



Health and
Community Services

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

29TH FEBRUARY 2024 9:30AM – 12:30PM

Government of Jersey



AGENDA

MEETING: Part A - Health and Community Services Advisory Board
DATE: Thursday 29th February 2024
TIME: 9:30am – 12:30pm
VENUE: Main Hall, St Paul's Centre, Dumaresq Street, St Helier, Jersey JE2 3RL

	Description	Owner	Time
OPENING ITEMS			
1	Welcome and Apologies	Chair	9:30am
2	Declarations of Interest	Chair	
3	Minutes of the Last Meeting	Chair	
4	Matters Arising and Action Tracker <i>Tracker</i>	Chair	
5	Chair's Introductions	Chair	9:40am
6	Chief Officer's Report <i>Paper</i>	Chief Officer	9:45am
7	Quality and Performance Report (Month 1) <i>Paper</i>	Chief Operating Officer – Acute Services, Director of Mental Health Services and Adult Social Care, Medical Director and Chief Nurse	10:00am
8	Waiting List Report (Month 1) <i>Paper</i>	Chief Operating Officer – Acute Services, Director of Mental Health Services and Adult Social Care	10:15am
9	Workforce Report (Month 1) <i>Paper</i>	Director of Workforce	10:30am
10	Quality Committee <i>Verbal (paper to follow March 2024)</i>	Committee Chair	10:45am
11	Medical Job Planning <i>Paper</i>	Medical Director	10:55am
12	Acute Medicine <i>Paper</i>	Chief Operating Officer – Acute Services	11:10am
13	Mental Health External Review Implementation <i>Paper</i>	Director of Mental Health Services and Adult Social Care	11:25am
14	Maternity Improvement Plan <i>Paper</i>	Medical Director	11:40pm
15	HCS Annual Plan 2024 <i>Paper</i>	Director of Improvement and Innovation	11:55pm



16	#BeOurBest Programme – Annual Update <i>Paper</i>	Director of Improvement and Innovation	12:05pm
QUESTIONS FROM THE PUBLIC (Related to Agenda Items only)			
	Questions	Chair	12:15pm
	MEETING CLOSE	Chair	12:30pm
	Date of next meeting: 28 th March 2024		

Date: 25 January 2024	Time: 9:30 – 12:30pm	Venue: Main Hall, St Paul's Centre, Dumaresq St, St Helier, Jersey JE2 3RL
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Board Members:		
Carolyn Downs CB - CHAIR	Non-Executive Director	CD
Anthony Hunter OBE	Non-Executive Director	AH
Dame Clare Gerada DBE	Non-Executive Director	CG
Julie Garbutt	Non-Executive Director (Items 1-11 only)	JG
Chris Bown	Chief Officer HCS	CB
Mr Patrick Armstrong	Medical Director	PA
Claire Thompson	Chief Operating Officer – Acute Services	CT
Andy Weir	Director of Mental Health Services and Adult Social Care	AW
Dr Anuschka Muller	Director of Improvement and Innovation	AM
Steve Graham	Associate Director of People HCS (outgoing)	SG
Bill Nutall	Director of Workforce (incoming)	BN
In Attendance:		
Dr Cheryl Power	Director of Culture, Engagement and Wellbeing	CP
Obi Hasan	Finance Lead – HCS Change Team (Teams)	OH
Beverley Edgar	Workforce Lead – HCS Change Team (Teams)	BE
Cathy Stone	Nursing / Midwifery Lead – HCS Change Team (Teams)	CS
Emma O'Connor	Board Secretary	EOC
Daisy Larbalestier	Business Support Officer	DL
Dr Adrian Noon	Chief of Service Medical Care Group (Item 12 only)	AN

1	Welcome and Apologies	Action									
	<p>Carolyn Downs introduced herself and advised that she would be acting as Chair for this meeting (noting that not acting as an interim Chair). Following the end of Professor Hugo Mascie Taylor's contract, the recruitment for the Chair continues and hopeful that a substantive chair will be in post for the next meeting.</p> <p>All in attendance welcomed.</p> <p>Bill Nutall was welcomed as the new interim Director of Workforce for HCS as this function has been transferred from People and Corporate Services to HCS. Steve Graham, Associate Director of People, was thanked for his contribution and support to HCS and wished well in his new job within Government of Jersey (GOJ).</p> <p>Due to Purdah, there are items that cannot be covered during today's meeting and deferred to a future meeting.</p> <p>The rheumatology item will be starting at 11:15am as advertised.</p> <p>Apologies received from:</p> <table border="1"> <tr> <td>Jessie Marshall</td><td>Chief Nurse</td><td>JM</td></tr> <tr> <td>Professor Simon Mackenzie</td><td>Medical Lead – HCS Change Team</td><td>SMK</td></tr> <tr> <td></td><td></td><td></td></tr> </table>	Jessie Marshall	Chief Nurse	JM	Professor Simon Mackenzie	Medical Lead – HCS Change Team	SMK				
Jessie Marshall	Chief Nurse	JM									
Professor Simon Mackenzie	Medical Lead – HCS Change Team	SMK									

2	Declarations of Interest	Action
	No declarations.	

3	Minutes of the Previous Meeting	Action
The minutes of the meeting on 6 th December 2023 were agreed.		
4	Matters Arising and Action Tracker	Action
Noting the length of the action tracker, it was agreed that where items are noted for a future agenda, the specific meeting would be identified to provide a clear view of the forward plan.		
No specific items to note from the action tracker.		
5	Chair's Introductions	Action
As above.		
6	Chief Officer's Report	Action
CB took the report as read and highlighted all the issues noted in the paper.		
<p>Noting the time to first appointment is increasing, CG asked what action is being taken to address this. CT explained this was impacted by a higher number of referrals during October 2023 and loss of capacity during December 2023. However, good progress is being made in Trauma and Orthopaedics and Ophthalmology where 150 individuals were removed from the waiting list. Preliminary data for January 2024 demonstrates a reduction in outpatient number and those waiting over 90 days. During Q1 2024 the insourcing initiatives will yield further positive impacts with waiting list recovery schemes in diagnostics and ophthalmology (cataract), removal of 400 and 50 patients respectively.</p> <p>CG also asked how the delays in reporting of MRI scan (not access to the scan itself) were being addressed. CT responded that she is unaware of this particular concern regarding MRI but will review and feedback at the next meeting.</p> <p>ACTION: CT to feedback on timeliness of MRI scan reporting.</p> <p>TH noted that the breadth of staff engagement is encouraging and the creation of an environment for success is critical for the staff who are delivering care.</p> <p>ACTION: Non-Executive Directors to be receive the Monday Message and Wow Wednesday.</p> <p>Noting there is only one social work vacancy, this was highlighted as a very positive statistic.</p> <p>CD noted that the vaccination rates in Jersey are comparable to any in London and generally uptake is low. However, this does not mean that Jersey should be complacent, and every effort should be made to continually improve the uptake.</p> <p>CD advised that the area of most concern is medical job planning. Noting that previous reports to the Board highlighted the importance of job planning to future clinical governance (also noting the link to rheumatology report) and that this was one of the most important issues for the Board to progress, the planned delay is very concerning. Job plans are not perfect in any organisation however, every Doctor has one and the British Medical Association (BMA) are very clear that every Doctor should have a job plan. With this in mind, CD asked firstly if the Executive Directors remain committed to job planning and if so, when will it happen?</p> <p>CB confirmed that job planning remains a priority for the executive team. PA confirmed this commitment and added that whilst a lot of job plans have been completed, it was during the review phase that issues were raised regarding quality and consistency. Time of in lieu (TOIL) is unique to Jersey in terms of the job planning process as individuals on low intensity but high frequency on-call duties will have up to 30% of their time as TOIL. In combination with other activities such as Supervised Professional Activities (SPAs), individuals will then only have 30-40% of clinical time within their job plan (based on 10 PA's). The root cause of this is the</p>		

Consultant contract which is no longer fit-for-purpose for care delivery in 2024. There is commitment from the Consultant body through the Local Negotiating Committee (LNC) and States Employment Board (SEB) to potentially renegotiate the contract, noting that this will not happen quickly. However, there may be opportunities through the LNC to work voluntarily in a different way to progress job planning.

Whilst noting this response, CD advised that the issue of TOIL and the out-dated contract must have been known about and therefore actions to address could have been started. CD asked if any other staff groups across HCS do not have agreed job plans. CB confirmed that allied healthcare professionals (AHPs) have job plans and whilst nursing staff and non-clinical staff do not have job plans, objectives are set and reviewed. However, HCS remains challenged to upload these onto the new Connect People system.

CD noted that it appears unfair that some staff have agreed job plans / objectives / targets and are expected to deliver against these, whilst one staff group do not. This does not create unity across the organisation and is potentially divisive. Concerns around provision of excellent clinical governance and also fairness.

ACTION: CD asked CB / PA to consider the comments and return to the Board in February 2024 with a robust action plan as to how this will be progressed.

PA in agreement and stated that the lack of fairness was identified as an issue as part of the lack of consistency. In addition, more robust information is required regarding activity that individuals are carrying out and without clear expectations of what staff are going to do, this is also a weakness (also from a value for money perspective).

Noting that data drives performance, CG asked PA if activity data is available at departmental levels. PA responded that some of the information needed is available for example, theatres. However, there is gap in individual activity data and HCS is working to get this to inform job planning. Individual clinician data is available through MAXIMS (this was not possible through the previous electronic patient record (EPR) system Trakcare). CG noted that in time, this level of data should be made available to the public.

CT explained that HCS has data including number of referrals and demand at speciality level and the theatre utilisation dashboard has been developed down to Consultant level. This level of data will inform discussions to drive productivity and efficiency and address waiting list issues. However, what cannot be done currently is articulating the impact of job planning that has been done.

CB in agreement with CG's point about the granularity of activity data as current activity drives future activity and resource requirements. For example, how many patients are seen in the ED per day and what does this mean in terms of how many are seen per hour per full time equivalent. This would enable the board members to understand productivity and for the people of Jersey to understand whether they are getting value for money.

OH explained that the financial recovery programme (FRP) team has been supporting the job planning work. Activity data is crucial to understand demand, where capacity is currently deployed and then allocate accordingly. It is the absence of this data and the systems available to the executive team that frustrates the work.

Accepting all the above points, CD stated this is about culture and having something is better than nothing. This sets expectations i.e. managers know what to expect from staff and what staff are going to provide the organisation. This is about a contract between employer and employee and when this is not in place, relationships break down.

In agreement with all the points raised, CB acknowledged that HCS is behind in job planning due to level of data available and out-of-date contracts, however, these must be addressed.

<p>In summary, CD noted that by raising these issues, the NEDs are supporting the Executive Directors to achieve what they need to and through the Board to the people of Jersey, all productivity is transparent, open, understood and fair.</p> <p>ACTION: Following the issues raised, it was agreed that job planning would be a substantive item on the board agenda.</p>	
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7	Quality and Performance Report (QPR) Month 12	Action
	<p>CT highlighted the following key points from the report.</p> <ul style="list-style-type: none"> • <i>Total patients in ED > 10 hours</i> = 69 (point of clarification 69 patients not 69%). ED activity is increased during winter months, and this is reflected in the data (more so January 2024). The conversion rate has remained stable between 16-18% which suggests that some of those waiting in the ED for extended periods are being treated and discharged. However, whilst there is a focus on making sure that those being admitted are transferred swiftly into the hospital, there will be patients who are delayed. During Dec / Jan, there has been an expected rise in admissions with specific viruses and the impact of this is often there is a wait for beds (gender and isolation cubicles). Whilst this ED metric has been controversial at times, it is very powerful in terms of patient experience. • <i>Median time from arrival to triage</i>. The standard is 11 minutes and whilst this has not been achieved, the data show a year-to-date average of 15 minutes. It is anticipated that additional staff training will have a positive impact during Q1 2024. • <i>% commenced treatment</i>. Performance is maintained in this area and there are actions in place to increase % commenced treatment for majors' patients to green (from amber). • <i>% inpatients discharged between 8am and noon</i>. There is a focussed piece of work to ensure that individuals are discharged in the morning which supports length of stay reductions and occupancy at midnight. • Improvements are anticipated in the elective waiting lists as a further 28 hospital beds are made available on the opening of the refurbished Plemont ward in mid-February. This will have a positive impact on both medicine and surgery. <p>CB echoed the anticipated positive impact of the 28 additional beds. In addition, the outsourcing and insourcing schemes which will increase capacity to decrease the waiting lists. However, whilst HCS would like to continue to invest in schemes that will reduce waiting lists (in both acute and community care), the financial position is very difficult.</p> <p>Noting the <i>percentage of new support plans reviewed within 6 weeks (ASCT)</i>, CD asked AW how this will be addressed to improve. Commenting more generally about the Mental Health and Adult Social Care data, the following key points were made,</p> <ul style="list-style-type: none"> • The issues facing mental health services are fundamentally unchanged. However, there have been some data issues during December meaning that information is not available. These issues are being addressed with the assistance of data analysts and will be rectified for next month. • <i>Access to psychological treatment</i>. Individuals are seen very quickly for an initial assessment which is good news (98%). However, 55% of individuals have waited longer than 18 weeks this month to be seen (referral to treatment). This related to capacity and recruitment is underway. • <i>% of eligible cases that have shown reliable improvement</i>. This was one of the few outcome measures in place. Whilst individuals are waiting much longer than they should for treatment, once they are receiving treatment individuals are seeing good results. • <i>% of referrals to Mental Health Crisis Team assessed in period within 4 hours and % of referrals to Mental Health Assessment Team assessed in period within 10 working days</i>. Due to a data issues, the position in December is better than reported, 90%, however, AW will confirm this at the board meeting in February 2024. 	

- The waiting time is deteriorating in the memory assessment service and this concerning. In addition, there are still significant waits in ADHD and autism services for diagnosis. This is a capacity issue. There is a finite number of psychiatrists and how the time of these psychiatrists is deployed needs careful consideration. The Mental Health SLT are having discussions about redirecting psychiatrist capacity into memory assessment service to support reducing the waiting list, however, this will have a negative impact upon another service and need to be transparent about this. Sourcing additional capacity has been unsuccessful for a year.
- Whilst delayed transfers of care have reduced with sustained reduction in the hospital, a significant increase can be seen in mental health services. 17 out of the 40 beds occupied during December were occupied by individuals who did not need to be in hospital. This is due to being unable to find placement for individuals with a dementia diagnosis (often complex needs) – one patient has waited for > 20 months. In addition, there is a high number of individuals that lose their housing at the point of entering mental health services – if detained and admitted to hospital, the housing benefit ceases and people lose their accommodation.
- The Mental Health Strategic Partnership Board met yesterday and set four system-wide objectives. One of these objectives is concerned with a specific piece of work regarding housing and the creation of no fixed abode – looking at joint working to resolve this.
- *% of clients with a physical health check in the past year in learning disabilities services.* This position continues to improve, and AW congratulated the team for achieving this standard.
- *% of new support plans reviewed within 6 weeks (ASCT).* This metric is under target because of a technical issue, not a practice issue. This is recorded from the point at which the support plan is agreed to 6 weeks later – however, there is a high % of cases where the support plan is agreed but cannot be implemented until week 4 or 5 due to delays in finding providers of agreed care packages. This metric is being reviewed to explore how it can be reported differently as it is doing a disservice to practitioners.

With reference to the infection control data, CD congratulated everybody as infection control across the UK is increasing. CS echoed this strong position, particularly in view of the recent comments regarding increased activity in the hospital. However, infection control is everybody's business (not limited to the microbiologist / infection control team) and this is an example of the hospital working together for the benefit of patients.

CG sought to clarify whether neurodevelopment services refer to adults and / or children, and AW confirmed adults. CG advised that waiting times for neurodevelopment services have increased globally. CG advised that when considered the reallocation of resources, must consider where the greatest impact will be for example, a diagnosis of ADHD at 45 is possibly not going to have a massive impact however, a diagnosis dementia will have a massive impact. In addition, CG advised caution against care of ADHD with GPs due to capacity, quality and safety issues. However, it may be worthwhile looking at a model where a GP and psychiatrist work together to develop a different model for this type of service provision. AW responded that a joint protocol has been developed with primary care in relation to shared care which addresses the issues raised by CG i.e. initiation always by the specialist, annual review by the specialist. Currently, there is one Consultant Psychiatrist who is doing all the diagnosis and prescribing for adults with ADHD (> 700 patients). Also, > 80% of activity in Child and Adolescent Mental Health Services (CAMHS) is neurodevelopmental and these children will be migrating into adult services.

ACTION: AW to provide a paper on neurodevelopmental services in May 2024.

JG declared a conflict of interest due to a family member accessing diagnosis services at this time. JG suggested that a review of this should include the voice of all services who are getting more involved in neurodiversity.

8	Workforce Report Month 12	Action
<p>In addition to the workforce detail covered in the Chief Officer's report, CD asked SG / BN if there is anything additional to add?</p> <p>SG sought to assure the Board that even though 2023 has been successful, HCS is continuing to look for partners to support the organisation in bringing in new staff i.e. different website and agencies. It is anticipated that in his new role, BN will be able to pull the activity into a single place rather than the disparate activity ongoing currently.</p> <p>In reference to the 'low' number of appraisal completed, CD asked for the figure. SG advised that HCS is the lowest department in terms of percentage of appraisal completed. CD commented that this is not acceptable and is creating issues in terms of individuals understanding what their responsibilities are and delivering against these. CB advised caution when considering the figure stated as there are known technical issues within HCS and not all appraisals are recorded on the Connect system. As an example, all nurses are being appraised as they should. Work continues with the Connect team to provide more training for supervisors and managers to move from a paper-based system of appraisal to Connect. CD stated her understanding of the bureaucracy of the system and requested more evidence of staff understanding what their objectives are.</p> <p>ACTION: Evidence of nursing appraisal (to ward level) will be presented to the board to provide assurance on a quarterly basis.</p>		
9	HCS Annual Plan 2024	Action
Deferred to the meeting in February due to Purdah.		
10	Quality and Performance Report (QPR) Metrics 2024	Action
<p>AM advised the Board that HCS reviews the list of key performance indicators annually to ensure that they reflect the organisation's strategic and operational priorities. This review was done in conjunction with the change team. This report details the proposed new list of indicators and a new format using statistical process control (SPC) for agreement.</p> <p>CD suggested that regarding the design, individual feedback can be given.</p> <p>JG commented on the loss of data items relating to planned activity and waiting times as this is an area which is very important to both the public and politicians of Jersey. However, it may be that the detail is reviewed at the subcommittee meetings and any exceptions are escalated to the board. TH noted that the indicators need to reflect the priorities of the Board so that there is a sense of progress to the public that the board is making. Consideration needs to be given as to how to measure more qualitative metrics such as quality of life and inequality of access to services. TH suggested some form of process to review and agree the indicators over the next month and also take into consideration any new Ministerial priorities.</p> <p>ACTION: Further work is required outside this meeting to agree the metrics.</p> <p>CT sought to reassure the board and public that the revised metrics are about being more transparent with the public by showing those that are waiting > 52 weeks, rather than the previous 90 days. Access to diagnostics (> 6 weeks) has been selected as this is crucial for pathways of care and cancer treatment access. These metrics in no way detract from the separate waiting list data which can be presented to the board as required. In addition, improvements are being made to the waiting list data available to the public (through the website) and anticipating this will be live in time for the February meeting. CD commented that CT's response provides reassurance, and the proposed format is reflective of that seen in the NHS. However, CD advised caution against losing sight of adult social care metrics as a local authority Chief Executive you would expect to see a lot more data than proposed here.</p>		

<p>AM reinforced that HCS is committed to visibility and scrutiny of the waiting list data and currently exploring how the waiting list data on the public website can be accessed by service and individuals can view waiting times rather than total number of people on a waiting list. In addition, some of the data has not been deleted rather it has been replaced by a different standard that facilitates better benchmarking. AM also suggested that the data from Statistical Jersey can be used to review themes etc.</p> <p>Regarding the format, CD suggested that some form of symbol could be applied to each indicator which highlights those areas that are really positive or where significant concerns exist.</p>	
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11	Serious Incident Position Statement	Action
	<p>PA took the paper as read. In addition to the areas noted in the Chief Officer report,</p> <ul style="list-style-type: none"> Any massive obstetric haemorrhage that occurs is followed by a safety huddle to identify any areas of learning and also presented to the serious incident review panel (SIRP). Niche is an external company carrying out a thematic review of these cases and hopefully the final report will be received in the next couple of months. However, in terms of local learning, HCS compliance to the care bundle has significantly improved and there have been no cases during Nov / Dec 2023 where this was not followed (not the case prior to this). Whilst MOH will always occur due to individual risk factors, it is the steps taken to minimise occurrence in the first instance and the management of MOH when it does occur that is important. Work continues to address the themes identified from closed SI reports and includes the use of and compliance with the MUST Tool and the Recognition, Escalate and Rescue (RER) programme. A significant reduction in the number of SIs relating to failure to escalate can be seen. Further improvements are required to improve timeliness of SI investigation and presentation back to the SIRP and work continues to address this. <p>Both CG and CD noted the improvement that are being made. In response to CD's questions about 20 reported MOH SI cases combined into one, PA explained that whilst these were all individually managed as SIs, they have been presented to Niche to establish the themes. CS explained that combining individual SIs for a thematic review is a common approach also taken in the NHS and there is a very clear audit trail and link to each of the SIs in HCS.</p> <p>The recently introduced care group clinical governance reviews allow a more granular review of each SIs, action against recommendations and evidence and trends.</p> <p>CD concluded that it is encouraging to see the work progressing and in future this will be overseen by the Quality Committee, chaired by Dr Clare Gerada and any escalations coming to the board. Any Never Events must be reported to the Board.</p>	

12	Rheumatology Service Review	Action
	<p>Dr Adrian Noon, Chief of Service Medicine, in attendance for this item.</p> <p>Noting the sensitive nature of the report, CD highlighted the role of the board regarding this. The Board and NEDS are here to understand the governance structures that were not in place but now need to be to provide confidence to the board and more importantly, to the people of the Island that something of this nature could not happen again.</p> <p>There are separate employment issues that cannot be discussed in a public meeting as these are entirely confidential between the employee and employer (Government of Jersey).</p> <p>PA will be invited to speak, followed by AN and CB as Chief Officer for HCS. Members of the public will be invited to ask questions at an appropriate point and reminded those in attendance that employment issues cannot be discussed.</p>	

Mr Patrick Armstong,

As you are aware, earlier this week we published an independent review of the HCS rheumatology service. As the Medical Director of HCS I commissioned this review from the Royal College of Physicians England (RCP) as we will refer to them.

The review was based on a number of interviews conducted by the RCP review team and their in-depth review of the case records of 18 HCS rheumatology patients.

The RCP team's overall conclusion was highly critical. They said, "We found the standard of care to be well below what the review team would consider acceptable for a contemporary rheumatological service."

The RCP had criticisms of both HCS itself and of individual doctors.

