisory Board, further progress has been made:

- No further recommendations have been identified as complete however there is assurance of ongoing progress of remaining open recommendations, some of these are long-term, such as Culture. Several recommendations identified to be completed in April. The service has been focusing on their Care Group Inset Days and Away Days held in March, and other competing priorities. It is noted that the commencement of the Practice Development Midwife will be able to further several recommendations.

- Ongoing follow-up reviews of which 75 out of 99 recommendations have completed 30-, 60-, 90- day follow-up reviews, evidencing ongoing embedment of recommendations (up from 70 in March). It is confirmed that follow-up reviews have been extended to 120 days as standard from time of writing report.

- Picker Institute surveyed Maternity Services during December 2023 and January 2024, with results provided to HCS Executives in March 2024. These are awaiting final sign-off prior to distribution with the organisation, expected April. It is noted that Maternity Services received positive outcomes. Maternity Services received excellent results from the survey completed in 2022. The Picker patient experience survey lead the development of patient experience measures as a way of understanding the quality of person-centred care from the patient's perspective.

- Culture Improvement Plan events have been confirmed and circulated with Maternity Staff, with good attendance at the Civility Saves Lives sessions. It is recognised that culture change is ongoing, and evidence of cultural change can be seen. Maternity Services, with support from the Director of Culture, Engagement and Wellbeing, are continuing to implement the culture improvement plan for the service.

- The Maternity Improvement Plan was presented at the Women's and Children's Inset Day (12 March) and at the Maternity Away Days (14 and 21 March). These communications provided a background of progress to date and engaged fully with the service to develop the strategy for the continuation of the Maternity Improvement Plan. It is envisioned that the Maternity Strategy will ensure sustainability of the completed recommendations and see the completion of the outstanding recommendations. The co-design of the Maternity Strategy is integral for its success and for continued improvements within the service. Maternity Services have commenced gathering of ideas and future ways of working identified at the Away Days to create the Maternity Strategy. Maternity Services will be co-designing their Maternity Strategy during March and April, with the aim for this to be approved in May to enable go live in June 2024.

To enable clear comparison with another maternity provider, Maternity Services were due to benchmark their 2024 service dashboard against the Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) Integrated Care Board (ICB). Ongoing changes to comparison dashboards are being made in NHS England. Once this is finalised, Maternity Services will benchmark their 2024 service dashboard, to be included as an appendix in HCS Advisory Board papers. The 2024 dashboard is used within the Women's and Children's Care Group Performance Reviews and is part of business-as-usual processes.

Key actions for May:

- The culture improvement plan for the remainder of 2024 includes specialist mediation, values and behaviours sessions, psychological safety, restorative behaviours, reflective safe spaces and dedicated leadership sessions for the Women and Children's Senior Leadership Team as part of the HCS wide offering.
- Following presentation of the Maternity Improvement Plan at the Women's and Children's Inset Day and Maternity Away Days for the co-design of the Maternity Strategy, to develop this further ready for sign-off in June.
- Following reconfiguration of the SHIP Integrated Care Board (ICB), to align with this ICB further and commence attendance at Boards.
- Following finalisation of comparison dashboards, to benchmark 2024 service dashboard.
- To refine the 2024 Maternity dashboard.
- Draft Niche report received at time of writing this report relating to massive obstetric haemorrhages (MOHs) and is to be checked for factual accuracy. To note, the draft report has not highlighted any new concerns with a significant number of recommendations having already been completed, and it will be reported formally at the HCS Advisory Board in May 2024.

Progress to date

Currently 99 out of 127 recommendations have been identified by Women and Childrens Senior Leadership Team as complete (no change in April), of which 96 have been confirmed as having robust evidence/ business-as-usual process. Three are under review to ensure robustness of evidence and sustainability of any business-as-usual processes.

High level progress to date can be found below:

Total Number of recommendations	February	March	April
	127	**127**	**127**
Complete signed off	92	96	96
Complete	4	3	3
Green	25	22	22
Amber	6	6	6
Red	0	0	0

Maternity Improvement Plan - transfer to business-as-usual

As each recommendation is approved by Women and Children's Senior Leadership Team, the project management support is undertaking 30-, 60- and 90-day reviews to ensure that each recommendation is embedded within business-as-usual activities. Process is in place to ensure areas of non-compliance are identified and escalated first to the Director of Midwifery, then to the Maternity Improvement Plan Monitoring Meeting. To date, 75 out of 99 recommendations have completed 30-, 60-, 90- day follow-up reviews, evidencing ongoing embedment of recommendations, with 21 recommendations having ongoing follow-up reviews. 11 recommendations of the 21 have been identified to have extended follow-up reviews past 120 days to ensure embedded business-as-usual processes, these have been escalated and confirmed with the Director of Midwifery and to the Maternity Improvement Plan Monitoring

Meeting.

It is recognised that new areas for improvement will be identified through existing embedded governance processes, making it important to define mechanisms to ensure that the learnings and method from the Maternity Improvement Plan continues and is embedded into the routine governance processes for the division. Project management support is available to support the service with identifying this process and support the service with their transfer to business-as-usual during April. Maternity Services will be co-designing their Maternity Strategy during March and April, with the aim for this to be approved in May to enable go live in June 2024.

3. Finance / workforce implications

Workforce:

- Practice Development Midwife
    - Women and Children's have appointed to this role, unexpected delay to commencement in post from May to July 2024.
- Maternity Governance Midwife
    - The Quality and Safety Team are supporting Maternity with oversight from the Director of Midwifery.
    - Maternity Services have appointed to the substantive Maternity Governance Midwife post, expected commencement date in July 2024.
- Maternity Services are continuing with recruitment to substantive posts across the department.

4. Risk and issues

To date, Maternity Services have completed 99 out of 127 recommendations, owing to the dedication of staff within the service to ensuring that the plan is successful.

It is recognised that culture change is ongoing, and evidence of cultural change can be seen. Maternity Services, with support from the Director of Culture, Engagement and Wellbeing, are continuing to implement the culture improvement plan for the service.