With respect to patient notes prepared by clinicians working in the rheumatology services the RCP said:

- *There was, "Little evidence to support a relevant patient history having been taken."*
- *There was "A lack of relevant imaging to support diagnoses."*
- *There was "Limited, and often absent, handwritten evidence of the clinical interaction with the patient". "Letters were brief and generally uninformative."*
- *In some cases there was "No evidence of clinical examination."*
- *There was, "An absence of reference to a specific diagnosis, and on occasions, an incorrect diagnosis."*
- *And "Despite a lack of clear diagnosis, biologic agents were prescribed, with frequent and multiple changes."*

The review also concluded that patients were initiated on biological drugs which were frequently switched without giving enough time to determine their efficacy and noted that in some cases patients were treated with five or more biologics within a short period of time. The RCP also noted that in many cases the prescribing of these powerful drugs was out with both UK and European guidance.

The review team also observed that many of the staff working in the rheumatology service at that time, including both medical and non-medical staff, were not formally trained in rheumatology. Neither Dr Y nor Dr Z, the two doctors identified in the review, were on the GMC specialist register for rheumatology.

This whole affair, this concern about the rheumatology service, emerged in January 2022 when a junior doctor raised some concerns about a more senior consultant physician who is referred to in the review as Dr Y.

As these concerns were wide ranging, HCS restricted Dr Y from undertaking any clinical practice and began an investigation. During this initial investigatory period it became apparent there was little regard for national or international guidance and there were anomalies in the prescription of drugs used in treating rheumatological conditions. These anomalies, and further concerns, were subsequently raised by another locum consultant. The further concerns included questions of record keeping and the clinical assessment of rheumatology patients.

Part way through their review the RCP review team were concerned enough about clinical practice in the rheumatology service that they wrote to HCS indicating that neither Dr Y nor Dr Z should work independently in providing rheumatology care until the RCP review was completed. The letter also recommended an audit of patients on biologic drugs to ensure their diagnosis was secure, or in other words, correct.

Now, for the public, this might be an appropriate moment to indicate that biologic drugs (or biologics as they are sometimes called) are a group of powerful drugs derived from natural sources such as human, animal, fungal or microbial cells. These drugs work by suppressing the immune system and disrupting the inflammation process that leads to joint pain and damage. They can be valuable drugs for rheumatology patients, but they should always be used with caution as they can also make patients more susceptible to life-threatening infections and can have significant other side effects.

In line with the RCP recommendation HCS has now completed the audit of every patient on biologic drugs and has gone further by reviewing the case notes of other patients seen by Dr Y and Dr Z over the three-year period prior to January 2022.

In a minute I am going to hand over to my colleague Dr Adrian Noon to explain what we have discovered while completing these audits and reviews but let me first address the question of what this means for Dr Y and Dr Z.

It is widely known in Jersey who Dr Y and Dr Z are. Dr Z no longer works in Jersey, but Dr Y remains an employee of HCS, and we owe him an important duty of care while he continues to be our employee, including a duty of confidentiality. We are therefore adopting the terminology used in the RCP report and referring to him simply as Dr Y.

However, it is also important that patients know whether it is safe to receive care and treatment from any given doctor anywhere in the UK, and in order to have that assurance they must be able to identify a particular doctor and check his or her registration on the General Medical Council register. It is therefore appropriate for us to confirm that the General Medical Council (GMC) has placed restrictions on what Dr Y can and cannot legally do and in this context they have publicly named him. A link to these interim restrictions on Dr Y can be found on the Government of Jersey website.

The restrictions include restrictions on his ability to prescribe drugs, a requirement to obtain the approval of the GMC before starting work in any non-NHS setting, a requirement that he does not undertake any rheumatology work and a requirement that he be supervised in any post by a clinical supervisor.

In terms of Dr Y's professional registration, we have sent the RCP report to the General Medical Council, and it will be for them to decide whether it has any impact on his ability to practice as a doctor.

With respect to his current employment with HCS we will be carefully considering this report and discussing it, and its implications with Dr Y. Dr Y is currently restricted to non-clinical work and is not therefore performing clinical duties.

Dr Z no longer works in Jersey, but we have sent the RCP report to his present employers, and it will be for them to consider the implications for him.

With that, I'll hand over to my colleague Dr Adrian Noon.

Dr Adrian Noon

Thank you Patrick.

Let me begin by summarising the results of the audit of biologic patients that we undertook. As Patrick explained this audit was an interim requirement of the Royal College of Physicians review. In total 341 Jersey patients were on biologics at the time of the audit. All of these patients have now had their notes reviewed by locum Consultants on the GMC specialist register for rheumatology. Those who are still living on Jersey have now been seen by a specialist rheumatologist and they are all now receiving appropriate care from our new rheumatology service, which is led by Dr Sofia Tosounidou, a consultant on the GMC specialist register for rheumatology. The clinical audit methodology we adopted was based on British Society for

Rheumatology audits, it was reviewed by three senior Rheumatology Consultants and approved by the RCP.

In over half the records reviewed, clinicians were not able to identify sufficient evidence to support the patient's diagnosis and approximately one in four of the patients reviewed had their biologic drugs discontinued because they were not felt to be necessary.

This audit of rheumatology patients on biologic medication raised such significant concerns about clinical practice and the consequential potential harm to patients that HCS decided to undertake further clinical reviews, covering every other rheumatology patient as well as those non-rheumatology patients who had been under the care of Doctors Y and Z referred to in the RCP review. These further clinical audits were also conducted by locum Consultants on the relevant specialist registers.

The first of these additional reviews covered over a thousand patients who had been prescribed Disease Modifying Anti-Rheumatic Drugs (or DMARDs). The clinical audit of case notes for this group has been completed and over 95% of these patients have now been reviewed in clinic. The few remaining patients are scheduled for a review appointment in January of this year. The review of this group of patients has resulted in the diagnosis of over 45% of these patients being changed and almost a third of these patients have had their DMARDS stopped.

The second additional review covered the case notes of 386 rheumatology outpatients who were under the care of Dr Y or Dr Z. This review indicated that approximately 50 patients should have their care reviewed at a clinic appointment and all of these patients have now been contacted to schedule such an appointment.

The third additional review involved 747 non-rheumatology inpatients who had been under the care of Dr Y or Dr Z. This review is approximately 80% complete and the main finding is that very few patients (less than 3%) have had their treatment changed as a result of the review.

The final additional review has yet to be started. This will be a review of any patient seen by Dr Y or Dr Z in the rheumatology clinic in the period since January 2019 and who has subsequently died for any reason at all. To be clear, this will include many patients whose cause of death had nothing whatsoever to do with their rheumatology care. This review will involve a clinical audit to be followed by a Mortality Learning Review (MLR) for any case where concerns are raised.

Before handing over to Chris Bown, the HCS Chief Officer, I should say that the wide-ranging review of patient care I have just described is a truly comprehensive review programme. We have gone way beyond the more limited review recommended by the RCP because we wanted to leave no stone unturned in our efforts to ensure patients in Jersey are now receiving the very best possible care. In total we have reviewed around 2,400 patients and we have recalled for clinic appointments any of these patients who needed a face-to-face clinic review.

The RCP review is highly critical of the practice of two doctors Dr Y and Dr Z. It is worth remembering the duties of a doctor which are detailed on the GMC website. They include the following:

- You should provide a good standard of practice and care.
- You should keep your professional knowledge and skills up to date.
- You should recognise and work within the limits of your competence.
- You are personally accountable for your professional practice.
- You must be competent in all aspects of your work.
- You must be familiar with guidelines and developments that will affect your work.

The GMC also says that if you assess, diagnose or treat patients, you must:

- Adequately assess the patient's conditions, taking account of their history and symptoms.
- Where necessary, examine the patient.

- You must prescribe drugs only when you are satisfied the drugs or treatment serve the patient's needs and,
- You must ensure that your clinical records are clear and accurate.

The RCP review touches upon all these issues which are pertinent to the practice of the doctors concerned.

Having said this I think it is important to understand that the RCP review is not just a review of the practice of two doctors. It is also a review of the wider HCS rheumatology service and to explain this further I shall now hand over to Chris Bown.

Chris Bown

Thank you Adrian.

Yes, the RCP review clearly was not simply a review of the practice of Dr Y and Dr Z, it was a wider assessment of the whole HCS rheumatology service and in this context the review again makes a number of critical comments and offers a series of recommendations. It says,

- The review team found no evidence of agreed pathways or standard operating procedures for most aspects of routine rheumatological care.
- It notes that both public and private patients were being seen in the same clinics and there was no meaningful explanation of how this overlap of private and public patients was managed or planned.
- It found no evidence of the provision of formal Multi-Disciplinary Team (MDT) meetings.
- It was concerned to hear there was no oversight of the prescriptions being dispensed to rheumatology patients.
- And it notes there was a lack of built in challenge to prescribing, particularly biologics, by the pharmacy team.

The review makes a number of recommendations including,

- The need to establish standard operating procedures.
- The need to standardise written correspondence templates to reduce the risk of missing key information within communications.
- The development of close links with another NHS rheumatology service to enable forums for sharing best practice and,
- A recommendation that the pharmacy team should review the arrangements they have in place for the prescribing of biologics.

A recurring theme through the RCP report is the lack of effective governance, not just in rheumatology but across HCS. In this context the RCP report is of course consistent with the findings of the review of governance and quality of care in Jersey that was completed in the summer of 2022 by Professor Hugo Mascie Taylor. That review made over sixty recommendations, and I can report that we are making progress on actioning these.

I think it would be helpful just to give a few examples,

- As Dr Noon says we have now appointed a new, specialist rheumatologist to lead the Jersey's rheumatology service.
- We have stronger governance frameworks and we mentioned earlier the monthly Care Group Governance meetings that have been in place over the last few months.
- In addition of course Jersey has established this Independent Advisory Board.
- We have made it clear to clinicians in HCS that they must now follow appropriate clinical guidelines such as the National Institute for Health and Care Excellence or other equivalent evidence based clinical guidelines.

- We are assuring that clinical specialities now take part in UK national audits to support benchmarking so that we and the people of Jersey can make judgements about the quality of service that we are providing.
- We have focussed initially on services where we have particular challenges such as the maternity which we have mentioned earlier and where we have been reporting the progress that we are making against the maternity improvement plan to this board in the past.
- And we have improved Serious Incident Reporting and ensuring that lessons are being learned.

In its report the RCP review team notes this progress saying, "It was reassuring to hear from senior managers that steps were being taken to implement a governance framework." And the team went on to commend HCS and in particular the Medical Director, Mr Patrick Armstrong, for ensuring the concerns raised were appropriately investigated and taking forward the work of improving governance. This action was taken to ensure patient safety.

Now, one of the most important aspects of clinical governance is the commitment to openness and transparency and in the spirit of openness and transparency it is important for me to say that from the work we have done (which Adrian has just described) it is clear that a number of patients have had their diagnoses changed and / or their medication changed. It is inevitable that some of these patients will have been harmed clinically and / or economically by their earlier diagnosis or treatment.

We expect and hope that in most cases the level of harm will be minor or negligible but, of course, any level of harm is completely unacceptable and over the coming weeks we will be contacting any patient where we think harm may have been caused and we will be discussing with lawyers an appropriate approach to compensation.

Earlier this week we were in contact with the Jersey Arthritis Association, and I think the current position was well summarised by Maureen Parris, the Association Chair. She said,

"We welcome the publication of the RCP report, and we applaud the decision to commission this review in the first place. The task now is for everyone to learn the lessons. It is essential that the General Medical Council is made aware of any clinical practice that may impact on the right of a doctor to continue to practice medicine. And it is equally essential that HCS institutes a more robust and effective framework of clinical governance as rapidly as possible."

In conclusion, I would like to say this.

It is very important that healthcare staff feel free to speak up when they see something they think is not right. And when a junior doctor raises concerns about the practice of another doctor, even perhaps a senior and well-respected doctor, it is vitally important these concerns are taken seriously, fully considered and thoroughly investigated. That is what we have tried to do in this case.

What has emerged is a picture of a rheumatology service that none of us could be proud of. The people of Jersey deserve better, and we are deeply sorry that we did not provide a service that staff, patients and our community could be satisfied with. Our task now is to make the improvements recommended by the RCP and to ensure that HCS becomes a beacon of good governance, not just in rheumatology but across the full spectrum of our health and care services.

Nobody doubts the fact that our staff are well intentioned but that is not enough. Modern healthcare organisations must also have good governance and as this RCP report indicates the cost of not having good governance is far greater than the cost of getting it right in the first place.

CD thanked PA, AN and CB for their words and suggested that the commendation of the junior doctor who raised the initial concerns – this is a brave thing to do, and they should be thanked for doing so. In addition, PA did the right thing in commissioning the review and acknowledged AN role in this. However, whilst HCS has responded in the right way, both HCS and the

individuals did not do the right things before this and it is the role of the board to address the issues regarding clinical governance or rather, the culture of good clinical governance.

Taking into account Professor Hugo Mascie Taylor report, CD advised this raises concerns regarding the culture of good clinical governance in HCS services and whether this culture exists. PA responded that in his view, there has not been a culture of good clinical governance in the past and this is one of the reasons why PA and his former colleague, Chief Nurse Rose Naylor, commissioned Professor Hugo Mascie Taylors report in the first instance.

For patients utilising HCS rheumatological services today, it does not resemble in any way the service that was provided in January 2022. The staff who have transformed the service are to be commended for their efforts and determination to improve the service. It is worth remembering that > 200,000 access services every year and the vast majority of these receive good care. As highlighted by Professor Hugo Mascie Taylor, this cannot always be evidenced, and this is the improvement journey that HCS is on. Some of the practice identified within rheumatology is out with normal and the vast majority of staff across HCS do engage in good clinical evidence and strive to provide the best care possible (following appropriate guidelines). However, there is much work to do.

Likening this to significant reviews that have occurred in the UK (Mid Staffordshire), CG noted it is hard for an organisation to acknowledge failings. However, CG does not believe this is limited to rheumatology department and noted the role of pharmacy. CG went further to explain that the cost of the drugs involved is very high and the Island's economy would have been harmed (in addition to patient harm).

Secondly, CG noted reference to a report in 2016 where the RCP recommended a review of consultant adherence to NICE guidelines. However, this was not done as Consultants did not want this. Therefore, this is a system issue.

Thirdly, the reports refer to a mix of public and private patients and patients seen privately were issued with a public prescription. This would be viewed as fraud in the NHS.

Whilst respecting the need for confidentiality regarding employment matters, CG sought assurance that there will be a rapid process to address capability.

Finally, CG asked for assurance that this practice is not taking place within other HCS services and will be asking to review prescribing data. CG suggested that anyone with oversight of prescribing practices should have identified the amount of money being spent on biologic drugs within a very small population. As an example, are people being prescribed opiates appropriately?

CG concluded by stating that whilst it is regrettable that patients may have been harmed, it is good that this has been exposed and can only lead to improvements.

Noting CG's reference to pharmacy, CD thinks that this should have been identified by pharmacy. CD suggested that the audit of prescribing biologics should be broadened to include the connection between pharmaceutical companies, pharmacist and doctors across HCS. This should also include the issue of public and private prescriptions as the report has made it clear that this is not transparent.

PA responded that a biologic pharmacist has been appointed (due to start Feb 2024) to specifically oversee the prescription and use of these drugs. Noting that the leadership of pharmacy has changed since Jan 2022, the role of the Chief Pharmacist is unique in Jersey, however this has provided an opportunity to review the additional support required in pharmacy. The SLT has received proposal as to what the structure in pharmacy should look like.

Regarding the issues of public and private prescriptions that have been raised, PA would welcome an audit. However, as noted in the report, the mixture of public and private patients in

the same clinic is not seen broadly across HCS. However, CG asked if the public prescription pad was being taken to private clinics and if so, this would be fraud in the UK.

CG asked if HCS maintains a conflict of interest. CB responded that the Executive teams are required to declare any conflicts and all senior meetings begin with any declarations of conflicts. EOC explained that all staff across Tier 1 to Tier 3 are required to complete the GOJ eForm to declare conflicts and in addition, any staff in tier 4 or below who are involved in placing or negotiating contracts or placing orders / raising invoices. HCS is mandating that all identified staff have to make a null declaration (where applicable). The register which is held centrally will be reviewed monthly to ensure that all declared conflicts are managed appropriately. PA also explained that there is clear guidance on the relationship between staff and pharmaceutical companies in that they should not be directly contacting clinicians directly and staff must not accept direct approaches. Acknowledging what is in place, CG advised the board is seeking assurance that the guidelines is adhered to, particularly the public / private split.

AH supported the commendation of the junior doctor that raised this issue and acknowledged this is difficult. Whilst recognising this is not a substitute for good management, this should send a message across the organisation that individuals who have concerns should raise them. CB acknowledged that raising concerns is key to addressing poor practice and is part of the process of good governance. As recognised in the Professor Hugo Mascie Taylor report, staff need to feel confident to speak up.

CB stated that the culture of good clinical governance is behind where you would expect to see it and work is required with clinicians to improve this, particularly in relation to following guidelines. HCS cannot let this happen again in Jersey as if appropriate guidelines were followed in the past, the rheumatology service would not have been in the position it was in January 2022. The Board has made clear its expectations regarding following NICE guidelines however, work is still required with clinicians led by the appropriate executives and Chiefs of Service. The Board will bring the momentum required to ensure that such are addressed, particularly the culture of good clinical governance.

DECISION: As the appropriate NED to oversee the issues of clinical governance, CG has been nominated and accepted.

CD noted that this report highlights individuals acting outside their sphere of competency and links back to the issue of appraisal – if senior doctors are being regularly and properly appraised and therefore appropriate continual professional development and attending appropriate training courses on a regular basis, then this would have acted as a safeguard against this type of practice. The seniority of staff within an organisation is irrelevant, all staff should have a series of agreed objectives with training and development plans that are continually adhered to, monitored and evaluated in a supportive way. This will be regularly monitored / scrutinised through the People Committee, and it will not be acceptable that either the employee or employer if people are not taking adequate professional development.

CD asked if HCS has the capacity required to manage all the actions required following this report and if not, can the Board have a report detailing the capacity issues and how it will be managed going forward. CB advised that rightly the report has already consumed a great deal of capacity (clinical and managerial) already. HCS received £1.3million from Treasury during 2023 to support the work required and this was largely the use of specialist consultants to review the circa 2,500 patients under rheumatology service. A business case has been submitted to Treasury for 2024 seeking further resource. The Law Officers Department (LOD) are considering what may be required, including a compensation process.

CB advised that HCS has limited capacity and resource to address the culture of clinical governance more broadly and there is already significant pressure on the budget. CB reminded the board that he has produced a paper regarding management capacity which is limited despite comment to the contrary. In addition, it is likely that as clinical governance improves, more issues may emerge which again will require additional capacity to address. However, the cost to not

<p>having good governance in place is far greater than having good governance – this will be reflected in the cost to the Island through levels of compensation following the rheumatology report. CD stated it is important that clinical governance is not seen as bureaucratic process, rather fundamental to maintaining patient safety. BN added that an understanding of the scope of work required is important to establish what can be achieved within HCS and identify areas requiring external support.</p> <p>Noting the reference to appraisal in the Chief Officer's Report, PA advised the Board that the appraisal process was reviewed last year by the Southwest Higher Level Responsible Officers Group and all recommendations made have all been accepted by HCS. From March 2024 the current Responsible Officer will step aside and hand over the role to the Medical Director. We are actively seeking an external partner to support with appraisal and will move to a system where we have a mixture of internal and external appraisers. It is the intention of the GMC to audit the standard of our appraisals later in 2024.</p> <p>ACTION: PA will advise the Board at the next meeting (February 2024) as to whether the external partner has been identified.</p> <p>CG advised it is important to clarify the difference between medical appraisal and performance management. Performance management should be dealt with by managers on a daily basis and appraisal is about development of individuals as employees.</p> <p>As the Medical Director for Primary Care, AN assured the Board that the management of appraisal is very different, and lessons can be learned.</p> <p>ACTION: To determine with the Chair (once appointed) and Dr Clare Gerada the frequency of board reports detailing progress against the actions to meet recommendations.</p> <p>In summary, CD advised that this is a difficult issue and will continue to be. However, the Board is now committed to ensure that improvements are made for the benefit of Islanders.</p>	
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Questions from the Public	Action
<p>Referencing CB's previous statement that a business case (circa £1million) has been submitted for additional funding in 2024, <u>Member A</u> asked how much this is likely to be. CB clarified that the request from HCS is for the implementation of ongoing clinical and managerial improvements. CB does not have the necessary expertise to assess level of compensation which is why the Law Officer's Department (LOD), and insurers are involved. £1.3 million was spent during 2023 (to support review of patients) and a further request has been for 2024.</p> <p><u>Member B</u> asked AN if the RCP will be undertaking the review of deceased patients (Tranche 5). AN responded that the rheumatology audit tool will be used initially and an MLR if required (internationally recognised tool for deceased patients) – this will be internal. HCS needs to decide what will be required if concerns are highlighted following this.</p> <p>Noting the length of time that improvements will take, <u>Member C</u> asked the Executive Directors how they can assure citizens of Jersey that this is not happening in other specialities within HCS. CB referred to some of the improvement work that has already been taken (including audit, care group governance meetings, quality and performance reporting, avoidable harms, reestablishment of the board subcommittees). Where concerns are raised about other services, HCS will commission further external reviews. As with all other medical jurisdictions, provision of medical care carries an inherent risk, however HCS must provide a level of assurance that services are as safe as possible. There are no performance indicators that currently identify issues on the scale of rheumatology.</p> <p>CD highlighted the role of public and should rightly demand good clinical governance from the clinicians providing care. CG supported this and using compliance with NICE guidelines as an example of how this sets expectations regarding service delivery. CG suggested that a Board of</p>	

Governors should be considered for establishment in Jersey; CD noted this would be a matter for the politicians to decide. CB emphasised that many Doctors (and other clinical staff) do follow clinical guidelines and are committed to clinical governance, however this needs to be consistent across the organisation.

PA clarified that HCS does not only commission reports when concerns arise, rather they are commissioned as a matter of routine to provide advice and direction on services – this will continue. Service user views are an essential part of these reviews.

Member D sought to clarify whether the MRI waiting list has now increased from 11 to 14 weeks. CT explained that when the improvement work started in Oct / Nov 2023, the routine wait for an MRI scan was 52 weeks. This reduced to 7 weeks pre-Christmas and has increased to 10 weeks as of yesterday. However, whilst there is a slight increase, it has very much reduced from 52 weeks (starting point).

Member D speculated that if the hospital services had received a Care Quality Commission (CQC) type inspection, the rheumatology services incident may not have happened, and the absence of a qualified rheumatologist (until Jan 2022) was poor. Member D will be discussing the required legislative changes with the Minister for Health and Social Services (MHSS) required so that the hospital can be inspected and will also seek to address the appropriateness of one of the NEDs (previous Chief Officer).

Member E asked if any action is being taken to assess harm to those who were waiting 52 weeks for an MRI scan and asked who was responsible for the waiting list. CT advised that a harm review policy has been developed. However, there is a process whereby the clinicians who triage the referrals initially, regularly review these and if necessary, bring appointments forward. CT provided assurance that all those with an 'urgent' or 'soon' referral for an MRI scan have been responded to appropriately, the extended waits have affected those triaged as 'routine' (where there is less clinical urgency). This is also addressed on a weekly basis when the waiting lists are reviewed across all departments. CB advised that the waiting lists are impacted by a number of different factors including demand and the level of resource that HCS has to invest (to influence productivity, clinical capacity, physical capacity etc).

CD thanked everyone for their attendance and contribution at today's meeting.

	MEETING CLOSE	Action
Date of next meeting: Thursday 28th February 2024		

	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	118	25-Jan-24	12	Rheumatology Report	To determine with the Chair (once appointed) and Dr Clare Gerada the frequency of board reports detailing progress against the actions to meet recommendations.	C. Bown	Feb-24				OPEN
5	117	25-Jan-24	12	Rheumatology Report	PA will advise the Board at the next meeting (February 2024) as to whether the external partner has been identified.	P. Armstrong	Feb-24	To be discussed at the Quality Committee 28 Feb 2024			OPEN
6	116	25-Jan-24	10	Quality and Performance Metrics 2024	Further work is required outside this meeting to agree the metrics.	A. Muller	Feb-24	Metrics are now finalised in the QPR for 2024. The QPR Month 1 Report is presented to Board in Feb-24 meeting.			OPEN
7	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
8	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
9	112	25-Jan-24	6	Chief Officer Report	CD asked CB / PA to consider the comments and return to the Board in February 2024 with a robust action plan as to how job planning will be progressed.	P. Armstrong / C. Bown	Feb-24				Feb Agenda
10	111	25-Jan-24	6	Chief Officer Report	Non-Executive Directors to be receive the Monday Message and Wow Wednesday.	Chris Bown	Feb-24	Update 7 Feb 24 NED addedd to the relevant circulation lists			OPEN
11	110	25-Jan-24	6	Chief Officer Report	CT to feedback on timeliness of MRI scan reporting.	Claire Thompson	Feb-24				OPEN
12	109	06-Dec-23	19	Cultural Change Programme	Progress against the Cultural Change Plan to be reported to Board in 3 months' time (March 2024).	Cheryl Power	Mar-24				Mar Agenda
13	108	06-Dec-23	18	General Surgery	The board to see the RCS review terms of reference at the board meeting in January 2024.	Patrick Armstrong	Jan-24	Update 18 Jan 2024 Awaited.			OPEN
14	105	06-Dec-23	15	Acute Medicine	The board is to receive the action plan for acute medicine clearly stating which Executive Director(s) is accountable for the action and timescales.	Claire Thompson	Jan-24				Feb Agenda
15	104	06-Dec-23	15	Acute Medicine	The board is to receive an update on the medical model in January 2024. To include work that needs to be done to provide modern acute care.	Claire Thompson	Jan-24				Feb Agenda
16	103	06-Dec-23	14	Serious Incident (SI) Position Statement	The lack of clarity regarding clinical governance of arrangements of JAS and CAMHS will be discussed at an additional meeting (outside of Board).	Chris Bown	Feb-24				OPEN
17	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				Feb Agenda
18	101	06-Dec-23	13	Winter Plan 2023	Update on the success of the winter plan in Feb 2024.	Claire Thompson / Andy Weir	01/02/2024 March 2024	As the winter period continues, this will be presented to the Board in March / April 2024			Mar Agenda
19	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	Mar-24				Mar Agenda
20	95	1st Nov 2023	17	Safeguarding Report	The Safeguarding Audit results to be presented to Board in February 2024	Andy Weir	01/02/2024 March 2024	The safeguarding report has not been completed.			Mar Agenda
21	93	1st Nov 2023	19	Questions from the public	HMT requested a paper explaining where all the delays occur in the discharge process, including hospital pharmacy versus community pharmacy.	C. Thompson, A. Weir	Jan-24				Feb Agenda
22	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).	Steve Graham	March / April 2024				Mar Agenda
23	85	1st Nov 2023	7	Quality and Performance Report Month 9	Elective Theatre Utilisation to be split according to public / private	Claire Thompson	Dec-23				OPEN
24	79	1st Nov 2023	4	Picker Survey	A further verbal update can be given at the Board in December 2023 (link to action 59).	Jessie Marshall	March 2024 01/12/2023	Update 6 Dec 2023 JM confirmed that the current survey will close mid-January 2024, with preliminary information received during February 2024 and the final report in March 2024. The Picker Institute will attend the Board meeting during March (if requested) to provide feedback. In addition, this can also be presented to the Patient and Public Engagement Panel. Remain OPEN (for future agenda March 2024).			Mar Agenda
25	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-Feb-24				Mar Agenda
26	73	04-Oct-23	25	Management of Policy Documents and Procedural Guidelines	A position statement to be presented in January 2024 regarding the suite of corporate policies that help to provide assurance that HCS is safe, well-led and effective.	C. Bown	Jan-24	Update 18 Jan 2024 Planning for Assurance Committees in February 2024			OPEN
27	72	04-Oct-23	24	Mental Health and Capacity Legislation – Report from the Multi-Agency Assurance Group	It was agreed that this report is presented to Board on a 6 monthly basis (March 2024).	A. Weir	Mar-24				Mar Agenda

	A	B	C	D	E	F	G	H	I	J	K
28	71	04-Oct-23	23	Update on the 61 recommendations from the Review of Governance Arrangements within Secondary Care (2022) by Professor Hugo Mascie-Taylor	Quarterly report Update on the 61 recommendations from the Review of Governance Arrangements within Secondary Care (2022) by Professor Hugo Mascie-Taylor to be presented to the Board.	A. Muller	Jan-24	Feb 2024 agenda			Feb Agenda
29	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	<p>Update 6 Dec 2023</p> <p>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.</p> <p>Update 4 October 2023</p> <p>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</p>			OPEN



Health and Community Services Advisory Board Report

Report to:	Health and Community Services Advisory Board		
Date of meeting:	29th February 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?	<p>The Chief Officer report provides,</p> <ul style="list-style-type: none">• 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. <p>The Board is asked to note the report.</p>	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

Inquest

An Inquest concluded on 2 February 2024 into the death of Mr. Michael Watkins, a 60-year-old man who tragically died in August 2021 whilst in the care of our inpatient mental health services. He had developed Neuroleptic Malignant Syndrome (NMS) - a rare complication associated with the use of anti-psychotic medication and had for a number of weeks moved between the General Hospital and mental health services. An external Serious Incident (SI) report had been commissioned following his death and had found a number of significant care and treatment issues, especially in relation to the treatment of his NMS and the lack of joint working between the physical and mental health services. An action plan had been developed in response to the SI report and implemented across both mental health services and the General Hospital.

Following an Inquest of 4 days, the Relief Coroner concluded that Mr. Watkins had died of natural causes contributed to by neglect, relating to aspects of the care and treatment provided to him within his final days and the failure to transfer him back to the acute hospital for treatment. The Relief Coroner was satisfied

with the work that had been undertaken in response to the death and the work that is ongoing, and therefore did not issue an Article 12 Prevention of Future Deaths report.

Please see agenda item on Mental Health improvement plan

Culture Change Programme

A Civility Saves Lives campaign was launched in January 2024 and attended by approximately 240 HCS staff across all levels of clinicians and management teams. The campaign promotes the importance of respect, professional courtesy and valuing each other. It raises awareness of the negative impact that rudeness can have in health care, so that we can understand the impact of our behaviour on patient care. Bespoke Civility Saves Lives workshops were delivered for targeted service areas. There is a commitment to continue embedding this programme of work alongside other cultural and organisational development interventions with an additional focus on how staff can respond to and manage inappropriate behaviours.

Leadership as a BeHeard engagement factor represented the lowest score for HCS. Developing the right people with the right skills and the right values is recognised as essential to enable the sustainable delivery of health and social care services. A Government of Jersey leadership development programme commenced in early February that the Chief Officer and HCS Executives attended. Other senior leaders will also attend future cohorts of this programme. A leadership development plan is being created for other leaders and managers across HCS including Clinical Leads (consultant medical staff). This development supports the commitments made in the Government of Jersey Our People strategy to developing skills and capabilities so that everyone has the opportunity to realise their potential.

Much work has been carried out supporting the Diversity and Inclusion agenda and in particular HCS working towards becoming an anti-racist organisation. We acknowledge that racism still exists in our community and as an organisation we are working together to promote race equality. As part of Race Equality week, a survey was launched for all HCS staff to help us understand their experiences, observations and impacts of racism in the workplace. An anti-racism statement has been written and will be launched as part of this Race Equality programme. This statement along with the survey results will come to the Board meeting in March. A well-attended February staff Teams Talk engagement session with the Chief Officer focussed on this important issue.

Workforce

Whilst the vacancy rate for January is 17 % (similar to previous months) there have been significant trends in medical vacancies (from 16% to 13% in January 24) and manual workers (reduced to 5%). The main challenge remains Nursing and Allied Healthcare Professionals (AHPs) vacancies although we have been making some progress as shown below: -

- 31 Externally recruited new starters in Q4 2023
- 35 Externally recruited started or fully cleared with confirmed start dates in Q1 2024
- 36 Externally recruited candidates in clearance/onboarding.

The turnover rate has remained constant in the last year at around 7% with the important voluntary turnover rate (i.e. resignations) also remaining constant at around 4%. These rates are low compared to the NHS.

The sickness rate increased through January 2024 with the main reason for absence continuing to be coughs, cold and flu and gastrointestinal problems. This should be viewed as a seasonal increase as we move through the winter months.

Output from medical and non-medical recruitment mapping groups, led by the new HCS Workforce Director, have been meeting in January and February and will result in new reduced 'time to hire' pipelines, more effective and timely recruitment authorisation processes, and improved onboarding arrangements for newly appointed staff. It is recognised that current processes can delay the recruitment and onboarding of new staff, so there will be improvements to be made in-house within HCS recruitment and a review of GOJ recruitment policies and processes to address these issues.

Financial Recovery Programme (FRP)

In FY23 the FRP savings delivered were £3.2m, exceeding the target of £3m. For FY24 the planned FRP savings are £12m. There are some key dependencies as highlighted in the FRP Plan, which was published in September 2023, to ensure full delivery of these planned savings.

These include receiving central HR/Recruitment and Procurement support 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. We are working with senior colleagues in the relevant government departments to secure this support, but capacity remains a challenge.

Any delays in this support becoming fully functional by Mar-24 is likely to result in slippage of savings delivery to the following year, making it unlikely to be recoverable in-year, and will require additional savings this year to remain within the required budget constraints.

Finance

In line with normal GoJ timetable for completion of year-end accounting and reporting processes and audit timetable, the States of Jersey Annual Report and Accounts is due to be published by early May, including the financial performance for HCS. A number of risks materialised at year-end leading to significant additional cost pressures. The financial results for the months 1 and 2 will be available for the Advisory Board in March.

Clinical Governance

The first meeting of the Quality Assurance Committee will be held during February 2024, chaired by Dame Clare Gerada. On behalf of the Board, this committee will monitor and provide scrutiny of the standards of quality of HCS services. The first agenda includes serious incidents, compliance with best practice guidance, procedures of limited clinical value, prescribing data, quality account and rheumatology. A paper detailing the output of this meeting will be presented to the Board in March 2024.

Rheumatology

Dame Clare Gerada was nominated as the Non-Executive Lead at the Board meeting in January 2024 and the improvement plan will be monitored through the Quality Assurance Committee.

Maternity Improvement

Since the last HCS Advisory Board meeting, a further nine recommendations have been approved. Currently 96 out of 127 recommendations have been identified by Women and Childrens Senior Leadership Team as complete (up from 87 in January), of which 92 have been confirmed as having robust evidence/ business-

as-usual process. Four are under review to ensure robustness of evidence and sustainability of any business-as-usual processes.

Acute Medicine

The Quality Assurance Board subcommittee will have formal oversight of the Medical Improvement Plan. This meets one of the recommendations in the 2022 Royal College of Physicians (RCP) report.

During January 2024 further progress has been made against the actions. Full details of the most recent implementation and escalation against the RCP recommendations and can be found in Appendix 1 of the HCS Medicine Improvement Plan Escalation report (this is an agenda item for the February board meeting). It is clear that further progress is required with changes in the configuration of medical specialties and therefore this presents significant challenges to those delivering these service.

Mental Health and Social Care

Performance remains stable within mental health and social care services, with some improvement in waiting times for psychological therapies in January and access targets. Waiting times for attention deficit hyperactivity disorder (ADHD) and dementia assessment remain an escalating concern, with improvement trajectories currently being developed with the services (but significant limitations remaining due to finite diagnostic capacity in both services). The Mental Health System Partnership Board have held a very successful workshop and agreed four key system priorities (relating to service user reported outcome measures, carers support, equality of access and homelessness) which will be worked on collectively by all system partners through 2024. Work is also currently underway jointly with the Gambling Commission to develop a gambling addiction service in Jersey, which it is anticipated to become operational later in 2024.

The Advisory Board has received an update against the implementation of the recommendations made within the External Review of Mental Health Services commissioned by HCS in 2021. Whilst the report from the Director of Mental Health and Adult Social Care makes clear that there is still much work to be done, it also demonstrates the vast amount of work that has been undertaken in this area over the last two years. Our mental health services have an ambitious development and delivery plan for 2024, and the particular focus on partnerships, service user and carer involvement, and ongoing quality improvement is much welcomed.

Waiting Lists: Hospital Services

Detail regarding current access performance is described in the separate waiting list paper but progress continues in the overall volume reduction of the new outpatient appointments (OPA) list from 13,640 at month 12 to 13,501 at month 1. We have also seen the in-patient waiting list reducing from 2812 to 2737. As we completed 2023, further reductions in the patients waiting greater than 90 days from decision to list to procedure from 58% to 56% and those patients waiting over 52 weeks will also be monitored and reduced during Q1-2 2024.

Emergency acute services

A minimal increase in patients waiting longer than 12 hours is noted in January's performance with information from breach reporting describing access to side rooms and correct gender bed capacity being the main drivers alongside admission avoidance activities. We have now introduced the 4-hour standard to support increasing performance in flow and length of stay reductions with the first data position of a mean of

75% being used to determine actions to improve performance. However, the reduction in need for isolation and side rooms as we move from winter period and the additional bed capacity brought into operation in February will impact both emergency and elective care.

Patient Experience

The Patient Experience Team are working in partnership with care group leads and managers in a more structured way to seek local resolution to concerns and complaints and to ensure all formal complaints are dealt with in line with government policy and key performance indicators (KPIs) are established.

There were a total of 64 Patient Advice and Liaison Service (PALs) enquiries logged in January 2024 compared to 15 in January 2023 which highlights the proactive work being undertaken to identify concerns and issues leading to early resolution for patients and families. The key theme of the enquiries related to waiting times for appointments.

There is ongoing work to review the current processes in managing the complaints, feedback and PALs processes. This includes a public communications campaign to raise awareness as improved awareness and understanding of how to raise issues and complaints is a priority for HCS following patient/public feedback.

There has been a notable increase in compliments received which are shared with staff.

Overall Infection Prevention and Control (IPAC) continues to demonstrate low levels of hospital acquired infection. In addition, the targeted work on improving vaccination uptake amongst staff is ongoing but remains a challenge as it is in other jurisdictions.

It is encouraging to note that Tissue Viability and Falls remain well below the UK average against a background of increased activity and acuity of the patient case load.

Work has commenced on the development of the Nursing and Midwifery Strategy for HCS, and it is expected that this will be presented to the Board (through the appropriate assurance committee) in quarter 2/3.

Staff Achievements

- The HCS Learning Disability Service promoted their partnership with Highlands College internally and externally via BBC Jersey, by raising awareness of the reading/writing sessions available to adults with learning disabilities.
- 75 HCS colleagues joined the January Team HCS Talks session.
- We welcomed our new Director of Midwifery and Nursing, Roslyn Bullen Bell.
- We welcomed our new HCS interim Director of Workforce, Bill Nuttall.
- We congratulated our apprentice radiographer, Holly Thompson, who completed her first year of training with brilliant results in both her academic studies and clinical assessments.
- The Bermuda Hospitals Board CFO Arthur Ebbin and his deputy visited Jersey General Hospital to find out more about HCS and meet colleagues.
- We announced Donna Murphy (our Senior Chargehand) has been shortlisted for the National MyPorter Awards: International Porter of the Year Award. Winners will be announced on 21 February.
- 48 HCS colleagues attended a Schwartz Round in January 2024 (The Recognition, Escalation and Rescuing (RER) of a Deteriorating Patient)
- Seven HCS colleagues were recognised for their achievements in the workplace and attended a breakfast with the Chief Officer

- 98 HCS colleagues attended a full day training event on Human Factors helping us to recognise, understand and mitigate human factors that could influence an accident or incident in the workplace.

4. Recommendation

For noting.

END OF REPORT



Health and
Community Services

Quality and Performance Report January 2024

Gouvernement d'Jèrri



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


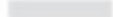






STATISTICAL PROCESS CONTROL (SPC) CHARTS

WHAT ARE SPC CHARTS?

A statistical process control system (SPC) is a method of controlling a production 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.
Target		In order for this target to be achievable, it should sit within the control limits. Any target 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

Patients waiting over 52 weeks to a first outpatient appointment

Of the 668 patients waiting over 52 weeks for a first appointment:

- * Ophthalmology 181pts – long wait cataract patients waiting for treatment off Island
- * Dermatology 100pts – Service review being undertaken
- * Clinical Genetics 95pts – being managed through an SLA with Guys & Thomas's

All over 52-week referrals are being actively managed to ensure compliance with the 2024 QPR standards

Patients waiting over 52 weeks on elective waiting list

Of the 321 patients waiting over 52 weeks on the elective inpatient list, 248 are in the process of receiving a date for procedure or clinical review.

The current over 52 weeks are:

- * General Surgery 130 with 108 requiring TCI date
- * Orthopaedics 126 with 101 requiring a date
- * ENT 36 with 27 requiring a date

All patients are being actively managed to ensure compliance with 2024 QPR standards.

Access to Diagnostics over 6 weeks

Access to diagnostics tests in line with the DM01 standards requires improvement as we assess performance to this new measure. Further work will be required to describe the resource implication of achieving this. However, following the success of the MRI WLI initiative and the ongoing endoscopy initiative, other schemes will be developed and implemented to support DM01 compliance. This will be undertaken in conjunction with the private patient workstream due to the intrinsic links and benefits the private patient income can support the overall public waiting list position.

New to Follow-up Ratio

As clinician job plans and review of capacity and demand commence for 2024, standardised new to follow-up ratios will be identified within specialties. This continues to be a development area.

Outpatient DNA and Was Not Bought Rates

The DNA and WNB rates are significantly above the target of 8%. A review of these metrics will be undertaken over the coming months as part of the overall outpatient improvement programme.

Operations cancelled by Hospital for Non-Clinical Reasons

There is currently a mixture of non-clinical reasons why patients are being cancelled on their day of procedure. These fall into two:

- * No bed available
- * Patients not adequately communicated with

The theatre improvement programme will support the reduction in on the day cancellations. Plans are in their infancy and being managed by the FRP team

Escalations

Actions to recover > 52 weeks standard described in waiting list paper.

Funding provided as part of Waiting List Initiative business to address.

Elective Care Performance - SPC Charts

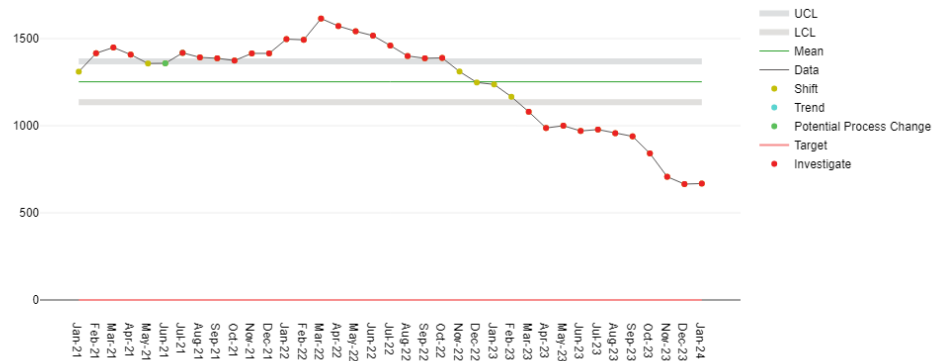
Latest value

668

Standard

<499

Patients waiting for first outpatient appointment Greater Than 52 weeks



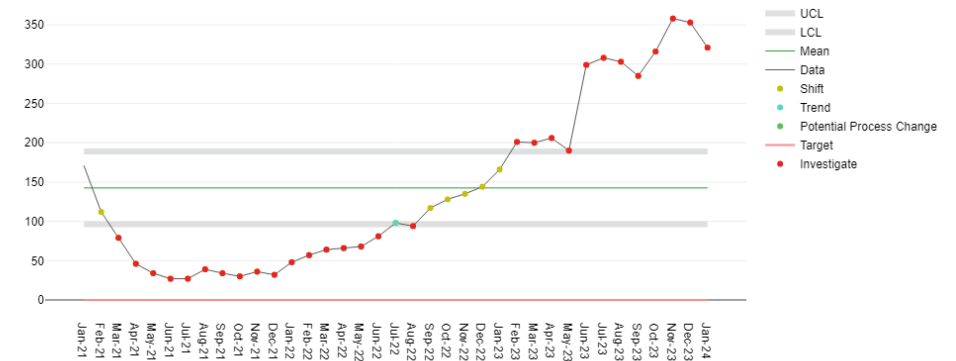
Latest value

321

Standard

<265

Patients on elective list Greater Than 52 weeks



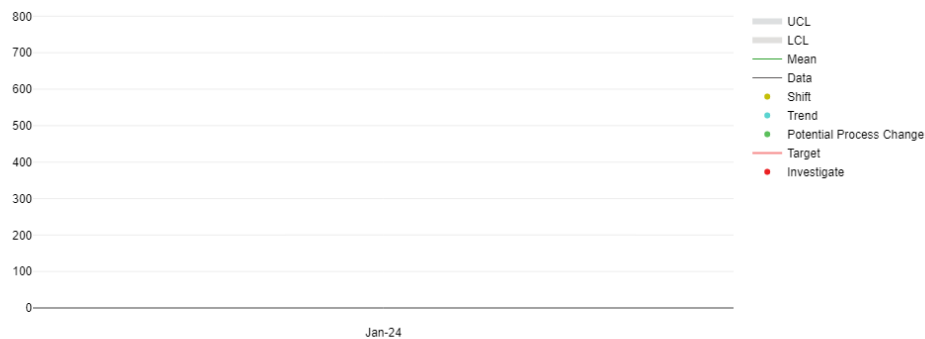
Latest value

782

Standard

<525

Access to diagnostics Greater Than 6 weeks



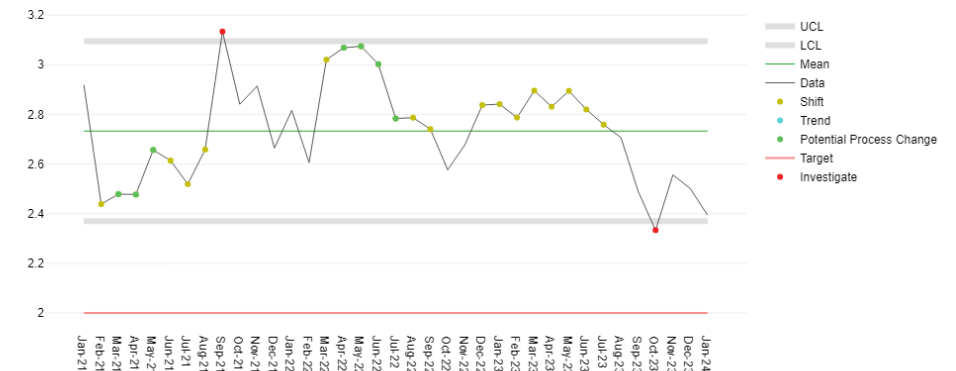
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2.39