Engagement has commenced with Maternity for Phase 2 with the Maternity Improvement Plan across the professional groups within Maternity Services. Project management support, alongside the Director of Midwifery, developed communications shared at the Women's and Children's Inset Day, and Maternity Away Days, held in March. These communications provided a background of progress to date and engaged fully with the service to develop the strategy for the continuation of the Maternity Improvement Plan. It is envisioned that the Maternity Strategy will ensure sustainability of the completed recommendations and see the completion of the outstanding recommendations.

Further engagement opportunities are in place at weekly "Time to Chat" sessions with the Director of Midwifery and monthly posters shared across the service which detail Maternity Improvement Plan updates.

There is ongoing risk in relation to the medical workforce and leadership arrangements for the division; there remain two substantive consultant vacancies open, which are covered by locums. Medical leadership continues to be provided by an interim Chief of Service and there will be a need to defined arrangements for a substantive leadership role and to recruit to this an individual with an appropriate Obstetric and Gynaecology background.

5. Applicability to ministerial plan

In the Minister for Health and Social Services' Ministerial Plan 2023-26, it was a key priority to "focus on improving the health and wellbeing of women" including "implementing the maternity improvement plan including pre- and postnatal mental health services and the substantive appointment of a breast-feeding specialist".

6. Main Report

The Board are asked to note the content of the cover report and acknowledge the ongoing progress of completion and assurance of embedded practice.

Appendix:
202403 – Maternity Improvement Plan – Poster – Approved 20240326

END OF REPORT

Maternity Improvement Plan

March 2024

What is the Maternity Improvement Plan?

The Maternity Improvement Programme (MIP) was established in June 2023. The purpose of the MIP is to deliver coordinated and sustained improvements within Maternity to address the recommendations from the internal and external reports which have received and been within the organisation since 2018. The MIP will ensure that responses become part of the embedded business-as-usual governance process of the organisation.

What has progressed in March?

- 99 completed recommendations out of 127
- Women & Children's Care Group Inset Day held on 12 March which had presentation from all teams on their purpose and vision.
- Maternity Improvement Plan shared with staff at WACs Inset Day (12/03).
- Commenced co-design of the Maternity Strategy at the Maternity Away Days held 14 & 21.
- Maternity Improvement Plan Phase 2 shared at Maternity Away Days (14/03 & 21/03).
- Maternity Improvement Plan Phase 2 shared with Consultants and Jersey Maternity Voices Partnership.
- If you would like a copy of the Maternity Improvement Plan Phase 2, please email Ros: R.BullenBell@health.gov.je
- First Labour Ward Forum held on 22 March led by Dr Das.

What's happening in April?

- Maternity Improvement Plan Phase 2 to be drafted following co-design at Maternity Away Days.
- First perinatal mental health training module to be held on 04 April.
- Multidisciplinary PROMPT and Clinical Skills Day on 04 & 05 April.
- Preparation for official opening day of our refurbished maternity unit on 08 May.

Your voice

To get involved, please speak to your line manager for further information.

Ros, our Director of Midwifery, holds weekly "Time to Chat" open sessions, providing a platform to share your views, concerns and suggestions directly. These are held on Wednesdays, 2:00–3:00pm in the Learning & Development Room/Inpatients Office –Maternity Ward.

If you have concerns, or if there is an issue stopping you from delivering the best possible patient care, please contact Ashling McNevin, our Freedom to Speak up Guardian, to ensure your voice is heard. Email: speakup@health.gov.je

Report to	Health and Community Services (HCS) Advisory Board		
Date of meeting:	25 April 2024		
Title of paper:	Medicine Improvement Plan Royal College of Physicians Report of Acute Medicine		
Report author (& title):	Aisling Adams, General Manager-Medical Services Adrian Noon, Chief of Service Medicine	**Accountable Executive:**	Claire Thompson, Chief Operating Officer-Acute Services

1. Purpose

What is the purpose of this report? What is being asked of the Advisory Board?	To provide an update on progress compliance with recommendations made by the Royal College of Physicians in September 2022	Information	x
		Decision	
		Assurance	
		Update	x

2. Executive Summary

Medical services at Health and Community Services (HCS) have been subject to two invited external reviews from the Royal College of Physicians (RCP) in 2022 and followed up by Dr Rob Haigh in 2023. The recommendations have been collated into a comprehensive improvement plan. Given the recommendations from an historic RCP review in 2014, a more recent RCP review and subsequent serious incident investigations that have similar learning, a revision of the action plan has been commissioned (with support from change team colleagues) to further align our quality improvement approach to the maternity improvement process i.e. using a themed framework to support delivery such as culture, clinical governance. Evidence of implementation is collated, with measures to support sustainability.

3. Finance / workforce implications.

Recruitment continues to appoint to vacant posts for medical consultants. We advertised for 5 General Medical Consultants posts that are within the current financial envelope, but funding for a further 6 to deliver agreed workforce model remains unidentified. Financial constraints and the cost improvement (CIP) plans to balance HCS financial position has impacted this however the current recruitment exercise would be unlikely to provide candidates greater than the budget to date. Interviews are scheduled to take place 3rd May and shortlisting is in progress with good interest noted. Financial constraints have delayed the implementation of flow coordinator to support the current discharge coordinator. However, it is anticipated that funding for this post will be released now the same day emergency care (SDEC) has been incorporated in the Acute Assessment Unit.

A meeting to coordinate the response to a particular recommendation to consider the number of beds in Enhanced Care Area (ECA), structure and activity of Acute Assessment Unit (AAU) ECA was held on the 22nd of March with input from Acute Physicians, Critical Care, and other relevant stakeholders. A draft standard operating procedure (SOP) was reviewed by the team and agreed in principle at the meeting. This will continue to be developed and be taken through Medicine Care Group governance. It is noted that the framework provided by both the Society of Acute Medicine (SAM) and the Intensive Care Society (ICS) good practice documents have been used to generate this as advised by the RCP. A training needs analysis will be conducted to ensure correct workforce skill set and model and business case to support this will be developed. There is also consideration regarding a joint physician/intensivist role to compliment the medical management.