Standard

2

New to follow-up ratio



Elective Care Performance - SPC Charts

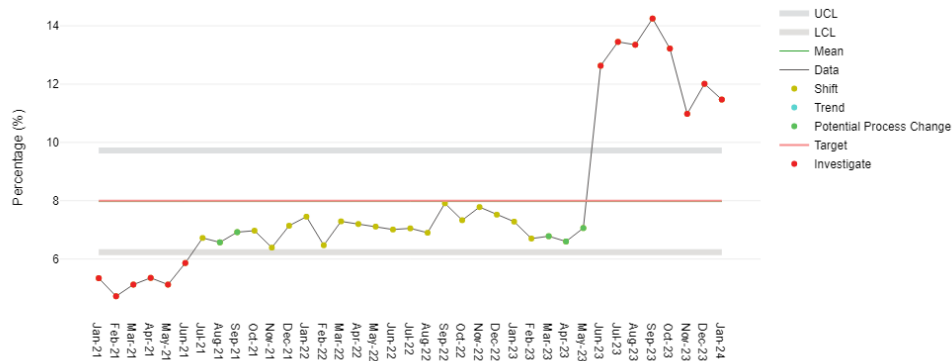
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11.5 %

Standard

<=8%

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



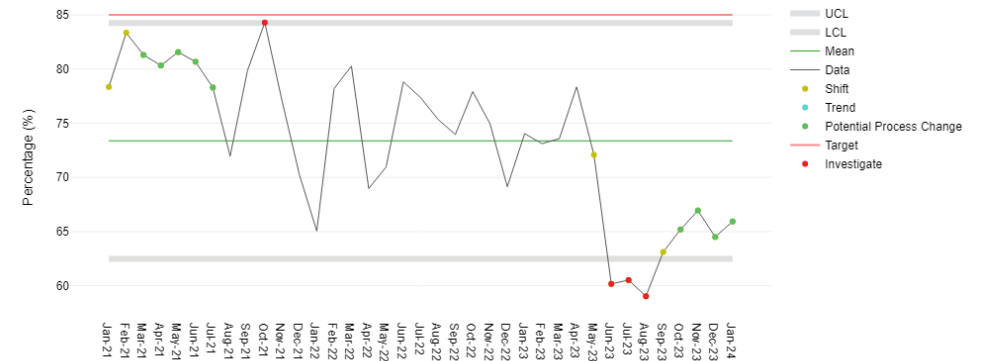
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65.9 %

Standard

>85%

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



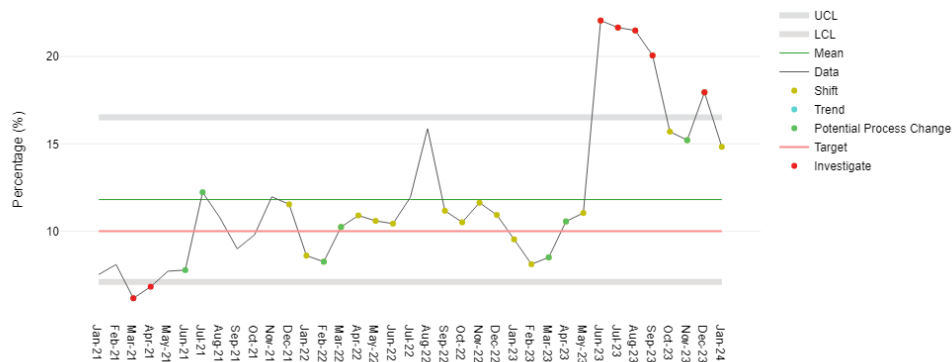
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14.8 %

Standard

<=10%

Was Not Brought Rate



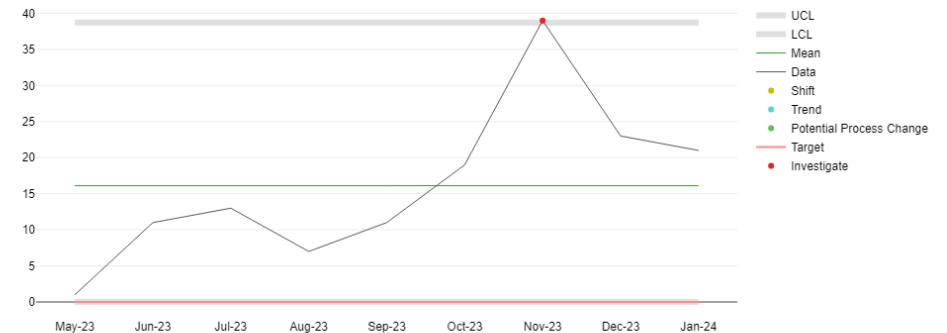
Latest value

21

Standard

Not applicable

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 investigations 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

Health & Community Services has introduced the 4 hour Emergency Department Standard for 2024 to drive patient experience and operational improvements. We are now able to ascertain performance against this (75%) and will develop further action plans to steadily increase performance. Actions are already in place from some of the associated FRP work streams, and the additional capacity opened on February 19th and service developments in ED & AAU/SDEC are all contributing to this metric.

An increase in delayed transfer of care bed days has been noted through the winter period, there is correlation between previous years showing heightened delays occurring during the winter period. However as evidenced at the weekly DTOC meeting, a positive impact is being seen in package of care availability. A discharge to assess proposal is being developed which will see patients move into an alternative care facility to enable an appropriate assessment to take place outside of hospital.(In May 2023 is due to the change in systems with actions taken recently settling the reporting of this metric.)

Acute length of stay for January is 5.8 days remaining within the target indicator of 10 days. Introduction of the Red2Green initiative further aims to reduce length of stay through identification of delays and supporting to expedite through the HCS Operations Centre. An improvement in in readmissions has been noted for January 2024 however remains above the target threshold. A re-admissions review process is being introduced by the end of Q1 to enable themes and learning to be identified.

Non clinical transfers will be positively impacted by additional capacity being opened on the 19th February

Escalations

Introduction of 4-hour standard is below target indicator, to support achieving the quality indicator internal professional standards will be developed for the Emergency Department which may impact on demand and capacity within other clinical services to achieve assessment within required timescales.

Emergency Care Performance - SPC Charts

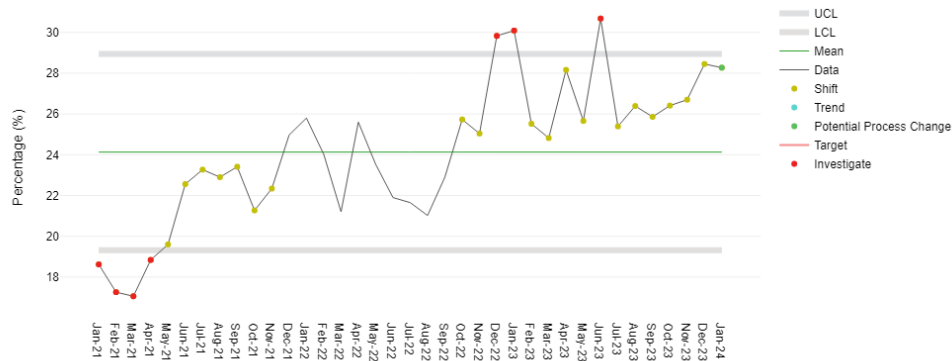
Latest value

28.3 %

Mean

24.1 %

% Patients in Emergency Department for more than 4 Hours



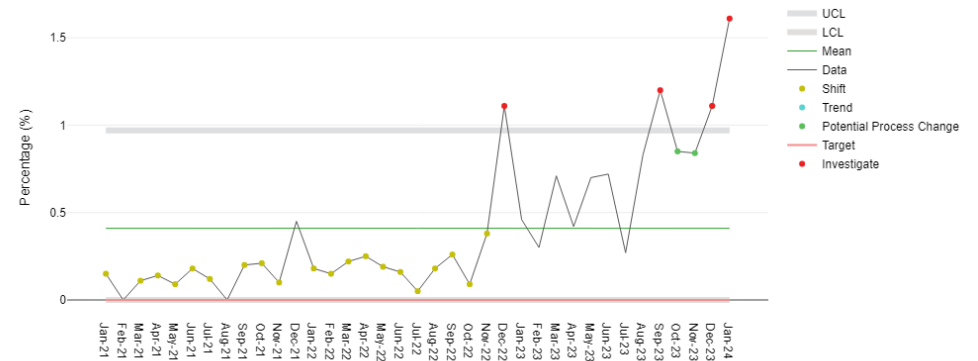
Latest value

1.6 %

Mean

0.4 %

% Patients in Emergency Department for more than 12 Hours



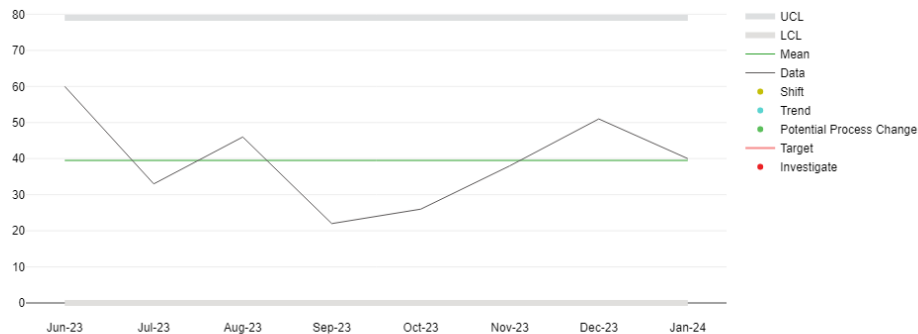
Latest value

40

Mean

39.5

Inpatient movements between 22:00 and 08:00 for non-clinical reasons



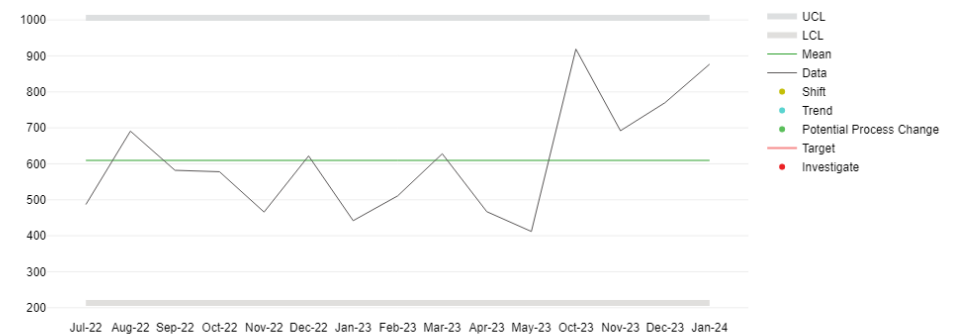
Latest value

877

Mean

609.6

Total Bed Days Delayed Transfer Of Care (DTOC)



Emergency Care Performance - SPC Charts

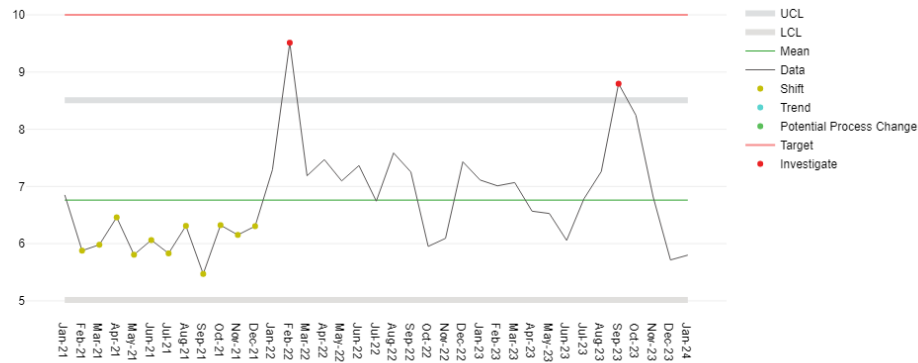
Latest value

5.8

Mean

6.76

Non-elective acute Length of Stay (LOS) (days)



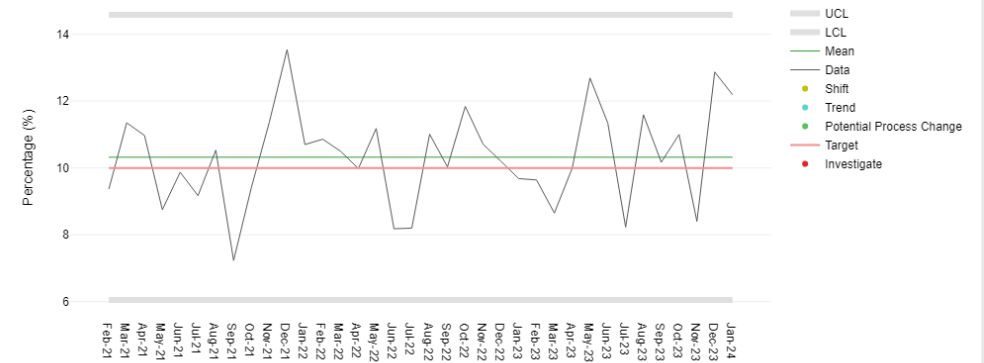
Latest value

12.2 %

Mean

10.3 %

Rate of Emergency readmission within 30 days of a previous inpatient discharge



Emergency Care Performance - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
% Patients in Emergency Department for more than 4 Hours	Hospital Electronic Patient Record (TrakCare Emergency Department Attendances (ED5A) & Maxims Emergency Department Attendances (ED001DM))		Percentage of patients in the Emergency department for more than 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))		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.
Total Bed Days Delayed Transfer Of Care (DTC)	Hospital Electronic Patient Record (TrakCare Current Inpatients Report (ATD49) & Maxims Current Inpatients Report (IP20DM))	Not Applicable	Count of bed days where the patient is marked as Delayed Transfer Of Care (DTC) 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 rehabilitation 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 Admissions 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

Further development of the maternity dashboard has been completed to enable us to have better oversight and to monitor the implementation of principles of clinical governance 'on the ground'. It will be used to benchmark activity and monitor performance against the standards agreed locally for the maternity unit monthly.

Escalations

Support with data quality and integrated care pathways (ICP) where individuals have more than ICP. Data cleansing has commenced to ensure no duplication. Implementation of a maternity specific EPR system to enable better capturing of data; options being reviewed at present.

Maternity - Key Performance Indicators

Indicator	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	YTD
Total Births	77	60	68	59	68	53	77	71	64	60	65	59	63	63
Mothers who have given birth once (Primips)	32	25	31	36	38								19	19
Mothers who have given birth more than once (Multips)	45	35	37	23	25								6	6
Bookings ≤10+0 Weeks													7	7
% of women that have an induced labour	14.29%	26.67%	20.59%	23.73%	35.29%	22.64%	19.48%	28.17%	28.13%	18.33%	29.23%	35.59%	30.16%	30.16%
Number of spontaneous vaginal births (including home births and breech vaginal deliveries)	33	30	31	20	16	21	25	23	22	20	18	11	24	24
Number of Instrumental deliveries	7	10	5	9	8	5	5	12	4	6	5	4	7	7
% deliveries by C-section (Planned & Unscheduled)	50.65%	33.33%	36.76%	44.07%	54.41%	33.96%	44.16%	45.07%	37.5%	45%	49.23%	44.07%	36.51%	36.51%
Scheduled C-section rate	27.27%	16.67%	20.59%	23.73%	26.47%	24.53%	19.48%	22.54%	21.88%	18.33%	26.15%	27.12%	23.81%	23.81%
Number of Emergency Caesarean Sections at full dilatation	5	2	1	1	1	1	0	1	1	1	2	0	2	2
Number of deliveries home birth (Planned & Unscheduled)	6	3	8	5	3	4	2	4	2	3	3	0	2	2
Transfer of Mothers from Inpatients to Overseas	0	1	2	1	1	0	0	0	0	0	2	1	0	0
Number of births in the High dependency room / isolation room						1	0	0	1	0	0	0	1	1
Number of PPH Greater Than 1500mls	4	2	3	3	10	2	3	2	3	6	6	3	2	2
Number of 3rd & 4th degree tears – all births	0	1	1	0	0	2	1	1	2	2	1	0	2	2
Number of babies that have APGAR score below 7 at 5 mins	0%	0%	100%	100%	100%	0%	0%	0%	100%	0%	100%	0%	0%	0%
% live births Less Than 3rd centile delivered Greater Than 37+6 weeks (detected & undetected SGA)	3.23%	3.92%	3.7%	1.79%	5.45%	0%	0%	2.7%	2.7%	4.35%	4.88%	6.9%	0%	0%
Number of admissions to Jersey Neonatal Unit at or above 37 weeks gestation		1	4	2							2	2		
Transfer of Neonates from JNU	0	0	0	0	0	0	1	0	0	0	1	1	1	1
Preterm Births ≤36+6 Weeks	10	6	9	2	7	0	6	2	2	8	1	2	1	1

Maternity - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
Total Births	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Not Applicable	Total number of births of any outcome. Includes live and stillbirth.
Mothers who have given birth once (Primips)	Maternity Birth Registration Details Report	Not Applicable	Total number of births of any outcome to first-time mothers. Includes live and stillbirth.
Mothers who have given birth more than once (Multips)	Maternity Birth Registration Details Report	Not Applicable	Total number of births of any outcome to mothers who have given birth at least once before. 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	Set to Not Applicable in line with the latest guidance from NHS/NICE	Number of c-sections, planned and unplanned, as a percentage of the total number of deliveries.
Scheduled C-section rate	Maternity Delivery Details Report	Not Applicable	Number of scheduled (CAT 3 & 4) c-sections divided by total number of ALL deliveries
Number of Emergency Caesarean Sections at full dilatation	Hospital Electronic Patient Record (TrakCare Deliveries Report (MAT23A) & Maxims Deliveries Report (MT005))	Not Applicable	Number of Emergency Caesarean section births (This includes all Category 1 & 2 Caesarean Sections) where the mother's cervix is fully dilated

Maternity - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
Number of deliveries home birth (Planned & Unscheduled)	Maternity Delivery Details Report	Not Applicable	Number of deliveries recorded as being at "Home", planned and unplanned
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))	Not Applicable	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 Dependency Room / Isolation Room
Number of PPH Greater Than 1500mls	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Not Applicable	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))	NHS National Value is 1.2%. However, as the Jersey numbers that drive this indicator are so low, the standard has been set locally based on average (mean) of previous two years' data	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))	Not Applicable	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))	Not Applicable	Number of transfers of babies out of the Jersey Neonatal Unit to an off-island Neonatal facility.
Preterm Births ≤36+6 Weeks	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Not Applicable	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

The service continues to achieve the improved access targets, and specifically saw 94% of all crisis referrals within 4 hours this month. The service also continues to achieve the KPI for follow up on discharge from hospital within 3 days, which is a key harm reduction target.

There has been some improvement in people waiting for psychological treatment (JTT) in month, and in the waiting list for autism assessment. However waiting times for ADHD assessment and memory assessment remain a concern.

Escalations

A meeting was held with the Memory Assessment Service in February and an improvement trajectory (with associated actions) has been agreed, which will reduce waiting times from April.

A similar approach is being taken with the ADHD service, although there are a number of factors outside our control (relating to prescribing limitations) which create significant limitations on our ability to impact waiting times currently.

Mental Health - SPC Charts

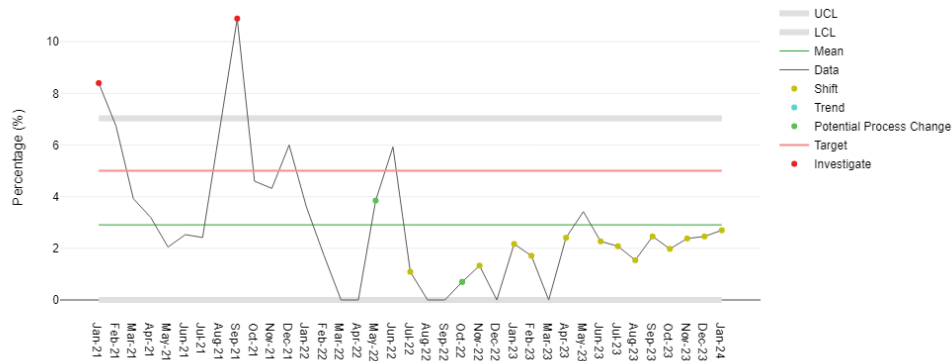
Latest value

2.7 %

Mean

2.9 %

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



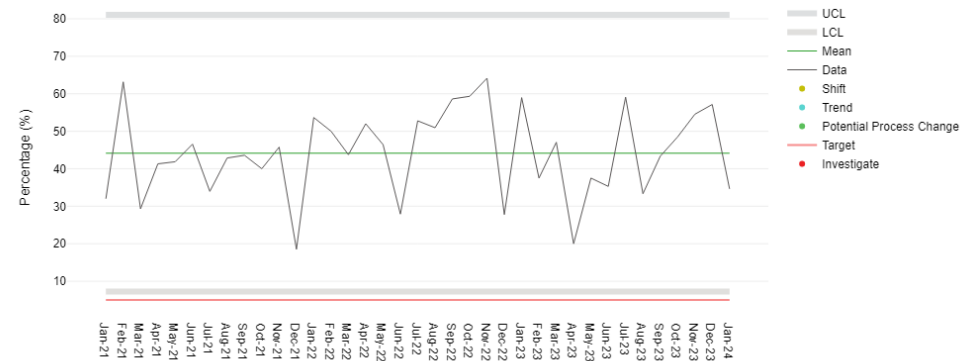
Latest value

34.6 %

Mean

44.1 %

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



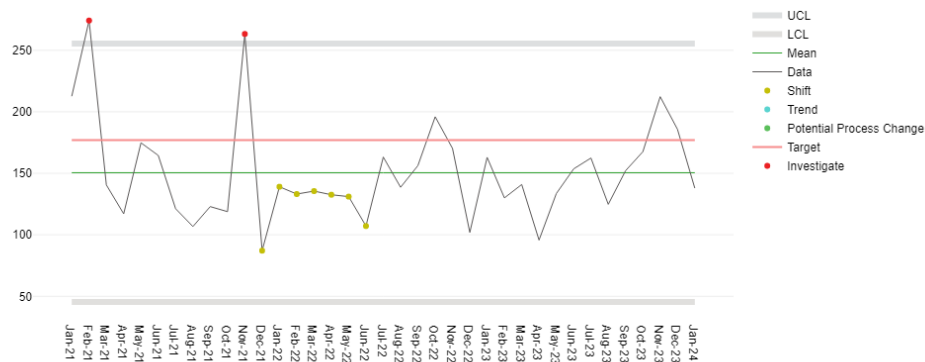
Latest value

137.94

Mean

150.48

JTT Average waiting time to treatment (Days)



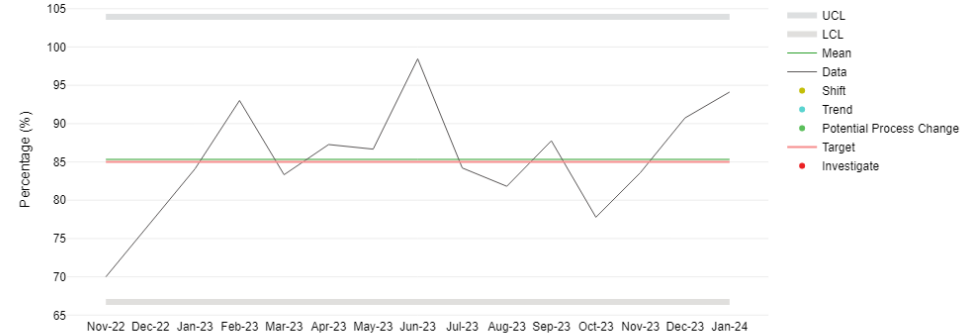
Latest value

94.1 %

Mean

85.3 %

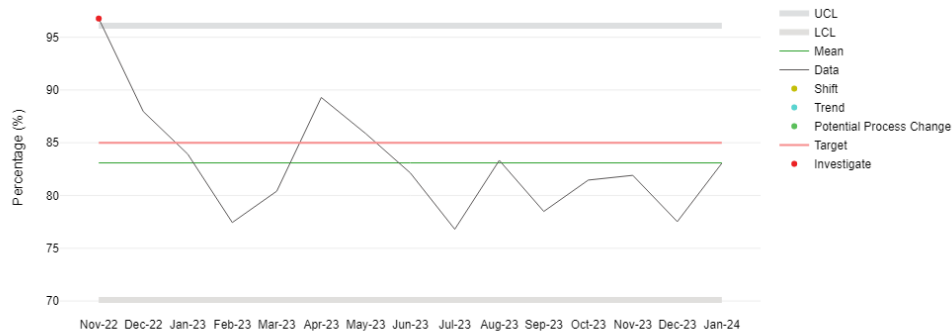
% of referrals to Mental Health Crisis Team assessed in period within 4 hours



Mental Health - SPC Charts

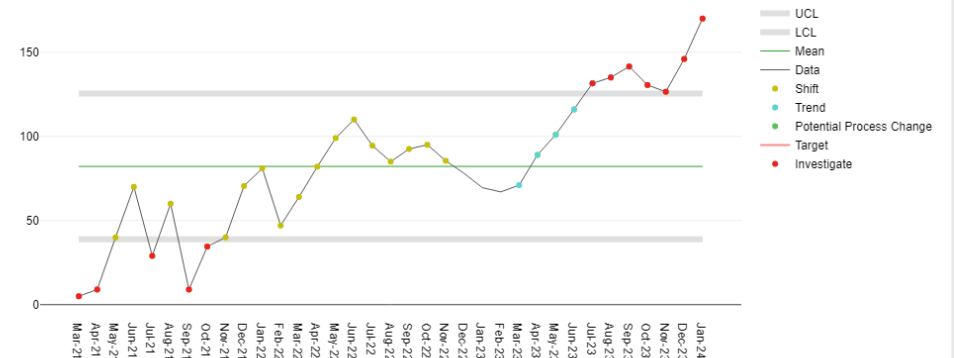
Latest value	Mean
83 %	83.1 %

% of referrals to Mental Health Assessment Team assessed in period within 10 working days



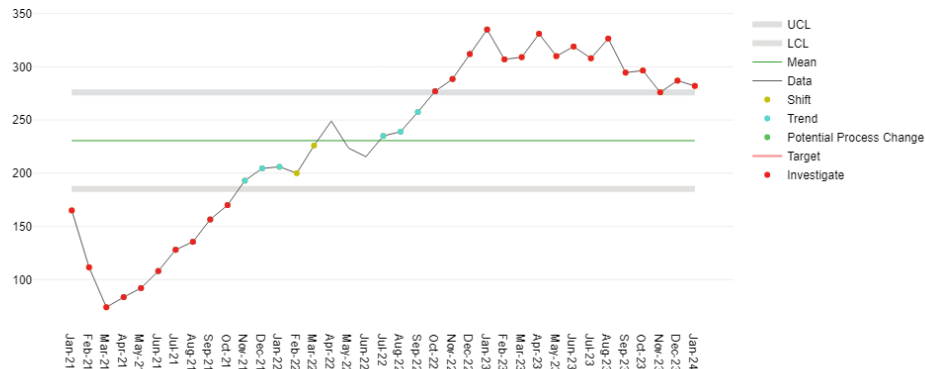
Latest value	Mean
170	82.14

Median wait of clients currently waiting for Memory Service Assessment (Days)



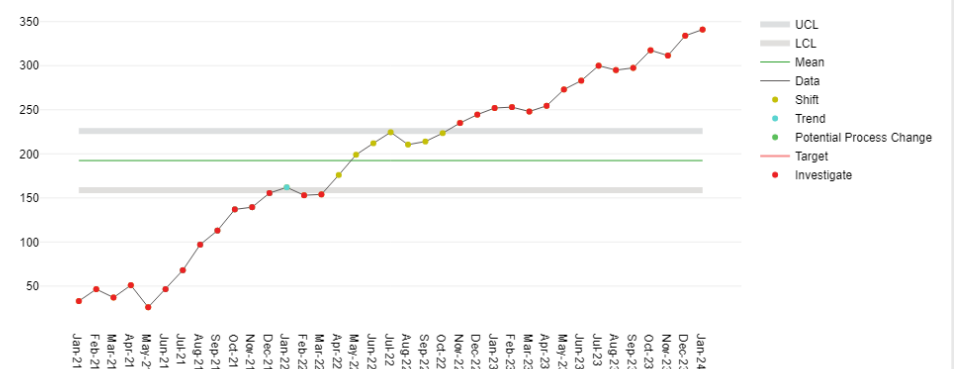
Latest value	Mean
282	230.59

Median wait of clients currently waiting for Autism Assessment (Days)



Latest value	Mean
341	192.38

Median wait of clients currently waiting for ADHD Assessment (Days)



Mental Health - SPC Charts

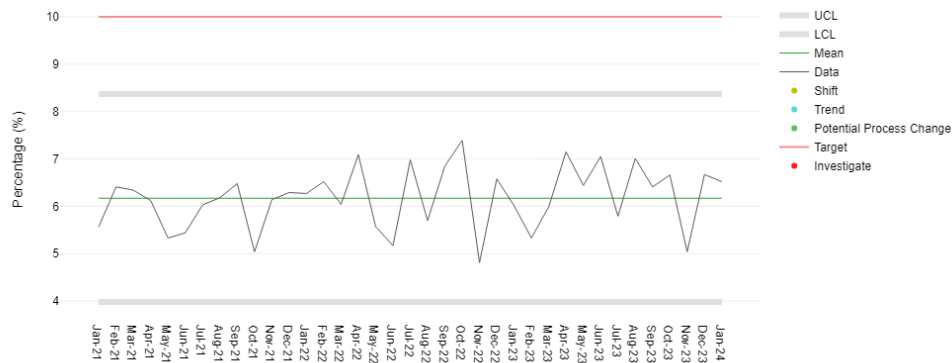
Latest value

6.5 %

Mean

6.2 %

Community Mental Health Team Did Not Attend (DNA) rate



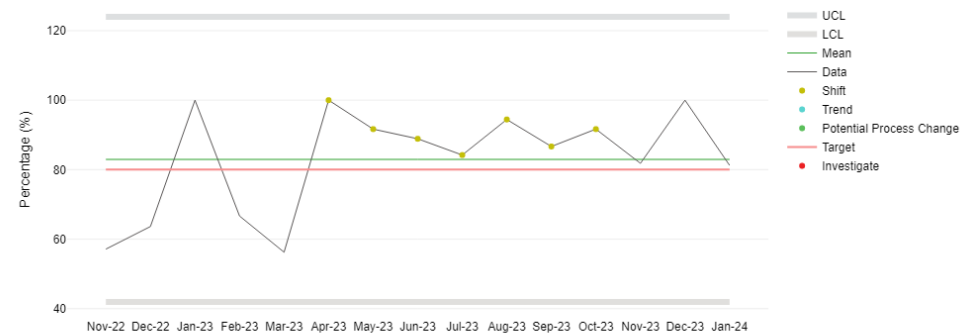
Latest value

81.3 %

Mean

83 %

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



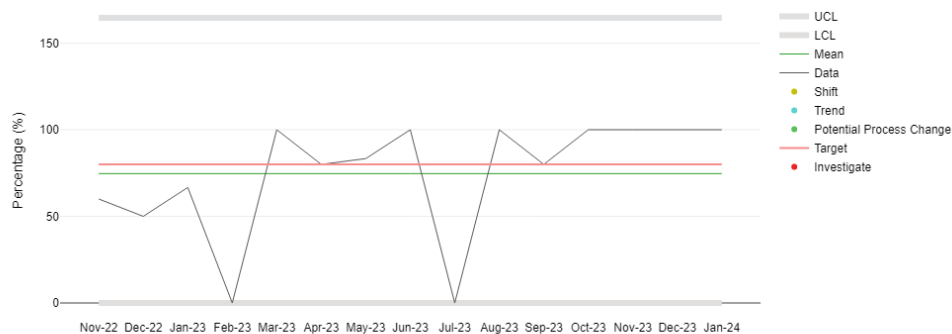
Latest value

100 %

Mean

74.7 %

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



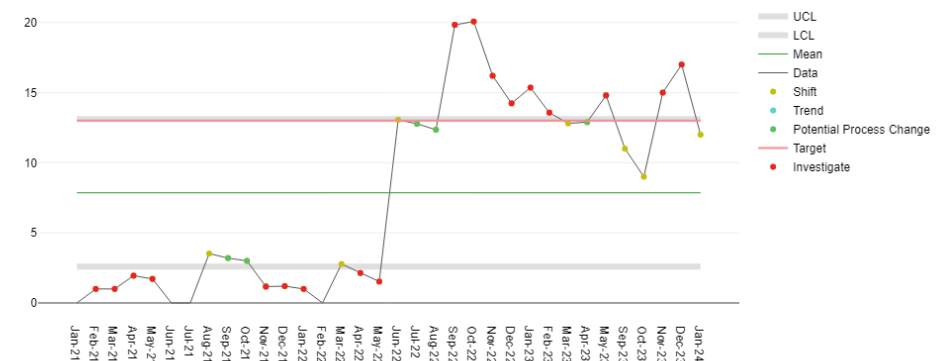
Latest value

12

Mean

7.86

Average daily number of patients Medically Fit For Discharge (MFFD) on Mental Health inpatient wards



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 period 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 assessed 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 assessed 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 Mental 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
Average daily number of patients Medically Fit For Discharge (MFFD) on Mental Health inpatient wards	Hospital Electronic Patient Record (TrakCare Current Inpatient Report (ATD49) & Maxims Current Inpatient Report (IP020DM))	Generated based on historic percentiles	Average (mean) number of Mental Health inpatients marked as Medically Fit For Discharge each day at 8am

Social Care

Section Owner

Director Adult Mental Health & Social Care

Performance Narrative

Performance Narrative – Physical Health Check

Steady improvement continues. Achievement has consistently improved in the last year and has continued to exceed the 80% attainment target since November 2023. Achievement due to the concerted efforts of the Learning Disability Nurse Team.

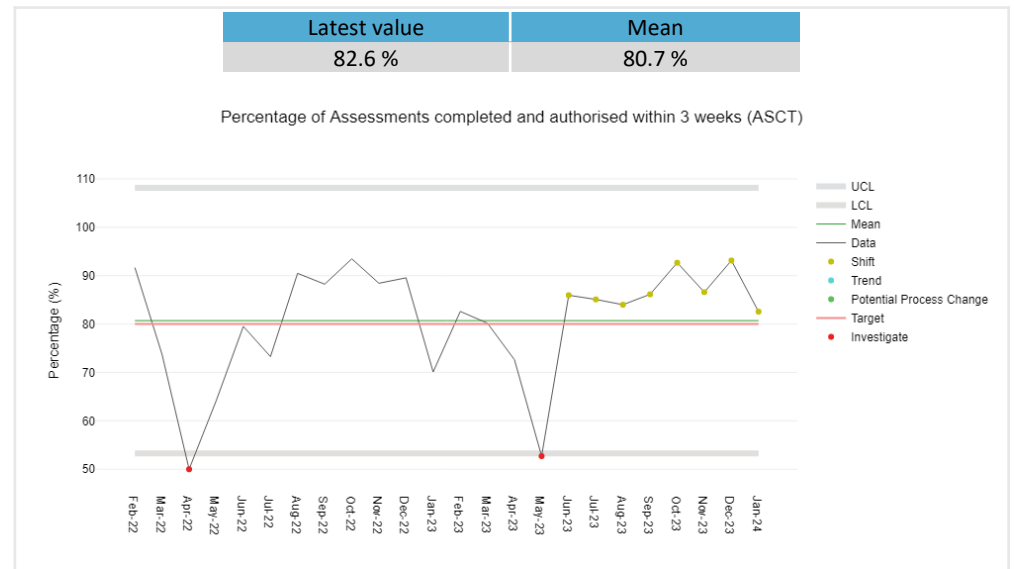
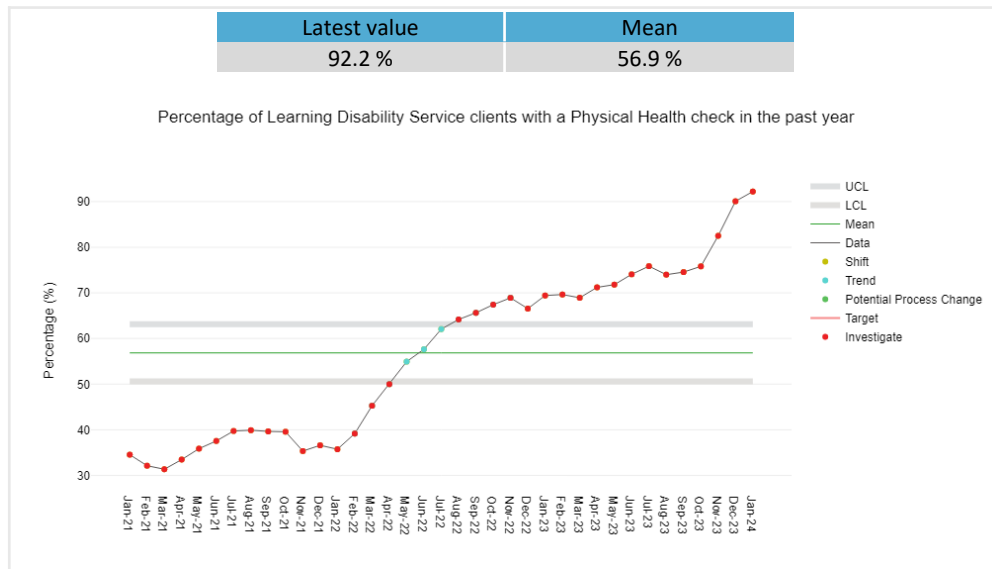
Performance Narrative – ASCT Ax within 3 weeks

Although continuing to exceed the 80% target, noted the downturn in performance in January 2024 compared to December 2023. The cause of this drop in performance was due to temporary reduction in Authorised Registered Person (ARP) capacity. Capacity dropped because of seasonal leave: only one out of three ARPs were available.

Escalations

Nothing for escalation.

Social Care - SPC Charts



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

Pressure Ulcers

There was a reduction in hospital acquired pressure damage in January. Jersey continues to remain below the National average for pressure ulcers in the UK. The team are focused on the early detection of pressure damage to promote early healing and prevented further deterioration.

There has been an increase in the number of patients admitted with pressure damage. The HCS tissue viability team link with our community partners to ensure an island wide response.

Complaints

Whilst there was an increase in complaints in January this is consistent with seasonal trends associated with low reporting in December. The reduction in time to close complaints which has been reported to the board has both been maintained and continues to improve ensuring families achieve early resolution to their complaints.

There were a total of 64 PAL's enquiries logged in January 2024 compared to 15 in January 2023 this highlights the proactive work being undertaken to identify concerns and issues leading to early resolution for patients and families. The key theme of the enquiries related to waiting times for appointments this is raised in the performance part of this board report.

Compliments:

In January a total of 110 compliments were logged representing an increase compared to January 2023. The PALS team continue to work to ensure that all compliments are captured, and that staff receive recognition feedback.

Infection control

Whilst there remains a positive story with MRSA and E Coli, there has been four cases of C Diff reported in January they were not attributed to one clinical area. The early root cause analysis indicates that these cases were unavoidable and not as a result of cross infection

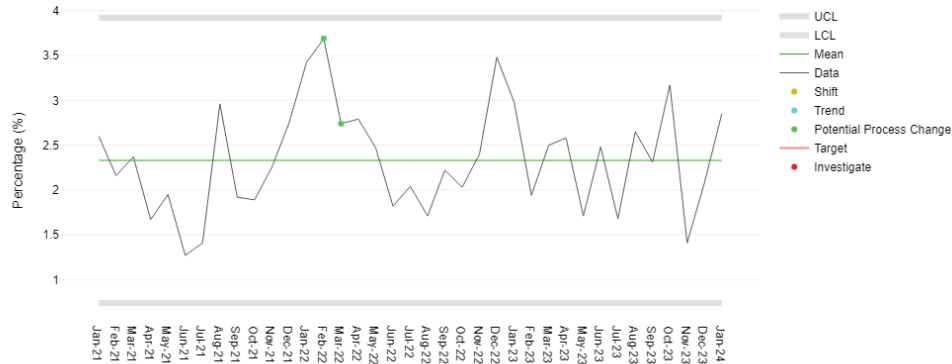
Escalations

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Quality & Safety - SPC Charts

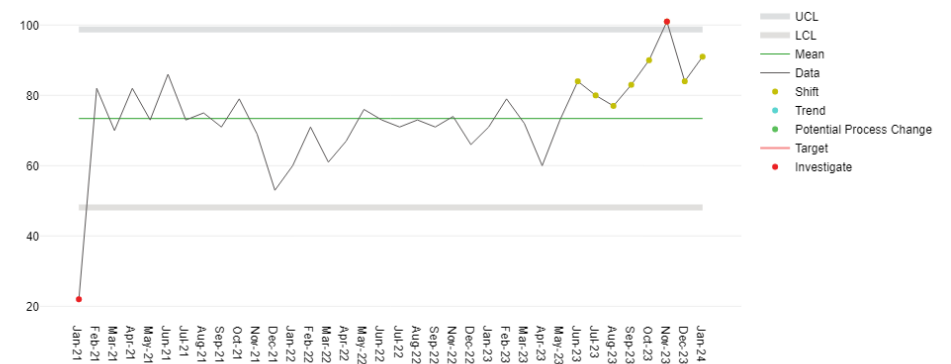
Latest value	Mean
2.9 %	2.3 %

Crude Mortality Rate (JGH, Overdale and Mental Health)