4. Risk and issues.

The competing goals of delivering operational performance and evidencing against recommendations place a great deal of pressure on clinical department lead staff and medicine care group SLT. Additional resource has been agreed by the COO Acute Services and Chief Officer to include an external physician experienced in both patient safety and operational flow improvement to support the care group as well as operational leadership and project management capacity starting in April and May.

Recruitment to vacancies remains a priority. Actions to shorten the time to recruit to allow for sustained pace to quality improvements also sit within the FRP due to risk of agency premium. Escalations have been received via check and challenge of ongoing risk and actions will be developed at Financial Oversight Group in March.

Clinical fellow recruitment is currently well underway for 2024 which has been successful with all vacancies currently appointed for the August cohort.

Progress has been made such as moving SDEC (Same Day Emergency Care). Time is needed to embed new SDEC pathways to realise the impact on operational performance. The governance meeting for the medical care team reestablished its monthly meeting on 14th March which will help to support the decision-making process across the Medicine Care Group. The governance lead for medicine is due to commence in post in June 2024. This post was recruited to in November but there has been protracted onboarding.

5. Main Report

All RCP 2022 recommendations are in progress. Further work has been completed on the plan to widen the scope of the recommendations included. Progress for future boards will include these going forward.

There is stagnated progress on some of the recommendations from 2023,

- Flow coordinator moved from **amber** to **red** due to locating funding through existing budgets and other recommendations taking priority but will impact in Q2.
- Job Planning remains at **amber** as there is an organizational redesign of job planning across the medical workforce being led by the medical director's office.
- Some of the additional Consultant weekend rounds whilst in place have reverted from

green to **amber** to further assess effectiveness.

Summary of key progress in March and April to date.

- Advertised for consultant posts which closed at the end of March. Short listing currently and interviews scheduled in May.
- Same day emergency care SOP agreed and plan to approve/implement.
- ECA SOP review completed, in draft agreement from key stakeholders.
- Training plan for ECA is planned for development this month.
- Move of SDEC to AAU to provide better visibility and flow.
- Recruitment of Clinical Fellows for August completed (fully recruited).
- Care group governance meetings commenced.
- Mortality and Morbidity meeting commencing this month.

Recommendation

The Board accept the update report and recognise progress against the recommendations made by the Royal College of Physicians.

END OF REPORT

Health and Community Services

Health and Community Services Advisory Board Report

Report to:	Health and Community Services (HCS) Advisory Board		
Date of meeting:	25 April 2024		
Title of paper:	Patient Experience Report – March and Quarter 1 activity		
Report author (& title):	Patient Experience Team	**Accountable Executive:**	Interim Chief Nurse

1. Purpose

What is the purpose of this report? What is being asked of the HCS Advisory Board?	The purpose of this report is to, - Provide a review of the quarter 1 2024 complaints and compliments activity. - Highlights the complaints received by the care group and implementation of any lessons learned. - Highlight the launch of the Patient Advice and Liaison Service. - The report also provides assurance to the HCS Advisory Board that there is no consistency of individual staff members / time or clinical area related to the complaints reported.	Information	x
		Decision	
		Assurance	
		Update	

2. Executive Summary

Learning from patient feedback is a crucial part of health care delivery providing information and feedback which can be used to help drive improvement and strengthen the quality of services for patients and the public.

The Patient Experience Team within HCS is undergoing review and reorganisation to ensure we respond to patients and the public in a timely manner to understand issues and concerns raised and maximise the use of information available.

This report covers the period of 1st January to 31st March along with comparison data for the same period in 2023. Early resolution of complaints and concerns raised by patients, relatives and carers is a key priority. The team have recently reorganised and changed internal processes to enable a focus on this activity and reduce the escalation to formal complaints, the team are working with wards and departments to support staff with de-escalation resolutions.

The data provided demonstrates the positive steps the team are making by showing a reduction in the number of days taken to respond to a complaint from 54 days in Q1 2023 to 15 days in 2024 for the same period.

Achieving sustained improvement in response rates is an ongoing target of the feedback team by working closely with care group senior leadership teams on a weekly basis, to consistently review open complaints to identify blockages to responding to and closing complaints.

Overall complaints are down 64% year on year for the same period, and this can be attributed to being responsive to all enquiries from patients and using the de-escalation process on wards to support early resolutions to prevent formal complaints.

The Patient Advisory and Liaison Service (PALS) will be formally launched in Quarter 2, with new branding, a uniform, and a media campaign to highlight the work that the service offers. The aim of the relaunch is to let patients, relatives and carers know that they can contact the PALS team for help which may include, listening to concerns and sign posting to departments for resolutions, provide advice and information relating to HCS, liaise with departments on patient's behalf and a wide range of other things.

Work is also being caried out within the team to ensure good engagement and communication with patients, relatives and carers who want to log a formal complaint and to also ensure the complaints process is not being used as a mechanism to co-ordinate care as the team has a senior nurse practitioner in place who can assist with situations where clinical co-ordination is required.

3. Finance / workforce implications

N/A

4. Risk and issues

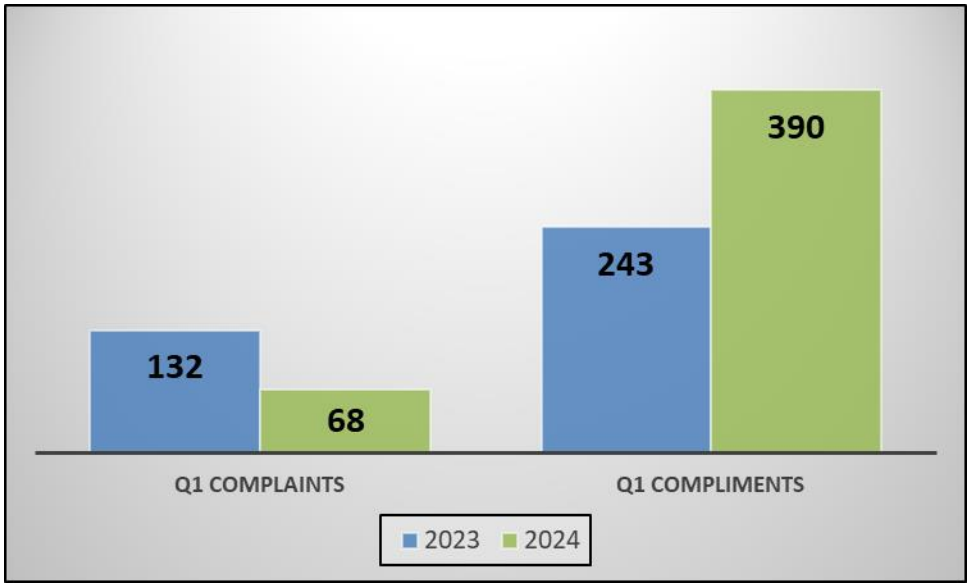
Learning from complaints and feedback is crucial for improving services and addressing patient concerns effectively. By analysing trends and patterns in complaints, we can identify common issues and root causes, enabling targeted interventions and process improvements. Therefore, assurance is required that HCS is undertaking a robust system of learning from feedback.

5. Main Report

Total Complaints and Compliments received during Quarter 1 2024

Time period	Total complaints	Total compliments
1st January to 31st March	**68**	**390**
January	31	116
February	24	174
March	13	100

Comparisons year on year Q1



Q1 2023 Total complaints - **132**
Q1 2024 Total complaints - **68**
This equates to a 64% decrease year on year.

Q1 2023 Total compliments - **243**
Q1 2024 Total compliments - **390**
This equates to a 50% increase year on year.

Complaints received by care group Q1

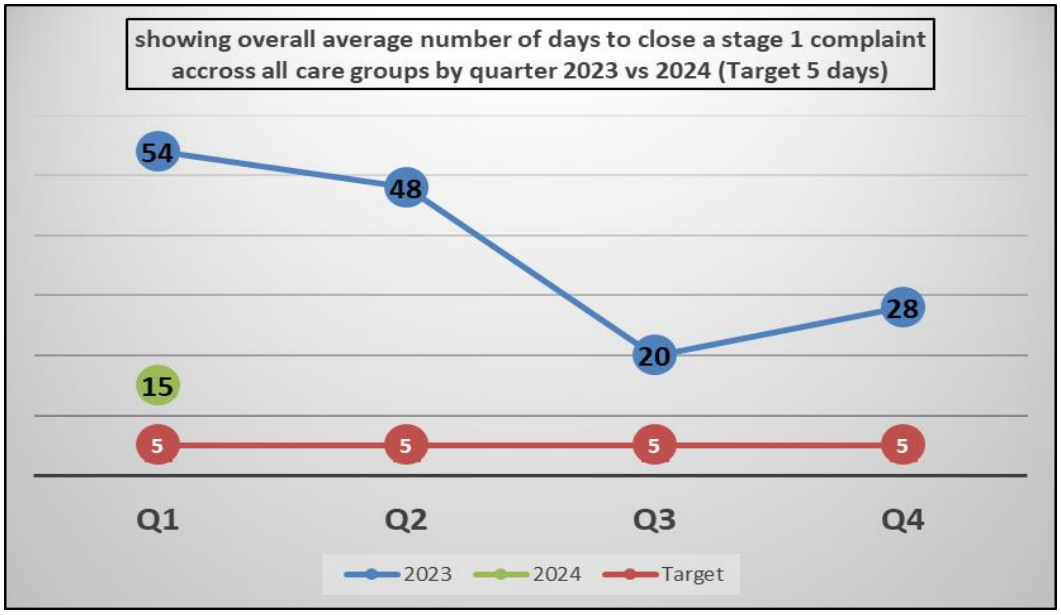
CARE GROUP / SERVICE AREA	2023	**2024**	Difference

Medical Services	49	**28**	-21
Surgical Services	48	**18**	-30
Women, Children and Family Care	12	**11**	-1
Mental Health Services	8	**6**	-2
Adult Social Care	1	**3**	2
Non-Clinical Support Services	6	**1**	-5
Medical Director	1	**0**	-1
Primary Prevention and Intermediate Care	7	**1**	-6

Common Complaint Themes Quarter 1 2024
(common = 3 or more of same complaint theme)

Medical Care Group • Staff Attitude • Failure to carry out care (observations, tests and examinations)	**Surgical Care Group** • Delayed Diagnosis
Women, Children and Family Care • Failure to carry out care (observations, tests and examinations)	**Mental Health** • No common themes
Adult Social Care • No common themes	**Non-Clinical Support Services** • No common themes
PPI/Therapies • No common themes	

Complaint response times



Learning from feedback and quality assurance:

My experience survey results 2023/24

2024 Q1		
Very Good	28	62.2%
Good	3	6.7%
Average	1	2.2%
Poor	5	11.1%
Very Poor	8	17.8%

Benchmark 2023

2023 Jan 1st - Dec 31st		
Very Good	165	64.0%
Good	14	5.4%
Average	11	4.3%
Poor	29	11.2%
Very Poor	39	15.1%

Results from the 'my experience' survey remain consistent in quarter 1 in comparison to 2023, results and feedback from the survey will continue to be monitored throughout 2024.

Lesson Learnt

- Following feedback from a patient, a working group is being set up to look at ways to improve patient experience for the dDeaf community within HCS. The group will include patients from the community to tell of their own experience to HCS staff from Outpatients department at Jersey General Hospital and Edith Quenault.

- Specific suggestion box to be set up in Emergency Department following feedback and suggestions from patients about the patient wating area environment. Results to follow in Q2/3.

- Targeted staff training following complaint related to attitude.

6. Recommendation

- Work will continue in Quarter 2 to establish a consistent approach to applying a decision as to whether a complaint is upheld, not upheld, partially upheld. This will then be applied to all complaints going forwards.

- Complaint themes to be shared monthly with care groups and audits on the lessons learnt from complaints received will also be shared with senior management from care groups.

- The HCS Board is asked to note the contents of the report, recognising the work undertaken by the patient experience team to ensure timely resolution of complaints.