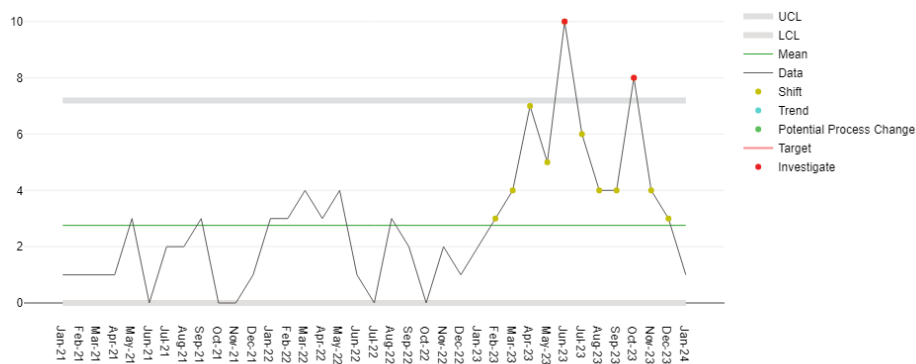
Latest value	Mean
91	73.42

Patient Safety Events per 1000 bed days



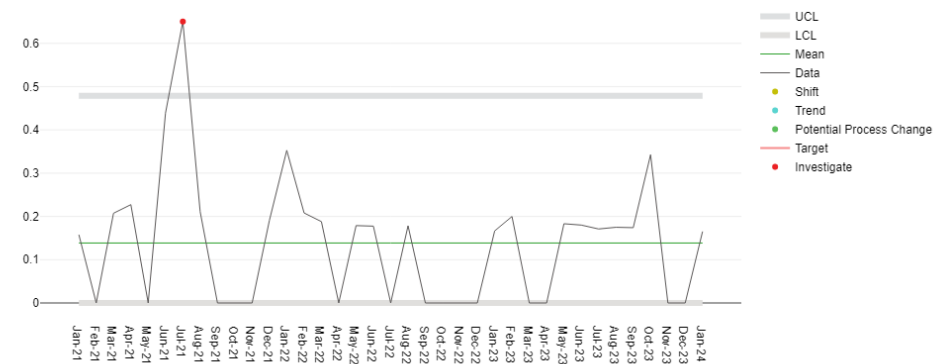
Latest value	Mean
1	2.76

Number of serious incidents



Latest value	Mean
0.17	0.14

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



Quality & Safety - SPC Charts

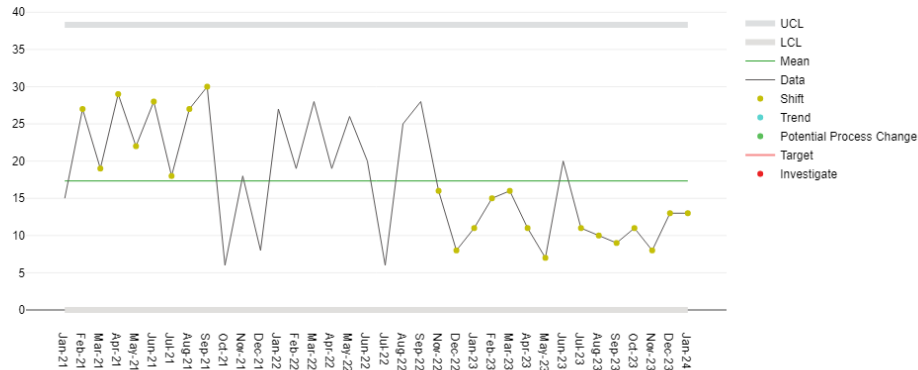
Latest value

13

Mean

17.33

Patient safety incidents with moderate/severe harm/death



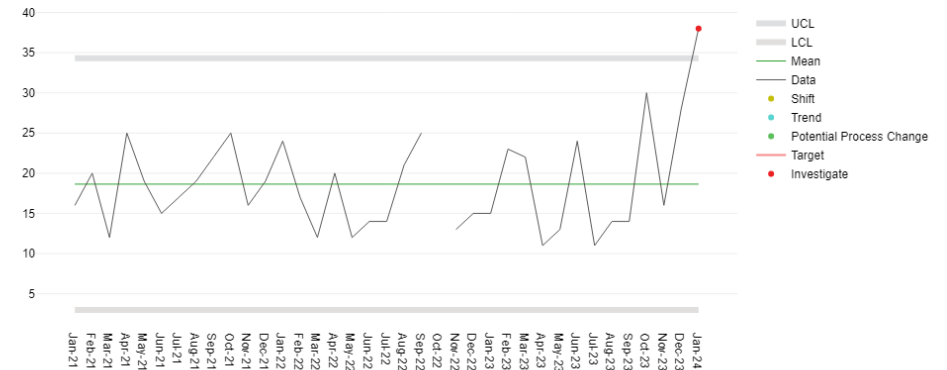
Latest value

38

Mean

18.64

Number of pressure ulcers present upon inpatient admission



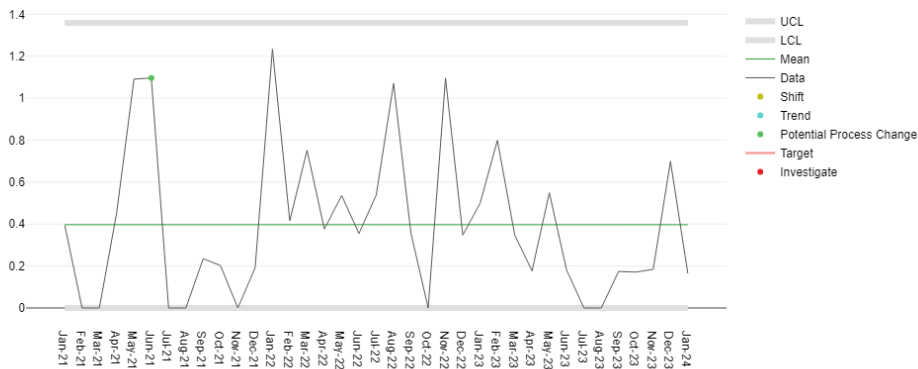
Latest value

0.17

Mean

0.4

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



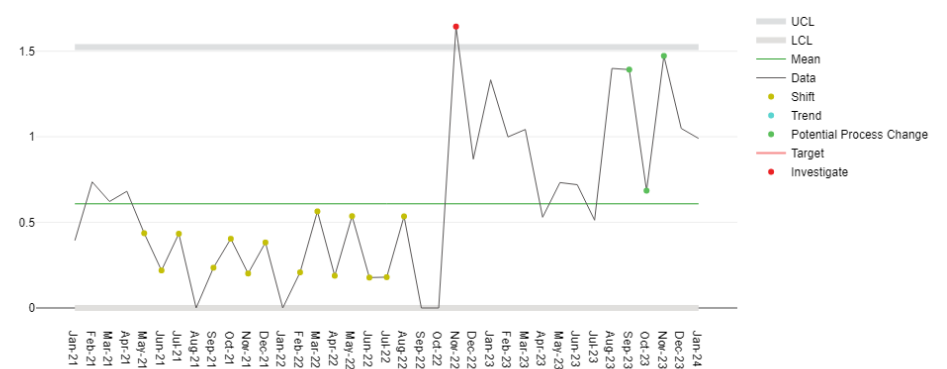
Latest value

0.99

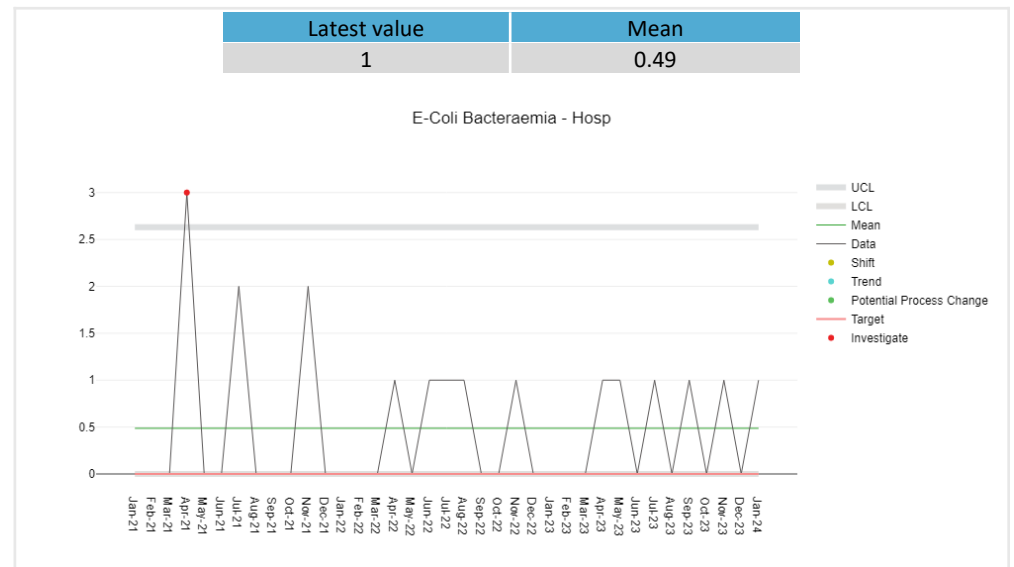
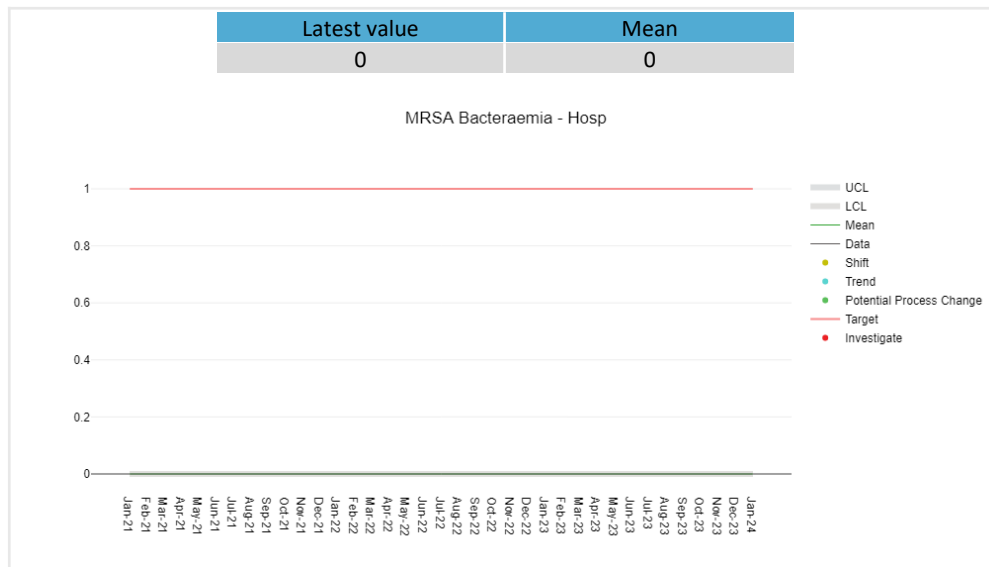
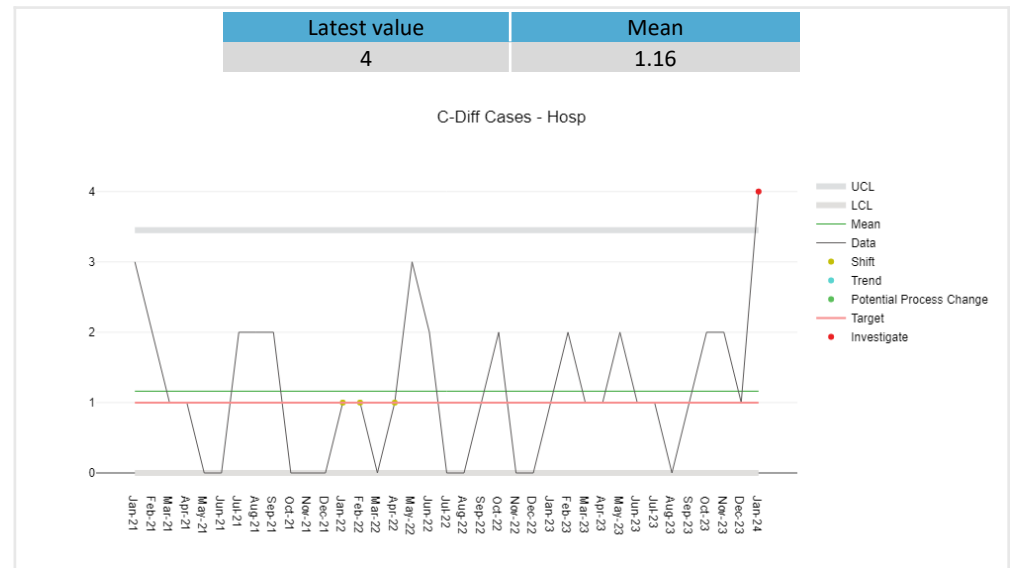
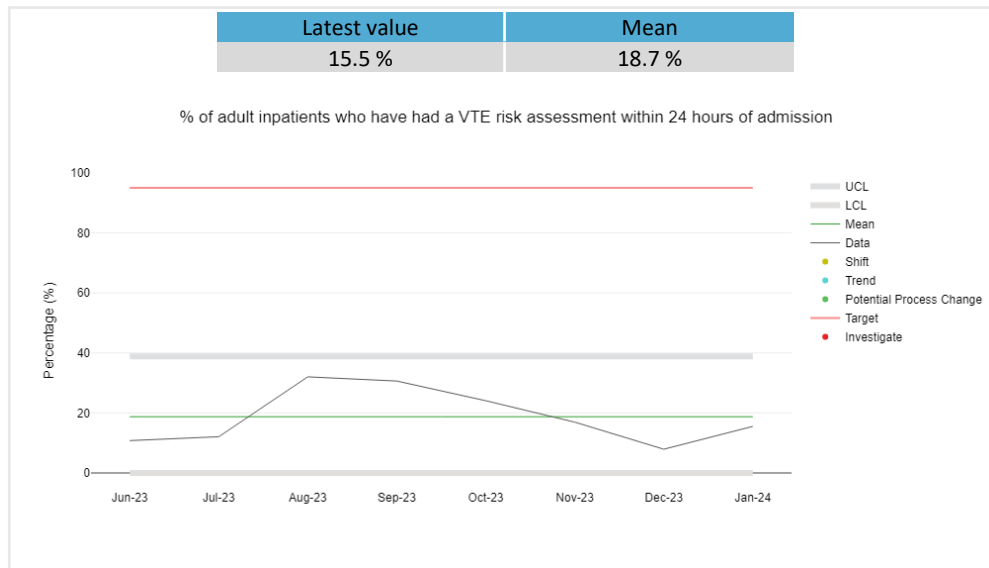
Mean

0.61

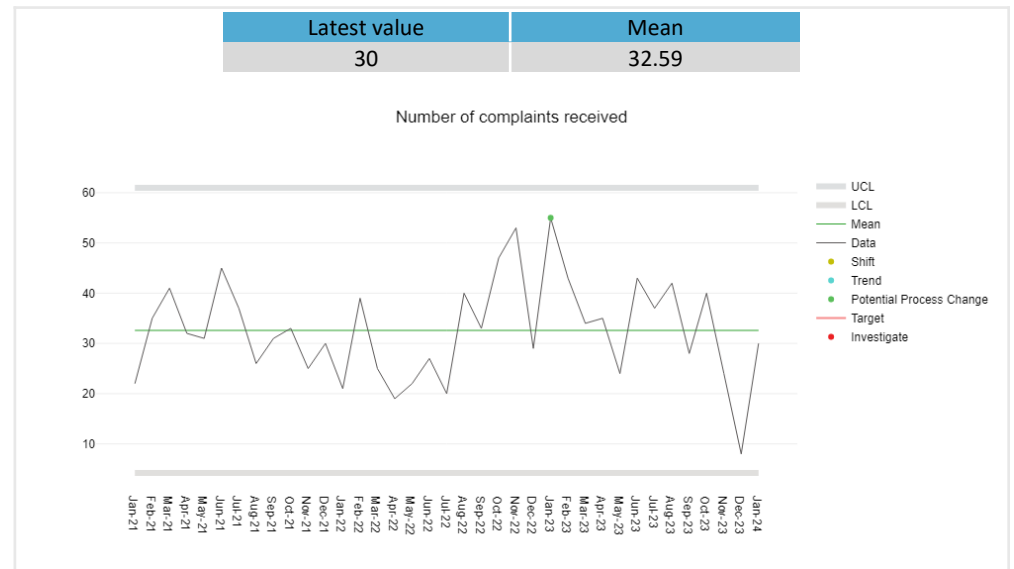
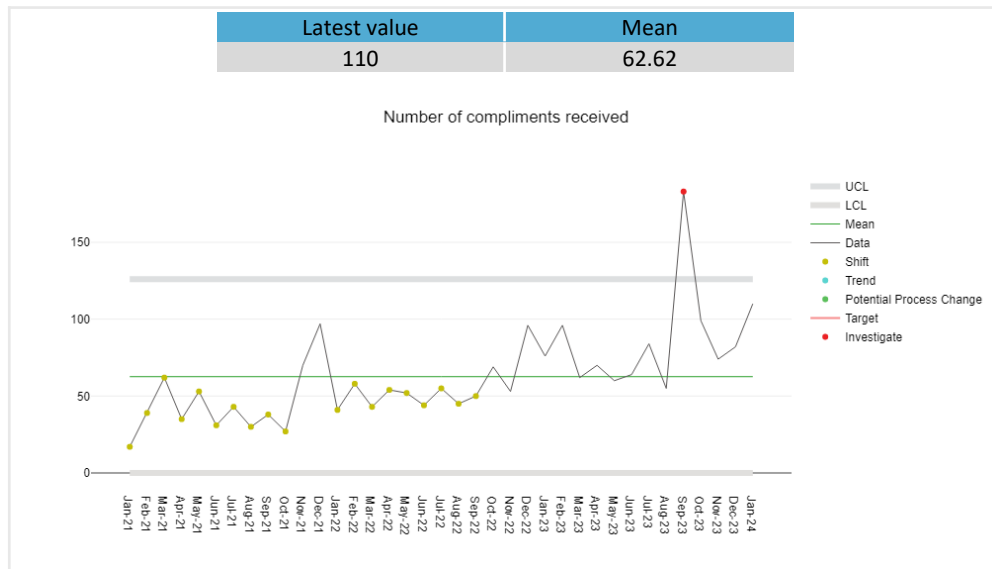
Number of medication errors across HCS resulting in harm per 1000 bed days



Quality & Safety - SPC Charts



Quality & Safety - SPC Charts



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.
Patient Safety Events per 1000 bed days	HCS Incident Reporting System (Datix), Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM))	Not Applicable	Number of patient safety events reported where approval status is not "Rejected" per 1,000 bed days
Number of serious incidents	HCS Incident Reporting System (Datix)	Standard removed 2022-09-28 per Q&R Committee instruction	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
Patient safety incidents with moderate/severe harm/death	HCS Incident Reporting System (Datix)	Not Applicable	Number of patient safety events recorded with moderate, severe or fatal harm recorded where approval status is not "rejected"
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 admission" 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 Advisory Board Meeting Report

Report to:	Health and Community Services Advisory Board		
Date of meeting:	29 th February 2024		
Title of paper:	Waiting List Report Month 1 2024		
Report author (& title):	Emily Hoban, Head of Access	Sponsor (incl. Title):	Claire Thompson Chief Operating Officer (COO), Acute Services

1. Purpose

What is the purpose of this report? What is being asked of the Advisory Board?	To provide information and assurance on the current waiting list position and management actions being taken to address risks to performance in key specialty areas: <ul style="list-style-type: none">• Ophthalmology• Endoscopy• Trauma and Orthopaedics (T&O)• Magnetic Resonance Imaging (MRI)• Dermatology• Patients waiting >90 days on community Patient Tracking Lists (PTLs)	Information	√
		Decision	
		Assurance	√
		Update	

2. Executive Summary

This paper focusses on the waiting list position overall for all specialties with a drill down into the specific services who are included in the waiting list initiative schemes. Medium term administrative actions, training and electronic patient record (EPR) evolving will continue to impact waiting list performance over 2024 by addressing actual size by correct surveillance cohorting and options for suspension e.g. preoperative processes / not fit for surgery in accordance with access policy.

Recovery actions improving patient access will be observed in Q1 by the opening of Plemont increasing elective capacity, improving patient experience through reduced nonclinical transfers and more capacity for patients who wish to choose to utilise HCS private capacity. In addition, clinical productivity workstream addressing utilisation and other access efficiencies will all drive improvements.

3. Finance / workforce implications

Additional resource, as identified in the WLI schemes have been approved for 2024.

Further administrative resource has been approved to validate the PTLs ensuring they accurately reflect the current patient numbers and identify any potential clinical risk. This additional resource is being undertaken by experienced administrative staff on overtime and within resource allocation.

4. Risk and issues

There are generic risks associated with accuracy of waiting lists, these are both administrative risk (reporting a position not reflective of actual) and could present a clinical risk of patients. This is addressed through our access structure of head of access with waiting list manager roles and additional capacity for validation is in progress to address known issues.

5. Applicability to ministerial plan

Access to high quality care and drive clinical effectiveness and outcomes.

6. Main Report

New Patient/Referral PTL

Table 1 below is a snapshot of the new referral waiting list position as of 12th February 2024, breaking down the waiting times into the standard timeframes.

Days wait range	0-30	31-60	61-90	91-120	121-180	181-365	>365	Total
Service								
Physiotherapy	465	226	260	257	335	37	2	1582
Dermatology	131	112	125	103	174	630	125	1400
ENT	239	156	127	127	220	480	8	1357
Trauma and Orthopaedics	275	221	220	145	164	279	20	1324
Ophthalmology	118	112	115	70	158	375	243	1191
Gynaecology	152	102	76	91	140	212	2	775
General Surgery	174	157	168	82	81	54	10	726
Gastroenterology	127	59	63	45	92	227	1	614
Pain Management	201	111	109	46	65	56		588
Community Health Services De	54	28	47	40	78	186	68	501
Neurology	103	56	76	24	86	67	1	413
Oral Surgery	90	61	67	87	39	4		348
Cardiology	121	64	50	33	35	19		322
Endocrinology	41	43	34	28	47	86	2	281
Urology	120	36	36	20	19	7	2	240
Respiratory Medicine	70	58	48	26	4	7	2	215
Paediatrics	86	31	29	14	14	31	9	214
Clinical Genetics	13	8	13	1	19	55	103	212
Diabetic Medicine	40	13	12	13	43	69	11	201
Orthoptics	132	11	10	7	10	12	1	183
Podiatry	35	47	42	22	17	3		166
Orthodontics	25	24	26	24	37	2	1	139
Renal Medicine Service	24	10	12	12	26	30		114
Breast Surgery	57	26	7	3	5	5	1	104
General Medicine	6	1	5	1	1	17	31	62
Infectious Diseases	17	14	5	2	1	6		45
Rheumatology	32	4	2			1		39
Clinical Haematology	25	4	4	1	1	2	1	38
Paediatric Urology	8	1	3	8	1	1		22
Medical Oncology	14	2				1		17
Paediatric Trauma and Orthop	3	3	3	2	1	4		16
Vascular Surgery	3	2	2	2	3			12
MaxilloFacial Surgery	3				4			7
Medical Microbiology	3		1	1	1	1		7
Paediatric Gastroenterology	3		2	1				6
Special Care Dentistry	1		2	1	1			5
Thoracic Surgery	3	1		1				5
Oral and Maxillofacial Surgery	1		1					2
Paediatric Neurology			1		1			2
Paediatric Respiratory Medicine		2						2
Gynaecological Oncology					1			1
Optometry	1							1
Paediatric Cardiology	1							1
Paediatric Endocrinology				1				1
Total	3017	1806	1803	1341	1924	2966	644	13501

The target for a new patient referral to be seen within is 90 days as per the current access policy. Table 1

above shows there are a total of 6,875, or 51% of the total patients on the new referral list waiting over 90 days for their first outpatient appointment. This number has reduced from last month. We are aware that following the go live of the new EPR system, the PTL became artificially inflated. On going work led by the Head of Access, waiting list managers and Maxims team have identified the causes and these are being addressed through correcting administrative processes for adding a new patient referral or removal following clinic attendance in addition to system restrictions which do not enable pathway processes to be included i.e., patients waiting test results. A process of validation has commenced, it is anticipated the full new outpatient PTL will be cleansed before the end of Q1.

As part of the new QPR reporting, a total of 644 patients are waiting over 52 weeks. This cohort is broadly validated. Services who have largest number of long waits are:

- Ophthalmology (237) will be addressed through outsource solution in Q1/2 2024.
- Dermatology (125) validation will be impactful and complete assurance on routine status.
- Clinical Genetics (103) accurate and addressed through budget setting 2024 and new service approach and move to PPI CG.

Of note Trauma and Orthopaedics waiters in this category have now been eradicated from this position in 2022/23. A process will also be established, in conjunction with the EPR team on how to remove patients who are waiting test results into a separate PTL. It is unlikely this will be resolved before the end of Q1.

Elective Inpatient/Day case Waiting List

Table 2 below provides a snapshot of the current elective inpatient waiting list as of 12th February 2024. 56% (1,540) of patients on the list are waiting over 90 days from decision to list to procedure carried out. This is a reduction from 58% last month.

Patients waiting over 52 weeks for their surgery total 315 with the largest cohorts in General Surgery and Orthopaedics, both of whom will be undertaking significant WLI sessions and some insourcing provision to ensure there are no patients waiting longer than 52 weeks by the 31st December 2024. HCS is not complacent in our ambition to meet this objective sooner as able and will be assessed and predicted through the impact of opening Plemont ward on the 19th February, the take up of WLI from our own staff and outsource opportunities and the Board will be updated regularly.