END OF REPORT

Health and Community Services

Health and Community Services Advisory Board Report

Report to:	Health and Community Services Advisory Board		
Date of meeting:	25th April 2024		
Title of paper:	Freedom to Speak Up Guardian – framework and reporting lines		
Report author (& title):	Ashling Mc Nevin, Freedom to Speak Up Guardian	**Accountable Executive:**	N/A

1. Purpose

What is the purpose of this report? What is being asked of the HCS Advisory Board?	To assure the Board of the independence of the role of the Freedom to Speak Up Guardian. To set out the framework to which the role operates. This will serve to further support and inform the successful delivery and development of a Freedom to Speak Up Culture across HCS.	Information	√
		Decision	
		Assurance	
		Update	√

2. Executive Summary

This report will offer assurance to the Board that the Freedom to Speak Up Guardian acts in an independent impartial manner while fulfilling their role.

3. Finance / workforce implications

N/A

4. Risk and issues

Risk to staff wellbeing which will potentially impact performance and therefore patient safety.

5. Main Report

The Freedom to Speak Up Guardian (FTSUG) within Health and Community Services (HCS) became an active role at the end of January 2023. The role of the FTSUG in Jersey sits outside for the National Guardian's Office (NGO) but local practice aligns to NGO Guidance regarding performance, case recording and reporting of data. The NGO require information to be categorised under the following headings:

- Patient safety / quality
- Worker safety / wellbeing
- Bullying / harassment
- Other inappropriate attitudes / behaviours

The Freedom to Speak Up process within Health and Community Services.

The role of the Freedom to Speak Up Guardian is independent and impartial and offers a confidential space for employees to raise issues, discuss concerns and offer ideas for improvement within HCS. Employees are enabled to share their issues openly, confidentially and anonymously. Contact can be made with the Guardian via telephone, email or via the dedicated Freedom to Speak Up Datix which has been created. Only the Freedom to Speak Up Guardian is notified if a FTSU Datix is raised. Datix reporting offers staff the option to report issues anonymously. While in keeping with the need to maintain confidentiality, employees are offered opportunity to meet with the FTSUG at various sites both within HCS and externally to maintain wider anonymity and confidentiality. Meeting spaces can be booked at either the NSPCC building or the town public library.

Employees are advised that the meeting with the FTSUG will be confidential. Universal limits to confidentiality are explained before further discussion takes place. The employee is advised that should their concern only relate to them without any impact on another employee, on patients or on the wider organisation, they can decide how they wish to progress following them sharing their concern. There have been occasions where following discussion with the FTSUG the employee decided not to progress their issue. The employee voiced that they benefitted from the time and space the discussion with the guardian allowed. Where concerns apply to, and could possibly impact a third party, the employee is advised this cannot be held by the FTSUG and discussion is then had regarding how to progress. Following the employee giving their consent to continue they are invited to share their concerns. The employee is advised that the FTSUG will make notes of the concern as they speak and is then offered space to discuss their concerns without interruption.

Following this meeting there is agreement between the FTSUG and the employee on how best to maintain contact. The FTSUG then writes up a report of the concerns raised and agrees to share this with the employee. The employee is invited to add, delete, amend information contained in the report to ensure accuracy of information. In line with NGO's guidance the employee is also invited to share their feelings in relation to their experience. If the FTSUG receives no response from the employee after the initial follow up, they will make a further two attempts to contact. If no further contact is received, the employee will be notified that the FTSUG will close their involvement at that time but advise the employee that they can make contact again in the future should they wish.

The degree of detail contained in the report outlines the area in which the employee works. The employee who contacted the FTSUG is referred to as the Reporting Member of Staff (RMoS) throughout the report. Regarding those for whom concerns may be raised towards, names are abbreviated in the report. The RMoS is advised particularly if they work in small departments or if they have previously raised similar concerns that they may be identified due to this. This is unavoidable and is also an issue for FTSUG's in England. The RMoS is assured that the FTSUG will not identify them in any communication they enter into. However, the NGO remind organisations that the identity of the concern raiser should not be the main point of interest. More importance should be given to the concern that is being raised. If we are to move to a culture where we welcome employees to raise concerns and offer ideas for improvement, we need to model this way of supporting employees to Speak Up.

Information contained in the report identifies the area of HCS to which the concern relates. Demographic and role are identified to provide information on professional/worker groups; this is in line with NGO guidance. Reports are coded and saved securely by reference number to ensure they can be later identified in all corresponding communication relating to the concern. All reports are uploaded to the FTSU Datix and stored securely here.

The National Guardians Office have complied a working outline of 'Do's & Don'ts' for managers in organisations who are looking into concerns. Top of the "Don'ts" list is: *Don't seek out those who have spoken up*. This information has been shared with the senior leadership team in HCS and is being shared with managers during training and information sharing events.

The original pathway for raising issues has more recently been discussed to determine how best to progress enquiries within HCS. Originally it was thought that bringing all matters to the attention of the Executive / Senior Leadership Team to be beneficial, however recent feedback on this process has identified that this could compromise Exec / Senior Leaders in the event of issues later being looked at objectively and could potentially serve to undermine area managers when trying to attend to issues. The amended version of this pathway will need further discussion.

Since the FTSUG commenced role and while bringing concerns forward to be looked at, there have been a number of occasions when the Executive / Senior Lead has offered to meet directly with the RMoS to gain greater understanding of the issues raised. The RMoS has been offered the opportunity to meet and in all cases that can be recollected, all RMoS have wished to engage in these meetings. In doing so the RMoS is consenting to their concern moving from a confidential space to an open space where they are identified.

The Freedom to Speak Up Guardian has developed a feedback / action taken template for managers to complete to ensure action is taken in a timely manner, drift is reduced, and feedback offered to individuals who raised concerns or highlighted issues. This template is attached for information purposes (Appendix 1).

The Freedom to Speak Up Guardian is line managed by Tom Walker, Assistant Chief Executive Officer, who sits outside of HCS but within the Government of Jersey. Development of the FTSUG role and issues faced are discussed between the Freedom to Speak Up Guardian and Tom Walker on a fortnightly basis.

The Freedom to Speak Up Guardian has monthly meetings with the Chief Executive Officer to discuss and share information regarding developing themes and share intelligence.

In line with National Guardian's Office guidance and since the last Board report in December 2023, an Executive Lead for Freedom to Speak Up has been identified. Chief Nurse, Jessie Marshall has recently taken on this role. As 2024 progresses it is planned that the FTSUG and the Executive Lead will meet fortnightly to discuss the ongoing development of the role and concept of Speaking Up across HCS. This will help generate ongoing communication and raise awareness of the role of the FTSUG. Meetings between the FTSUG and Executive Lead will review emerging themes and areas within HCS where concerns are being raised. From an organisational perspective, this provides rich information that is not only valuable but provides opportunity to learn and improve. No employee will be named or identified during these meetings. The requirement of Executive Lead is to champion Freedom to Speak up and offer support to the FTSUG. This will further demonstrate organisational commitment to developing a robust speak up culture and encourage employees to Speak Up. Should issues arise regarding delays in responding to concerns raised, these can be discussed with the Executive Lead so further action can be taken.

A Non-Executive Director (NED) has also been identified. This role is being fulfilled by Clare Gerada. The role of the NED is independent and is predominantly a support for the guardian: they provide objectivity to ensure that investigations are conducted thoroughly and to help escalate issues, where needed. *"The NED is also there to challenge the most senior people in the organisation to reflect on whether they could do more to create a healthy, effective speaking-up culture. This might involve constructively raising awareness about poor behaviours" (*National Guardian's Office).

The FTSUG attends the People and Culture Committee regarding patient safety and staffing issues. While the guardian is not a formal member of this committee due to the independent nature of the role, she has the right to speak and participate in discussions.

As Jersey sits outside the jurisdiction of on the National Guardian's Office, there is no requirement of the Jersey Guardian to report centrally to the NGO on themes and data as in England, however practice in Jersey conforms to NGO guidance and best practice so data relating to the themes as identified above are collected. The Freedom to Speak Up Guardian has formed links with Guardians in England and attends a community of practice Teams meeting monthly. The Freedom to Speak Up Guardian has also sought guidance and mentorship from more experienced Freedom to Speak Up Guardians who work at Southern Health NHS Foundation Trust and at the National Guardian's Office respectively. Mentoring sessions with these two FTSUG's takes place monthly. The National Guardian's Office have created a Planning and Reflection tool to identify organisational strengths and more importantly any gaps where work is needed. In line with best practice this will be completed in Jersey in the coming months. It is a requirement of National Guardians Office that this is completed every two years. This is attached for information (Appendix 2).

6. Recommendation

The Board are asked to note the report.

END OF REPORT

FREEDOM TO SPEAK UP CASE TEMPLATE

This template is intended to support the response to colleagues speaking up via Freedom to Speak Up Guardian (FTSUG) by:

- Capturing all the essential details of the matter the individual(s) want to speak up about
- Providing prompts and a checklist to note and record actions
- Allowing us to collate and celebrate lessons learned as a result of speaking up

The table below gives the timescales by which the template needs to be returned. The priority level for this concern has been highlighted:

Any delay in returns will be brought to the attention of the Chief Officer.

Level	Category	Examples	Return action plan (p.3) within…	Return feedback / lessons learned (p.4) within…
1	Immediate	• Immediate safety / safeguarding issue • Physical or verbal abuse • Criminal offence	24 hours	30 days
2	Urgent	• Quality of care/service • Patient safety • Staff safety	2 days	40 days
3	Standard	• Culture of bullying • Fraud • Adherence to policy / procedure • All other concerns	10 days	50 days

FTSU CASE TEMPLATE (completed by FTSUG)

DETAILS OF MATTERS SPOKEN UP ABOUT	
Case Number:	**Date sent:**
Service/Department:	
Nature of Concerns:	
Perceptions of treatment as a result of speaking up:	
The managers/leader responsible for responding:	
Callers Expected/desired action	
The level of confidentiality agreed is… Happy for identity to be known to FTSUGs and the manager(s) responding and resolving the matter Identity only known to FTSUGs Anonymous (identity not known to FTSUGs)	
Contact details of individual(s) (if consent given):	

ACTION PLAN (completed by manager)

Immediate actions taken: *(Essential for priority 1 / immediate concerns)*
Protections agreed with the individual: *(Essential if individual has reported or is concerned about negative treatment as a result of speaking up)*
What actions do you plan to take ? *(E.g. Informal conversation, mediation, desk top review, investigation, appreciative enquiry, cultural review)*

Please email the completed form to the FTSUG via speakup@health.gov.je

FEEDBACK / LESSONS LEARNED

FTSU can make a significant contribution to our learning by identifying the themes, lessons learnt and changes to working practice from staff speaking up. To support the focus on quality and drive for continuous improvement please can you give an outline of any lessons learnt as a result of staff speaking up?

The information you give in this section is for understanding and learning, it will not be assessed in any way and will be completely anonymised.

Please complete the sections below and return to the Freedom to Speak Up Guardian within 3 working days of completion of the report.

What changes have been made as a result?
What lessons have been learnt?
How will you ensure learning is embedded and shared?
What learning is transferable across the organisation and how will you share this?
What information will be fed back to the person speaking up?
Is there any feedback that you would like to give the FTSUG, either for reflection of for wider learning?

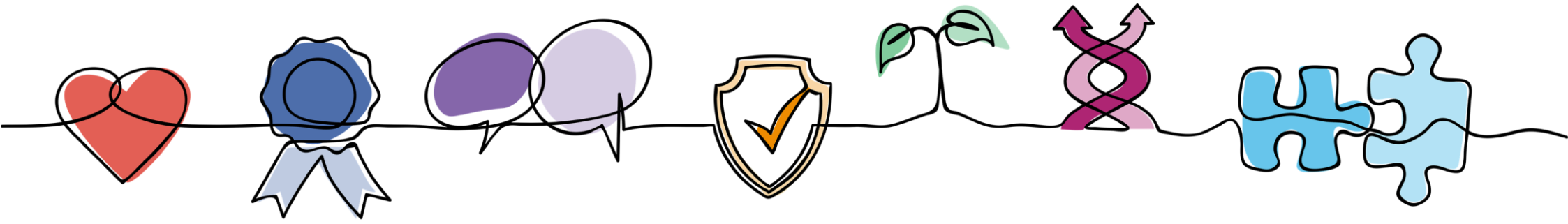
Please email the completed form to the FTSUG via speakup@health.gov.je

National Guardian
Freedom to Speak Up

NHS

Freedom to Speak up

A reflection and planning tool



Introduction

The senior lead for FTSU in the organisation should take responsibility for completing this reflection tool, at least every 2 years.