Days wait range	0-30	31-60	61-90	91-120	121-180	181-365	>365	Total
Service								
Trauma and Orthopaedics	81	65	74	65	144	178	127	734
General Surgery	106	50	73	60	79	183	133	684
Ophthalmology	71	34	105	51	65	55	11	392
ENT	51	37	50	24	42	71	38	313
Gynaecology	57	19	22	6	23	54	4	185
Urology	30	23	15	11	7	8	1	95
Dermatology	63	2	3	2	3	5		78
Pain Management	26	16	3	4	10	17		76
Oral Surgery	32	8	6	2	1	1		50
Cardiology	11	3	4	1	3	5		27
General Medicine	1	5	4	1	1	13		25
Breast Surgery	12	1	2			1		16
Endocrinology	2		3			7		12
Community Health Services Dental	6	2						8
Gastroenterology	2	1		2	2			7
Vascular Surgery					5	2		7
Paediatric Trauma and Orthopaedics		1	2	1	1			5
Paediatrics	3			1		1		5
Renal Medicine Service				3		2		5
MaxilloFacial Surgery	2					1	1	4
Rheumatology	2	2						4
Neurology	1		1					2
Respiratory Medicine	1		1					2
Medical Oncology						1		1
Total	560	269	368	234	386	605	315	2737

Table 2

The current process in Maxims does not allow for 'suspensions and so current reporting includes all patients who have been identified for treatment regardless of ability to receive that treatment e.g. unavailable or unfit post pre-op assessment. The EPR team are currently working on a solution to enable identification of these patients and thus removal from reporting but maintaining ability to monitor their status.

A focus on the ENT inpatient PTL will commence following implementation of the WLIs for the services mentioned previously. Ophthalmology continues to have additional theatre sessions and agreed overruns.

Diagnostic Waiting List

Table 3 below shows the current position of the diagnostic list as of 12th February 2024. The two WLI schemes which support the recovery (endoscopy and MRI) are discussed further in this paper. Additionally, the Echo Cardiology (scheme 13) is being worked up, however Echo does not feature as sits outside of DMO1 reporting suite.

Again, information contained in this PTL element does not filter out patients who are planned very far in advance i.e. for planned diagnostic surveillance activity. Patients on these lists, other than endoscopy, may not be due their diagnostic test for many months. This work will continue, and detail provided in future months.

Weeks Wait Range	0	1	2	3	4	5	6-12	13-26	27-52	53+	Total
Service											
Ultrasound	8	134	135	106	66	48	182	102	24	11	816
CT	37	73	84	60	45	19	77	70	22	4	491
MRI	47	90	78	64	54	40	60	16	9	19	477
Endoscopy Med	42	59	36	23	21	27	120	69	42	16	455
Endoscopy Surg	23	17	10	22	9	11	83	60	61	50	346
DEXA Scanning		2		25	33	1	125	91	4		281
Colposcopy	4	6	6	8	2		22	6			54
Radiology								17	11		28
Endoscopy Uro	5	1				2		3	1		12
Fluoroscopy					1						1
Total	166	382	349	308	231	148	669	434	174	100	2961

Table 3

6.2 WLI Schemes and Specialty Specific Detail

Endoscopy

Phase two of the outsourcing project commenced on 3rd February 2024 and will run every weekend until the end of March 2024. This will impact those long waiters significantly improving this area of performance. Of the two weekends completed in 2024, there was only one DNA which is a significant improvement on phase 1 experience. This is due to the learning from phase one and the adjustments made to the preassessment process.

Ophthalmology

Cataract Contract

It is planned that the first cataract patient will be treated by the outsourced solution on the 21st March 2024. 10 patients per week will travel to the UK for their surgery. Once take up and removal of cataract patients has commenced, there will be a clearer understanding of the true new waiting list picture and trajectory of improvement.

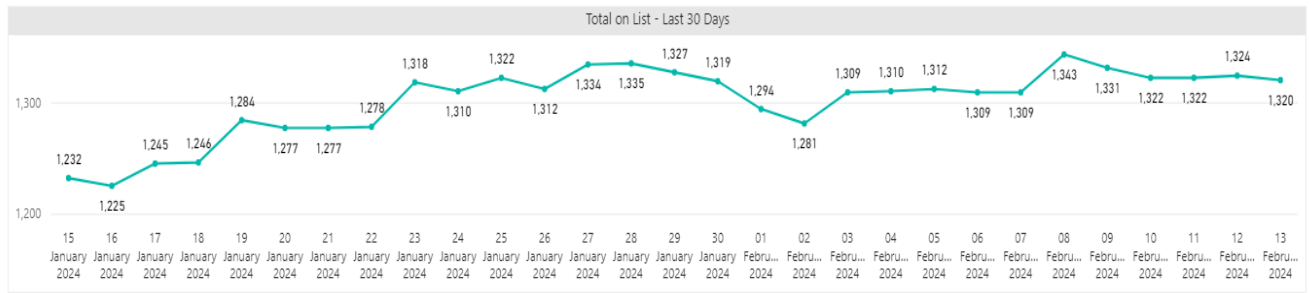
Graph 1 below shows the current waiting list position for ophthalmology elective theatre cases. The position over the last month has remained steady. This is due to a reduction in WLI activity taking place over M12. Additional WLI sessions are being planned over the next few weeks which will reduce the overall numbers and in particular, long waiters with the impact of additional capacity further supporting as we move into M3 and beyond.



Graph 1

Trauma and Orthopaedics

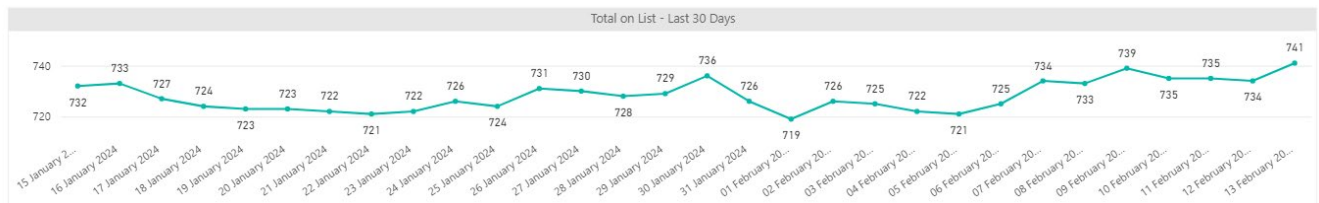
Graph 2 below provides a view of the T&O new referral outpatient waiting list over the last 30 days. There has been a steady rise in numbers, but again this needs some validation. The waiting list has increased by 88 patients, which is quite considerable numbers over 30 days.



Graph 2

A deep dive into T&O referrals will be undertaken over the course of the next few weeks to understand the rationale behind the increase and the plans to reduce. This may be due to validation and administrative errors within the PTL for which a piece of work needs to be undertaken.

Graph 3 shows the current inpatient waiting list position. A steady increase of 9 patients over the course of the last 30 days.



Graph 3

Waiting list initiative with additional weekend and evening operating is being planned. This is due to commence from the 11th March 2024 and run across the year.

Based on average demand, current core capacity and minimum planned additional capacity, it is projected the removal of over 52-week waits will happen by week 30 of the project. Should the project start w/c 11th March 2024, the 52 week wait position will be eliminated by October 2024.

Magnetic Resonance Imaging (MRI)

The MRI service has successfully continued to reduce its back log. The MRI team have been requested to continue the additional session to reduce the backlog down further to enable the maintenance of the 6-week diagnostic standard. Urgent and soon referrals are being seen in line with the standard, the routine referrals remain the longest waiters, but work continues to reduce this.

% Patients waiting >90 days (Community)

Referrals into the community setting (table 6) who have been waiting over 90 days for their appointment have increased by 12 patients since the January report and focus is now on achieving reductions in other specialities in this category such as physiotherapy following the success of the community dental recovery. Of special note, community dental has seen a 50% reduction in month of patients waiting over 52 weeks for an appointment.

Dermatology

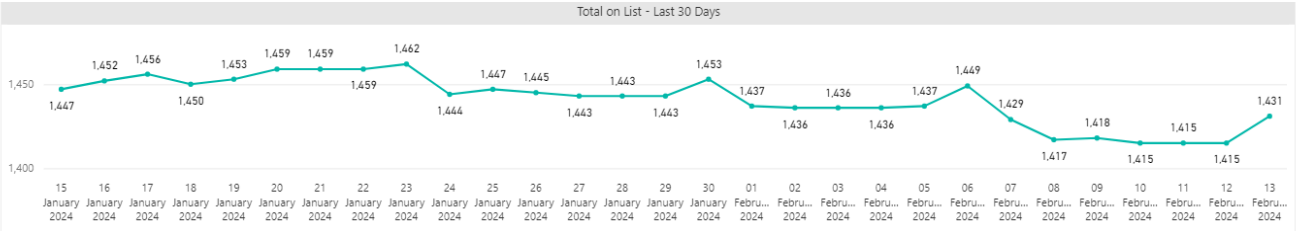
Dermatology is recognised as a fragile service across the UK. Lack of training over a prolonged period of time has reduced the number of candidates applying for this specialist role. The impact of this on HCS dermatology service has meant an inability to maintain a sustainable service over recent years with patients experiencing extensive waits to be seen.

A full review of the dermatology service will be undertaken and report by end of April 2024 with recommendations provided to support the sustainability of the service. Through weekly validation we have complete assurance on all urgent patients being seen within 4 weeks and as the cancer reporting starts to evolve, there will be significant work to be done within dermatology to drive a 2-week pathway.

Table 4 shows the current outpatient waits with graph 5 showing the daily changes to the total on the new referral waiting list over the last 30 days.

Days wait range	0-30	31-60	61-90	91-120	121-180	181-365	>365	Total
Dermatology	152	109	134	104	165	642	125	1431

Table 4



Graph 5

7. Recommendation

To consider and note the contents of this report.



Health and
Community Services



Health and Community Services Advisory Board Meeting Report

Report to:	Health and Community Services Advisory Board		
Date of meeting:	29 th February 2024		
Title of paper:	Workforce Report – January 2024 data		
Report authors (& titles):	Bill Nuttall – Director Workforce HCS (Health and Community Services) 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 HCS Advisory Board with data and metrics on the key workforce indicators across HCS. The HCS Advisory Board is asked to note the contents.	Information	X
		Decision	
		Assurance	
		Update	

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

(January 2024 data)

Executive Summary

The figures in blue are from the finance establishment report, the figures 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 take into account 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
Funded Establishment (FTE)	2631	2675	2709	2863	2900	2887
Staff in post (FTE)	2200	2239	2228	2405	2413	2378
Vacancy data						
Vacant (FTE)	411	436	481	458	487	509
Vacancy Rate <small>*Vacant (FTE) / Funded Establishment (FTE)</small>	16%	16%	18%	16%	16%	17%
Turnover & Leavers						
Total Turnover Rate	7.5%	6.2%	6.5%	7.0%	7.3%	7.3%
Voluntary turnover rate	5%	4%	4%	4.3%	4.3%	4.7%
Leavers Headcount	26	15	13	16	8	13
Sickness						
Sickness Rate <small>*% Working days lost</small>	6%	4.8%	5.6%	5.5%	6.5%	7.4%
Performance Management (Connected Performance)						
No objectives		0.5%	0.5%	0.5%	0.4%	83.5%
Objectives approved		3%	10%	21.5%	20.3%	8%
Mid-Year Review Complete			0.3%	10.6%	12.3%	N/A
Year-end review					5.7%	N/A

Work between the Finance Team and the HR Systems Administration team to reconcile the differences between systems has now been completed and the new hierarchy has been loaded into the Connect system. Once Connect Talent Acquisition is fully implemented across HCS, this will provide a sole source of truth for vacancy management information.

In January, the HCS HR team has been reaching out to the business to capture live vacancies. Once this data has been confirmed across HCS, this will then be uploaded onto Connect People. This should improve data quality and make vacancy reporting easier going forward.

It has been confirmed by the central HR Analytics team that we should be able to view vacancies in the dashboard monthly from 1 April 2024. Due to the transition to the new system, Connect People and data cleanse, figures might be quite different going forward.

Staff in post has increased throughout 2023 by over 200 FTE across all staff groups but has decreased by 35 FTE in January 2024.

The total turnover rate has remained constant in the last year at around 7%. The voluntary turnover rate (i.e. resignations) has also remained constant around 4%. 114 staff did resign over the previous 12 months.

The sickness absence rate has increased through January 2024, with the main reason for absence continuing to be coughs, cold and flu and gastrointestinal problems. This can be seen as a seasonal increase as we move through the winter months.

The January data for objective setting is low and will remain an area of focus for Executive 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.

Workforce data

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

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

*Changes also due to 2024 budget mapping and classification exercise by Finance

**Samares wards now included

Recruitment Activity

The most significant changes compared to previous months, include a significant decrease in medical vacancies, and an increase in HCA and nursing workforce due to the finance budget mapping exercise and additional beds.

It is recognised that the time to recruit is currently too long, leading to reputational risks and to a high use of agency and locum workers which is costly for the department. A financial and organisational Programme Management Delivery Team (PMDT) with alignment to the Government of Jersey's Delivery Unit will work with HCS and the People team to address this issue. Additional resources have now been agreed to map and redesign the recruitment pathway and processes.

In January 2024 two recruitment workshops took place to map out the end-to-end process of Non-Medical Recruitment in HCS and the engagement of agency staff. In February, the first in a series of medical recruitment workshops took place to map and redesign the end-to-end process of medical recruitment in response to the concern over the appointment and reliance over too many medical locums.

Output from the two recruitment groups – medical and non-medical - will result in new reduced 'time to hire' pipelines, more effective and timely recruitment authorisation processes, and improved onboard arrangements for newly appointed staff. To be successful, these mapping exercises and the expectant outcome will require new ways of working (change management) in terms of not only a reduction of the number of steps it takes to hire new recruits, but also current authorisation and approval processes need to be reviewed between HCS colleagues, People and Corporate Services and the States Employment Board (SEB).

Arrangements to bring recruitment more in-house for HCS are underway with the intention of both permanent and temporary recruitment coming under the direct line management of the newly created HCS Director of Workforce. As a result, a new dedicated workforce service offer is going to be established with three recruiters seconded from People and Corporate Services to be line managed by a Head of Recruitment (Permanent and Temporary). This team will also co-ordinate post 'hire' activities that will include onboarding and accommodation provision.

Several projects have been established within HCS to support the reduction in the number of vacancies. These will focus on the following areas.

A mass (or cohort) recruitment campaign is in development for nurses using a specialist recruitment agency; Phase 1 of the project to develop a 'Microsite' containing relevant information for interested nursing candidates has been completed on time – end of Jan/early Feb 2024 – and whilst it is fully functional, Phase 2 work will focus on promoting it to end users (prospective candidates in the UK). We continue to review and utilise specialist agencies and website for the recruitment of experienced colleagues such as nurses, Allied Health Professionals, and doctors.

The department has been involved in the creation of the Priority Worker policy to support accommodation for candidates, which will enhance our onboarding offer.

To incentivise the recruitment campaigns, HCS SLT has approved a “Refer a Friend” scheme and the operational infrastructure for this is being developed to launch this during February 2024. We are also looking to create a wider Workforce Attraction Package, which will include recruitment and retention payments for difficult to fill roles. The payments to both the refer a friend scheme and R&R payments will cost less than the cost of agency workers filling the roles.

The newly appointed HCS Director of Workforce and the Head of HCS Communications are examining ways in which we can enhance our recruitment advertising spread by considering using professional networks such as Face Book, LinkedIn, etc to promote HCS job opportunities.

Recruitment Pipeline

The last of three workshops, attended by staff from HCS and People and Corporate Services, is scheduled to be arranged so that feedback may be shared with the Director of Workforce who will lead a one-day workshop with his HR Business Partner/Consultant, Medical Staffing and Recruitment teams on making the recruitment pipeline less arduous to manage in bringing new recruits on board. It is believed that the use of timely data, better information sharing and effective matrix working between the teams and the hiring managers concerned will begin to improve time to hire and onboarding arrangements. Its other key aim – not to be overlooked - is to increasingly reduce the dependency on locum/agency cover.

It is anticipated that a sole source of all recruitment information will be available following the implementation of Talent Acquisition across HCS (which is expected by the end of QTR 1, 2024) which will provide the detailed information required to predict further when future recruits will be joining HCS. Individuals and teams involved in the new pipeline will use this sole source of information to greater effect when checking vacancies within the respective Care Groups and initiating the recruitment process with the hiring managers.

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.

Started (Jan-Feb 2024)	Clearances complete, awaiting start	Offered/ Contract issued	Roles at interview stage	Roles at shortlisting stage	Currently at live advert
43	17	36	15	8	108 vacancies 52 adverts live. 56 adverts expired

Retention

The total turnover rate for the 12 months to the end of January 2024 remains constant at 7.3%, which equates to 178 people leaving HCS.

The voluntary turnover figure (which relates to resignations) for the 12 months to end of January 2024 is 4.7%, slightly down from 4.8% this time last year. This equates to 114 (voluntary) leavers spread across the year.

In addition, there were 29 retirements over the previous 12 months. The remaining 35 'involuntary' leavers consisted of 25 leavers, due to end of contracts in Hospital and Community Services.

Whilst the focus is on improving the recruitment process, there is no doubt that urgent consideration needs to be given to staff retention, especially during the first 12 months in post. The recruitment and onboarding team will ensure that timely engagement with prospective candidates during the time to hire process will improve as will onboarding arrangements and monitoring, we also need to ensure that for staff coming over to the Island have a better understanding of the transition and a realistic set of expectations. Culturally, we need to introduce a support system based around the Buddying' concept and so the Director of Workforce will explore how this can be established and supported.

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.

Completion of exit interviews is an issue across the Government of Jersey, including HCS. Law at Work has therefore been commissioned to contact all leavers in 2023 to offer them independent exit interviews and report on the outcomes.

The outcome of the report will be shared with the advisory board in Q2 around April 2024.

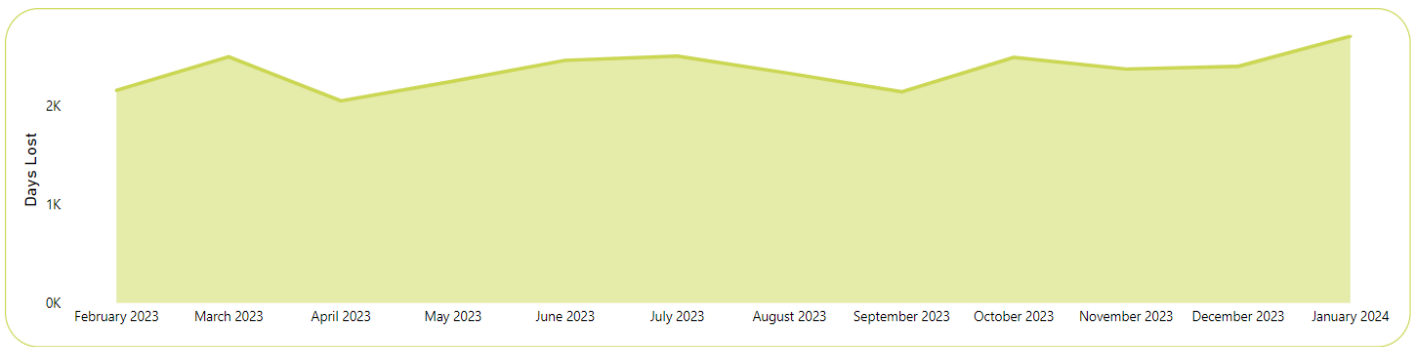
In addition to the above, we also need to know the outcome of discussions that leavers have with their line managers in advance of the online results so that the recruitment team can prepare to recruit at the earliest opportunity.

Induction

HCS currently has different induction events designed to introduce new colleagues to the Government of Jersey, HCS as a department and their local workplace. The Director of Workforce will consult with fellow Directors on establishing arrangements for regular HCS Corporate Induction days and the introduction of Local Induction checklists.

Health and Wellbeing

There had been a steady drop in the sickness absence rate in 2023, however towards the end of the year and in January 2024, there's been a significant increase during the winter months (December 2023 and January 2024). This is shown below in the graph showing days lost.



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

Employee Relations (ER)

HCS currently has 15 live formal ER cases across disciplinary, grievance, bullying and harassment, employment tribunal and capability processes. This is a slight increase compared to December 2023 (14).

Closer working between HCS HR and Case Management has supported the earlier resolution of cases as they become known.

In addition to those recorded as formal cases, six cases have been resolved through informal processes.

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 Jan 2024, HCS had 16.9% completed 2023 end of year reviews. (The cut-off date for the completion of end of year reviews was 31st January 2024).

Forms to complete objectives for 2024 were released to all staff on 12th January 2024.

By end of January 2024, 16.5% had set their objectives, but only 8% has the objectives approved by their line manager. Close monitoring of uptake of the completion of objectives will continue take place across HCS.

The Director of Workforce is working closely with the Deputy Chief People Officer to ensure that granular information on the above is disseminated quickly to fellow Executives to discuss with their line reports in the various Care Groups so that remedial action can be taken.

Connect People

The Connect People programme has rolled out several modules during 2024 all of which will provide support to managers and employees as well as providing more accurate and timely workforce information.

In Q4 2023, the Connect People programme rolled out the new functionality:

- Employee Central - an online system that enables employees to make changes to their personal data and managers to make changes to employee data such as length of fixed term contract, change of hours or acting up, without the need for forms and central approval
- AskHR – a ticketing system for logging People/HR queries

The launch was well received. Users were supported by an intense period of floorwalking where the project team visited staff across all HCS locations.

The rollout of Talent acquisition is now commencing. This module of Connect will replace TalentLink and recruitment/onboarding will be managed within the Connect system.

The system has so far been launched to a small group of nominated managers in HCS which includes nominated medical and surgical wards. As most vacant positions are already live via the legacy system, to date, one HCS role has gone live as part of this pilot, with more to follow.

Talent acquisition will be rolled out to the rest of the organisation in a phased approach. The next phase of the rollout will include the remaining areas of nursing. This is planned to take place in February/March 2024.

In preparation for this, face to face training has been taking place for nurses which has been well received. Following the implementation to nurses, it will be rolled out to the rest of HCS. This is planned to take place in March/April 2024.



Health and Community Services Advisory Board Meeting Report

Report to:	Health and Community Services (HCS) Advisory Board		
Date of meeting:	29 February 2024		
Title of paper:	Medical Job Planning		
Report author (& title):	Professor Simon Mackenzie, Medical Lead Change Team	Accountable Executive:	Patrick Armstrong, Medical Director

1. Purpose

What is the purpose of this report? What is being asked of the Board?	To inform the Board of the current situation with job planning in HCS and to ask the Board to support the Executive Team's plan to undertake job planning in a way that delivers value for the people of Jersey and adheres to contractual requirements.	Information	
		Decision	X
		Assurance	
		Update	

2. Executive Summary

Job planning is essential to the delivery of clinical care, resource management and quality assurance. It is a contractual requirement for both the organisation and medical staff. A number of reports from Royal Colleges have also criticised the failure of HCS to have adequate job planning.