This improvement tool is designed to help you identify strengths in yourself, your leadership team and your organisation – and any gaps that need work. It should be used alongside Freedom to speak up: A guide for leaders in the NHS and organisations delivering NHS services, which provides full information about the areas addressed in the statements, as well as recommendations for further reading.

Completing this improvement tool will demonstrate to your senior leadership team, your board or any oversight organisation the progress you have made developing your Freedom to Speak Up arrangements.

You may find that not every section in this tool is relevant to your organisation at this time. For this reason, the tool is provided in Word format to allow you to adapt it to your current needs, retaining the elements that are most useful to you.

If you have any questions about how to use the tool, please contact the national FTSU Team using england.ftsu-enquiries@nhs.net

The self-reflection tool is set out in three stages, set out below.

Stage 1

This section sets out statements for reflection under the eight principles outlined in the guide. They are designed for people in your organisation's board, senior leadership team or – in the case of some primary care organisations – the owner.

You may want to review your position against each of the principles or you may prefer to focus on one or two.

Stage 2

This stage involves summarising the high-level actions you will take over the next 6–24 months to develop your Freedom to Speak Up arrangements. This will help the guardian and the senior lead for Freedom to Speak Up carry out more detailed planning.

Stage 3

Summarise the high-level actions you need to take to share and promote your strengths. This will enable othersin your organisation and the wider system to learn from you.

Stage 1: Review your Freedom to Speak Up arrangements against the guide

What to do

- Using the scoring below, mark the statements to indicate the current situation.

  1 = significant concern or risk which requires addressing within weeks

  2 = concern or risk which warrants discussion to evaluate and consider options

  3 = generally applying this well, but aware of room for improvement or gaps in knowledge/approach

  4 = an evidenced strength (e.g., through data, feedback) and a strength to build on

  5 = confident that we are operating at best practice regionally or nationally (e.g., peers come to use for advice)

- Summarise evidence to support your score.
- Enter any high-level actions for improvement (you will bring these together in Stage 2).
- Make a note of any areas you score 5s in and how you can promote this good practice (you will bring these together in Stage 3).

Principle 1: Value speaking up

For a speaking-up culture to develop across the organisation, a commitment to speaking up must come from the top.

Statements for the senior lead responsible for Freedom to Speak Up to reflect on	Score 1–5 or yes/no
I am knowledgeable about Freedom to Speak Up	
I have led a review of our speaking-up arrangements at least every two years	
I am assured that our guardian(s) was recruited through fair and open competition	
I am assured that our guardian(s) has sufficient ringfenced time to fulfil all aspects of the guardian job description	
I am regularly briefed by our guardian(s)	
I provide effective support to our guardian(s)	
Enter summarised commentary to support your score.	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1	
2	

Statements for the non-executive director lead responsible for Freedom to Speak Up to reflect on	Score 1–5 or yes/no
I am knowledgeable about Freedom to Speak Up	
I am confident that the board displays behaviours that help, rather than hinder, speaking up	
I effectively monitor progress in board-level engagement with the speaking-up agenda	
I challenge the board to develop and improve its speaking-up arrangements	
I am confident that our guardian(s) is recruited through an open selection process	
I am assured that our guardian(s) has sufficient ringfenced time to fulfil all aspects of the guardian job description	
I am involved in overseeing investigations that relate to the board	
I provide effective support to our guardian(s)	
Enter summarised evidence to support your score.	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1	
2	

Principle 2: Role-model speaking up and set a healthy Freedom to Speak up culture

Role-modelling by leaders is essential to set the cultural tone of the organisation.

Statements for senior leaders	Score 1–5 or yes/no
The whole leadership team has bought into Freedom to Speak Up	
We regularly and clearly articulate our vision for speaking up	
We can evidence how we demonstrate that we welcome speaking up	
We can evidence how we have communicated that we will not accept detriment	
We are confident that we have clear processes for identifying and addressing detriment	
We can evidence feedback from staff that shows we are role-modelling the behaviours that encourage people to speak up	
We regular discuss speaking-up matters in detail	
Enter summarised evidence to support your score.	
High-level actions needed to bring about improvement (focus on scores 1 ,2 and 3)	
1	
2	

Statements for the person responsible for organisational development	Score 1–5 or yes/no
I am knowledgeable about Freedom to Speak Up	
We have included creating a speaking-up culture (separate from the Freedom to Speak Up guardian process) in our wider culture improvement plans	
We have adapted our organisational culture so that it becomes a just and learning culture for our workers	
We support our guardian(s) to make effective links with our staff networks	
We use Freedom to Speak Up intelligence and data to influence our speaking-up culture	
Enter summarised evidence to support your score.	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1	
2	

Statements about how much time the guardian(s) has to carry out their role	Score 1–5 or yes/no
We have considered all relevant intelligence and data when making our decision about the amount of ringfenced time our guardian(s) has, so that they are able to follow the National Guardian's Office guidance and universal job description and to attend network events	
We have reviewed the ringfenced time our Guardian has in light of any significant events	
The whole senior team or board has been in discussions about the amount of ringfenced time needed for our guardian(s)	
We are confident that we have appropriate financial investment in place for the speaking-up programme and for recruiting guardians	
Enter summarised evidence to support your score.	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1	
2	

Principle 3: Make sure workers know how to speak up and feel safe and encouraged to do so

Regular, clear and inspiring communication is an essential part of making a speaking-up culture a reality.

Statements about your speaking-up policy	Score 1–5 or yes/no
Our organisation's speaking-up policy reflects the 2022 update	
We can evidence that our staff know how to find the speaking-up policy	
Enter summarised evidence to support your score.	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1	
2	

Statements about how speaking up is promoted	Score 1–5 or yes/no
We have used clear and effective communications to publicise our guardian(s)	
We have an annual plan to raise the profile of Freedom to Speak Up	
We tell positive stories about speaking up and the changes it can bring	
We measure the effectiveness of our communications strategy for Freedom to Speak Up	
Enter summarised evidence to support your score.	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1	
2	

Principle 4: When someone speaks up, thank them, listen and follow up

Speaking up is not easy, so when someone does speak up, they must feel appreciated, heard and involved.

Statements about training	Score 1–5 or yes/no*
We have mandated the National Guardian's Office and Health Education England training	
Freedom to Speak Up features in the corporate induction as well as local team-based inductions	
Our HR and OD teams measure the impact of speaking-up training	
Enter summarised evidence to support your score.	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1	
2	

Statements about support for managers within teams or directorates	Score 1–5 or yes/no
We support our managers to understand that speaking up is a valuable learning opportunity and not something to be feared	
All managers and senior leaders have received training on Freedom to Speak Up	
We have enabled managers to respond to speaking-up matters in a timely way	
We are confident that our managers are learning from speaking up and adapting their environments to ensure a safe speaking-up culture	
Enter summarised evidence to support your score.	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1	
2	

Principle 5: Use speaking up as an opportunity to learn and improve

The ultimate aim of speaking up is to improve patient safety and the working environment for all NHS workers.

Statements about triangulation	Score 1–5 or yes/no
We have supported our guardian(s) to effectively identify potential areas of concern and to follow up on them	
We use triangulated data to inform our overall cultural and safety improvement programmes	
Enter summarised evidence to support your score.	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1	
2	

Statements about learning for improvement	Score 1–5 or yes/no
We regularly identify good practice from others – for example, through self-assessment or gap analysis	
We use this information to add to our Freedom to Speak Up improvement plan	
We share the good practice we have generated both internally and externally to enable others to learn	
Enter summarised evidence to support your score.	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1	
2	

Principle 6: Support guardians to fulfil their role in a way that meets workers' needs and National Guardian's Office requirements

Statements about how our guardian(s) was appointed	Score 1–5 or yes/no
Our guardian(s) was appointed in a fair and transparent way	
Our guardian(s) has been trained and registered with the National Guardian Office	
Enter summarised evidence to support your score.	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1	
2	

Statements about the way we support our guardian(s)	Score 1–5 or yes/no
Our guardian(s) has performance and development objectives in place	
Our guardian(s) receives sufficient one-to-one support from the senior lead and other relevant executives or senior leaders	
Our guardian(s) has access to a confidential source of emotional support or supervision	
There is an effective plan in place to cover the guardian's absence	
Our guardian(s) provides data quarterly to the National Guardian's Office	
Enter summarised evidence to support your score.	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1	
2	

Statements about our speaking up process	Score 1–5 or yes/no
Our speaking-up case-handling procedures are documented	
We have engaged with managers and other key stakeholders on the role they play in handling speaking-up cases	
We are assured that confidentiality is maintained effectively	
We ensure that speaking-up cases are progressed in a timely manner within the teams or directorates we are responsible for	
We are confident that if people speak up within the teams or directorates we are responsible for, they will have a consistently positive experience	
Enter summarised evidence to support your score.	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1	
2	

Principle 7: Identify and tackle barriers to speaking up

However strong an organisation's speaking-up culture, there will always be some barriers to speaking up, whether organisation wide or in small pockets. Finding and addressing them is an ongoing process.

Statements about barriers	Score 1–5 or yes/no
We have identified the barriers that exist for people in our organisation	
We know who isn't speaking up and why	
We are confident that our Freedom to Speak Up champions are clear on their role	
We have evaluated the impact of actions taken to reduce barriers?	
Enter summarised evidence to support your score.	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1	
2	

Statements about detriment	Score 1–5 or yes/no
We have carried out work to understand what detriment for speaking up looks and feels like	
We monitor whether workers feel they have suffered detriment after they have spoken up	
We are confident that we have a robust process in place for looking into instances where a worker has felt they have suffered detriment	
Our non-executive director for Freedom to Speak Up is involved in overseeing how allegations of detriment are reviewed	
Enter summarised evidence to support your score.	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1	
2	

Principle 8: Continually improve our speaking up culture

Building a speaking-up culture requires continuous improvement. Two key documents will help you plan and assess your progress: the improvement strategy and the improvement and delivery plan.

Statements about your speaking-up strategy	Score 1–5 or yes/no
We can evidence that we have a comprehensive and up-to-date strategy to improve the speaking-up culture	
We are confident that the Freedom to Speak Up improvement strategy fits with our organisation's overall cultural improvement strategy and that it supports the delivery of related strategies	
We routinely evaluate the Freedom To Speak Up strategy, using a range of qualitative and quantitative measures, and provide updates to our organisation	
Our improvement plan is up to date and on track	
Enter summarised evidence to support your score.	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1	
2	

Statements about evaluating speaking-up arrangements	Score 1–5 or yes/no
We have a plan in place to measure whether there is an improvement in how safe and confident people feel to speak up	
Our plan follows a recognised ‘plan, do, study, act’ or other quality improvement approach	
Our speaking-up arrangements have been evaluated within the last two years	
Enter summarised evidence to support your score.	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1	
2	

Statements about assurance	Score 1–5 or yes/no
We have supported our guardian(s) to structure their report in a way that provides us with the assurance we need	
We have we evaluated the content of our guardian report against the suggestions in the guide	
Our guardian(s) provides us with a report in person at least twice a year	
We receive a variety of assurance that relates to speaking up	
We seek and receive assurance from the relevant executives/senior leaders that speaking up results in learning and improvement	
Enter summarised evidence to support your score.	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1	
2	

Stage 2: Summarise your high-level development actions for the next 6 – 24 months

Development areas to address in the next 6–12 months	Target date	Action owner
1		
2		
3		
4		
5		
6		
7		
8		

Development areas to address in the next 12–24 months	Target date	Action owner
1		
2		
3		
4		
5		
6		
7		
8		

Stage 3: Summary of areas of strength to share and promote

High-level actions needed to share and promote areas of strength (focus on scores 4 and 5)	Target date	Action owner
1		
2		
3		
4		
5		
6		
7		
8		