The job planning round in 2023 did not meet its objectives. It remains incomplete and the job plans that were produced, and in some cases 'signed off', are not of adequate standard. This has had an adverse financial impact for no service or patient benefit. The reasons for this failure have been reviewed and a more rigorous approach will be taken as a result.

This paper sets out how the Medical Director and colleagues will deliver job planning for consultant and SAS doctors in 2024. The process will adhere to Terms and Conditions of Employment and the Job Planning Policy. It will be monitored to ensure good value for the population of Jersey. In future job planning will be annual prior to the start of each financial year.

3. Finance / workforce implications

The mechanism proposed that is now being implemented will ensure that services do not agree job plans that exceed the budget available.

4. Risk and issues

- Job plans should be driven by service plans, but HCS does not currently have such plans to the level required. Addressing this is a key part of this paper.
- Many current job plans do not adhere to Terms and Conditions/Job Planning Policy.

- Doctors' remuneration is directly affected by their job plan, particularly the number of hours contracted. The result of job planning may be to increase or to decrease pay for individuals. It may also increase or decrease expenditure for HCS but there will be a mechanism to ensure that the net effect for HCS adheres to budget.
- The Jersey Audit Office recommended in January 2023 that consideration be given to not undertaking job planning until the consultant contract had been renegotiated. There are good reasons for this recommendation but also a risk in further delaying job planning.

5. Applicability to ministerial plan

High quality care and value for money.

6. Main Report

Lessons have been learned from the failure of the 2023 job planning round which remains incomplete and did not produce job plans that adhered to the contractual requirements or demonstrate value to the service.

The requirements for effective job planning and how they will be delivered are as follows:

- a) Service plans setting out the work to be undertaken (clinical work and clinical governance, education, and management duties) are required as a basis for job planning. HCS does not currently have these. Simple but adequate plans for each service will be developed. An additional analyst will join the informatics team at the beginning of March 2024. There is a service-by-service timetable (see appendix; all should be available by end May 2024, but each service plan will be used as soon as it is ready.
- b) Clinical managers trained in job planning. This has previously been provided but will be repeated with support from the Medical Lead of the Change team who has expertise in this area. The Clinical Managers will be closely supported throughout the process by a nominated member of the PMO (Project Management Office) who also has the relevant knowledge and expertise in this area. The Clinical Managers will have information from both the service plan and medical staff budget to inform the process. In the training it will be emphasised that:
 - the core contract for all doctors is 10 Programmed Activities (PA)
 - the first call on doctors' time is to cover emergency work and this must be included in the core 10 PAs.
 - Doctors may be contracted for Additional Programmed Activities (APA), but these are discretionary (for both HCS and doctor) and must be clearly identified. (APA can provide welcome additional income for doctors and represent better value for money for an employer than employing additional staff or undertaking waiting list initiatives. Whilst the European Working Time Regulations do not apply in Jersey it is still important to ensure that hours of work are not excessive.)
- c) Delivery of job planning will be a core objective for the Medical Director, Chiefs of Service, and the Clinical Leads. Progress will be supported and monitored through the PMO and Director of Workforce.
- d) In addition to the sign off mechanism in the Job Planning Policy, once all the job plans for a service are complete, they will (a) be reviewed by the Medical and Finance Leads of the Change Team to ensure that they meet service and budget requirements and (b) by the Job Planning

Consistency panel as previously agreed with the Local Negotiating Committee (LNC).

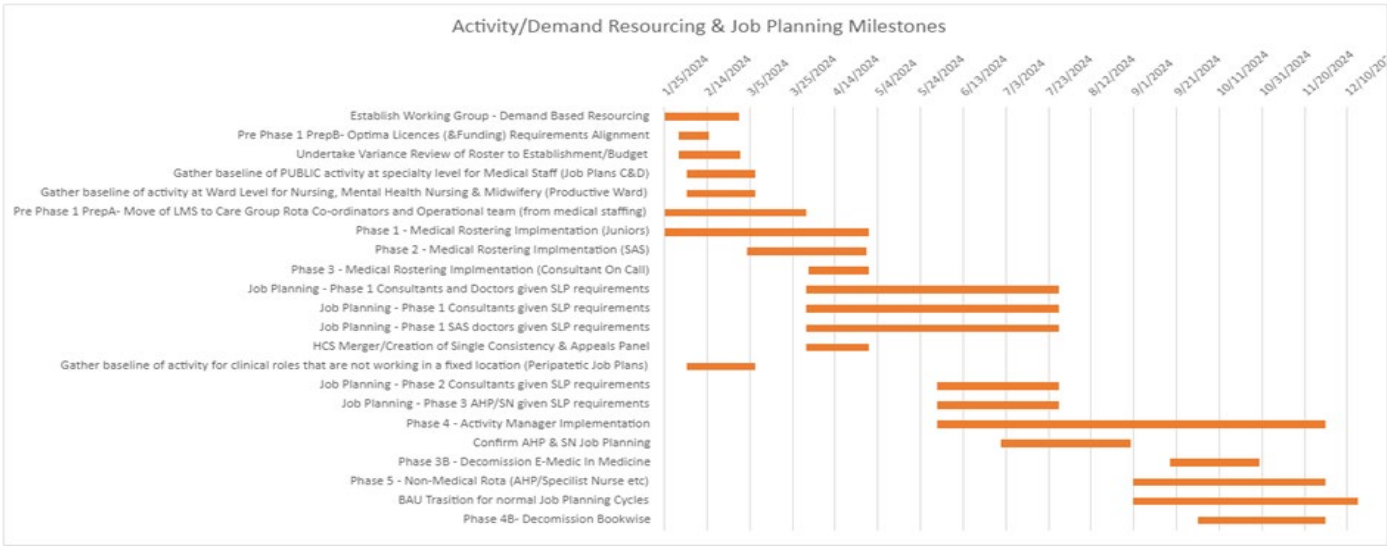
- e) The current timetable for job planning is attached. For most specialties, it is considered essential to have service plans in place and so these will follow the work of the analysts. Whilst this analysis is in progress it will be possible to proceed with other specialties including emergency medicine, anaesthetics and laboratory medicine with an acceptable degree of confidence.

7. Recommendation

The Board is asked to support the proposal in this paper.

END OF REPORT

Appendix- Job Planning Timetable



Demand Based Resourcing Plan (Inc Prep Work For Job Planning And DoS ion/HCS Operational Plan Development)		Gateway:		Completed		
		% Complete:		In progress		
Control - Last updated on : 15/02/24		No. of high priority tasks:		Not Started		
ence No.	Action	Task Owner/Action Period	Start Date	Due date	Duration (days)	Event
	Establish Working Group - Demand Based Resourcing		Feb-24	1/25/2024	2/29/2024	35 Milestone
	Pre Phase 1 PrepB- Optima Licences (&Funding) Requirements Alignment		Feb-24	2/1/2024	2/15/2024	Milestone
	Undertake Variance Review of Roster to Establishment/Budget		Feb-24	2/1/2024	3/1/2024	29 Milestone
	Gather baseline of PUBLIC activity at specialty level for Medical Staff (Job Plans C&D)		Feb-24	2/5/2024	3/8/2024	32 Milestone
	Gather baseline of activity at Ward Level for Nursing, Mental Health Nursing & Midwifery (Productive Ward)		Feb-24	2/5/2024	3/8/2024	32 Milestone
	Pre Phase 1 PrepA- Move of LMS to Care Group Rota Co-ordinators and Operational team (from medical staffing)		Feb-24	1/22/2024	4/1/2024	70 Milestone
	Phase 1 - Medical Rostering Implementation (Juniors)		Apr-24	1/17/2024	4/30/2024	104 Milestone
	Phase 2 - Medical Rostering Implementation (SAS)		Apr-24	3/4/2024	4/29/2024	56 Milestone
	Phase 3 - Medical Rostering Implementation (Consultant On Call)		Apr-24	4/2/2024	4/30/2024	28 Milestone
	Job Planning - Phase 1 Consultants and Doctors given SLP requirements		Jul-24	4/2/2024	7/28/2024	117 Milestone
	Job Planning - Phase 1 Consultants given SLP requirements		Jul-24	6/1/2024	7/28/2024	57 Milestone
	Job Planning - Phase 1 SAS doctors given SLP requirements		Jul-24	4/1/2024	7/30/2024	120 Milestone
	HCS Merger/Creation of Single Consistency & Appeals Panel		Apr-24	4/1/2024	4/30/2024	29 Milestone
	Gather baseline of activity for clinical roles that are not working in a fixed location (Peripatetic Job Plans)		Aug-24	2/5/2024	3/8/2024	32 Milestone
	Job Planning - Phase 2 AHP/SN given SLP requirements		Jul-24	6/1/2024	7/28/2024	57 Milestone
	Phase 4 - Activity Manager Implementation		Jul-24	6/1/2024	11/30/2024	182 Milestone
	Confirm AHP & SN Job Planning		Aug-24	7/1/2024	8/31/2024	61 Milestone
	Phase 3B - Decommission E-Medic In Medicine		Sep-24	9/18/2024	10/30/2024	42 Milestone
	Phase 5 - Non-Medical Rota (AHP/Specialist Nurse etc)		Sep-24	9/1/2024	11/30/2024	Milestone
	BAU Transition for normal Job Planning Cycles		Sep-24	9/1/2024	12/15/2024	105 Milestone
	Phase 4B- Decommission Bookwise		Oct-24	10/1/2024	11/30/2024	60 Milestone
	Gather baseline of PRIVATE activity at specialty level for Medical Staff (Job Plans C&D)	TBC				0 Milestone



Health and Community Services Advisory Board Report

Report to:	Health and Community Services Advisory Board		
Date of meeting:	29 th February 2024		
Title of paper:	Medicine Improvement Plan		
Report author (& title):	Dr Adrian Noon Chief of Service Medicine Care Group Gaynor Evans Quality Improvement Lead (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 HCS Advisory Board?	To provide an update on progress and compliance with recommendations made by the Royal College of Physicians.	Information	X
		Decision	
		Assurance	
		Update	x

2. Executive Summary

Medical services at HCS have been subject to two invited external reviews from the Royal College of Physicians (RCP) in 2022 and 2023. The recommendations have been collated into a comprehensive improvement plan to enhance quality of care for our service users and provide assurance to our board and stakeholders. The programme of improvement has engaged widely with internal stakeholders to expedite improvement and consolidate actions across the organisation. A decision log will track actions and evidence of implementation for assurance. Of note is that the critical rated objectives have been completed. The Fit for Future Medical staffing review recommends additional substantive General Medical consultant grade posts are required and post identification of existing resource to be used to fund some of these, HCS can confirm there is a current advert live to this effect with good levels of informal interest in these posts. Further work needs to be completed to identify further funding to complete model.

At the HCS Board meeting in January 2024 it was determined that Dr Clare Gerada, Non-Executive Director (NED) will be chairing the Quality Assurance Board subcommittee and will have formal oversight of the Medical Improvement Plan going forward as part of the subcommittee role which provides a response to one of the recommendations in the 2022 RCP report.

3. Finance / workforce implications

While progress is being made to drive recruitment to fulfil the approved medical model, risk exists given historic time to hire so additional support has been secured via medical staffing, HR and FRP

capacity. The “Future Vision” medical model aspires to ensure resilience and evidence-based medicine of high calibre Consultant Grade posts to support the ambition to provide high quality care to service users within Jersey. Currently, funding for 5 consultant posts is secured with 6 posts to be confirmed following the financial planning process. The General Medicine consultant job specification and job plan have been reviewed prior to advert.

The creation and implementation of a flow coordinator is anticipated in Q1 and alongside the move of same day emergency care (SDEC) service into the Acute Assessment Unit and changes to existing medical bed capacity during February 2024, further recommendations will then progress to closure or allow further re-assessment to gather evidence/assurance.

4. Risk and issues

This paper is a collective of recent clinical review recommendations and subsequent actions that could affect the quality of clinical care and give rise to potential reputational and financial risk in the event of proven harm to a patient or service user in our care.

Operational pressures during periods of increased activity as experienced during December 2023 and January 2024, stretch capacity of staff and are unable to prioritise quality improvement to address recommendations. This combined with vacancies result in the same cohort of staff being unable rather than unwilling to prioritise quality improvement initiatives to their fruition. There is a recognition that some staff are not fully engaged in the delivery of the recommendations either through lack of capacity or through experience. Support to encourage active engagement is being implemented to mitigate for this and will be impacted by overall cultural change plan.

Medical workforce is a challenged area internationally however actions are responding to known issues in HCS.

5. Applicability to ministerial plan

The report and subsequent actions support the delivery of the report and recommendations by Professor Hugo Mascie-Taylor, Clinical Governance Arrangements within Health and Community Services and has been accepted by the incumbent Minister for Health and Social Services (2022).

6. Main Report

Progress to date:

During January further progress has been made against the actions with robust assurance to support the rating. Full details of the most recent implementation and escalation against the RCP recommendations can be found in **Appendix 1 HCS Medicine Improvement Plan Escalation report**.

Figure 1 demonstrates the breakdown of each recommendation by risk and RAG rating.

Fig 1 Risk and RAG rating of recommendations from RCP review 2022										
Risk /RAG	Total	Action Immediate	0-3 Months		0-6 months		6-12 months			12 months
Critical	2	2								
High	9		1	1	2	5				
Low	11						1	9	1	
Normal	1									1

Key colour code

Not Started – Work to deliver against recommendation has not started.

Escalate – To be escalated to MIP SLT

Red - Work to deliver against recommendation is off track and requires resource to mitigate.

Amber - Work to deliver against recommendation is off track but recoverable by operational lead.

Green - Work to deliver against recommendation is on track no escalation required, evidence is available to support this status.

Complete signed off - The recommendation is considered complete by MIP SLT with robust evidence and sustainability of business as usual (BAU) processes.

General Progress

All RCP recommendations are now in progress while there is currently only one that has stalled in relation to funding for discharge coordinator.

7. Recommendation

The Board notes the update report and recognises progress against the recommendations made by the Royal College of Physicians

END OF REPORT



HCS Board Medicine Improvement Plan Exception Report

14th February 2024

Purpose

The purpose of this document is to identify recommendations that have been implemented with robust assurance processes and those that are not progressing as planned and require further oversight and potential supporting or mitigating actions, for attention of the HCS SLT (Senior Leadership Team) Change Programme Board.

Introduction

The Medicine Improvement Programme was established in July 2023. The purpose of the programme is to deliver coordinated and sustained improvements within medicine care group to address the recommendations from two external reports which have received and been within the organisation since 2022. These reports are:

- Royal College of Physicians invited review of Acute Medicine September 2022
- Dr Rob Haigh invited review of Acute Medicine September 2023

The medicine improvement plan aims to consolidate the themes and actions within the plans to avoid duplication and in addition, ensuring that the responses become part of the embedded business-as-usual governance process of the organisation. The current number of recommendations is 26 with six of these being completed, including all critical assigned recommendations and all other recommendations are in progress.

Governance Arrangements

- Monthly oversight by Care Group Governance performance review group
- Medicine Improvement Plan Monitoring Meeting
 - Fortnightly review of progress with medicine care group
 - Purpose is to review reds, ambers, decisions required, escalation of non-delivery of items, risks and issues and receive assurance on the completion of recommendations. Where longer term sustainability issues can become BAU (business as usual) on the team action tracker
 - Each clinical area within the medical care group is establishing their own clinical governance meeting to give local oversight and ownership to the progress against recommendations in their own area. Some groups are in development but have established a group and process that requires additional oversight and support.
- HCS SLT – Change Programme Board
 - Monthly cover page and exception report
 - Purpose is to receive assurance and review any further exceptions or escalations.
- HCS Board
 - Monthly cover page and report
 - Purpose is to provide assurance of progress against the MIP and embedding and sustainability of outcomes.

High level progress to date

Escalation Standards

Improvement and assurance compliance is monitored within the fortnightly medicine Improvement plan monitoring meeting where exceptional circumstances risks and mitigations are discussed and challenged. Any evidence and assurance for compliance to the recommendations and sustainability methodologies are raised and approved or escalated here.

The monthly care group performance review group meeting ensures that the senior team within the care group are appraised and engaged with the improvement process to sustain improvement via monthly monitoring meetings.

Serious incidents are reviewed but there is currently a backlog of overdue incidents to review and report and are to be considered by the medicine care group. This has been added to the BAU tracker to expedite the review and any learning outcomes can be implemented.

Fig 1 Risk and RAG rating of recommendations from RCP review 2022										
Risk /RAG	Total	Action Immediate	0-3 Months		0-6 months		6-12 months			12 months
Critical	2	2								
High	9		1	1	1	6				
Low	11						1	9	1	
Normal	1									1

Total Number of recommendations	December 2023	January 2024	February to date
Complete signed off Navy			3
Green	3	6	1
Amber	16	19	21
Red	0	1	0
Purple Escalate to SLT	0	0	1
Not started	3	0	0

Key colour code

Not Started – Work to deliver against recommendation has not started.

Escalate – To be escalated to MIP SLT

Red - Work to deliver against recommendation is off track and requires resource to mitigate.

Amber - Work to deliver against recommendation is off track but recoverable by operational lead.

Green - Work to deliver against recommendation is on track no escalation required, evidence is available to support this status.

Complete signed off - The recommendation is considered complete by MIP SLT with robust evidence and sustainability of business as usual (BAU) processes.

Completed recommendations for January 2024.

Risk Rating	
Executive Lead	Claire Thompson
Critical	<i>There is an immediate need to ensure that ED and ITU are updated to the EPMA system and/ or ensure that the relevant ED/ ITU nurses can access the EPMA system so that medications can be administered to patients on the AAU without delay.</i>
Action	Implementation of Electronic Prescribing and Medicines Administration (EPMA) in Acute Assessment Unit (AAU) and Emergency Department (ED) is complete.
Assurance and Sustainability	There is a robust detailed project plan with implementation dates for EMPA roll out in Acute Assessment Unit and Emergency Department. It was completed July 2023. The planned annual upgrade of system in Q2 2024 will address any identified issues such as notification of to take out (TTO) prescriptions can lead to delays in discharge. Digital health has oversight and governance around the implementation along with Consultant Digital Pharmacist. There is a robust plan to roll out to remaining areas by September this year and this will be monitored by BAU Medicine Care Group Tracker for the areas within their remit.
Executive Lead	Jessie Marshall
Critical	<i>The review team identified concerns about the nurse staffing ratio of the enhanced care unit (ECA) was sub optimal for a higher-level care area and should refer to the enhanced care guidance on service development in the hospital setting (May 2020)</i>
Action	The ECA nursing staffing is compliant with the enhanced care guidance on service development in the hospital setting.
Assurance & Sustainability	The current establishment of 2 nurses per shift on the ECA unit is within the funded complement. Two beds currently part of the enhanced care admissions unit that administer non-invasive ventilation (NIV) are planned to transfer to Barlett ward as part of a planned movement of medical beds. Remedial works are required for this to be completed. The date to be confirmed as part of a wider medical bed reorganisation during January and February plan. The focus of ECA admissions will be cardiology and respiratory conditions, A SDEC 4 bed, will open in AAU as part of the reconfiguration. Copies of whole-time establishment of AAU and funding are available as part of assurance along with audit via the Healthroster electronic system. There is an escalation process where there are staffing shortages, and the policy is currently being reviewed. A training programme for enhanced care has been developed and implemented to support specialist training needs for the ECA.
Executive Lead	Patrick Armstrong
High	Consultant led ward rounds at weekends
Action	There are now Consultant ward rounds at weekends, commencing May 2023 and evidence of the rostering for this can be found on Healthroster.
Assurance and Sustainability	Handover for individual Consultants is available for Saturday and Sunday focussing on those patients ready for discharge or where there is raised concern in management or condition. Review of efficacy is required to establish the benefit to patients and to focus on discharge as a priority over the weekend. Saturday service fares better as

	services such as pharmacy, physiotherapy and occupational therapy are restricted on Sunday that impede discharge opportunities.
Executive Lead	Patrick Armstrong
High	Induction process for Clinical Fellows
Action	There is a training process in place and all fellows have been allocated clinical and educational supervisors.
Assurance and Sustainability	This can be audited through the training department. Audit of individual areas to monitor compliance and escalate where there is suboptimal uptake or opportunity for training and development. An audit of AAU to review timeliness and compliance will be part of the sustainability and embedding process
Executive Lead	Patrick Armstrong
High	Medical leadership. Recruitment to additional consultant posts
Action	<p>A staffing review for capacity and the medical model has been designed with a Fit for the Future model for medical consultants. This model recommends 11 WTE (Whole Time Equivalent) posts are needed to support the service with specific roles and jobs plans to support the developing needs of Jersey HCS. At this time funding for 5 consultant posts is available for immediate recruitment with funding for the addition 6 posts to be confirmed. A job specification and job plan are being developed with roles being advertised imminently. The recruitment process for 5 consultants underway with adverts live from 16/02/2023.</p> <p>In addition, offers for an additional 6 clinical fellows have been made with suggested start date June 2024. Applications for expression of interest has been advertised for applications for August cohort of clinical fellows</p>
Assurance and Sustainability	Job planning for existing consultant posts has commenced with agreement to be reached on the process. For new posts job plans are being developed in advance of recruitment supported by workforce leads. This is part of the process recommended in the fit for the future model.

Significant improvement in the following recommendation

Risk Rating	
Executive Lead	Patrick Armstrong
High	Systematic clerking and ward round proforma development and implementation
Action	<p>Templates for both clerking and ward rounds have been developed. The ward round template has been piloted and audited against compliance which identified areas for improvement during transition to digital use.</p> <p>Development of the clerking template is in progress with digital and middle grade medical staffing.</p>
Assurance and sustainability	Digital Health has a project plan implement documents and will be live via Maxims by end the of April 2024. Audit and compliance can be audited via this system to track implementation and use

Rec ID 46	Exemption report of note
Report	Royal College of Physicians
Executive Lead	Claire Thompson
Recommendation Description	The service should consider appointing a discharge nurse to lead on supporting the appropriate discharge arrangements for acute patients.
Progress to date and cause of the exception and impacts	<p>14/02/2024 It is considered that a flow coordinator will more appropriate necessary to meet the needs of the service and that funding may be identified from health care assistant funding. The funding issue has been escalated to the SLT oversight team and reviewing alternative funding for this role. It remains in this category until funding and a process has been identified.</p> <p>31/01/2024 SLT discussion. The Hospital has a discharge coordinator and having undertaken a needs assessment, acceptance of the recommendation has been agreed and will be progressed in Q1.</p> <p>Once SDEC has opened on AAU then identified finding will support the creation of a discharge coordinator post is anticipated. To be PURPLE rated until financial backing or alternative solution is procured.</p>
Raised at MCG SLT	31.01.2024
Rec. ID#	57
Executive Lead	Patrick Armstrong
Report	Royal College of Physicians
Recommendation Description	The healthcare organisation should ensure that all consultants have an up-to-date job plan which details their clinical commitments, in addition to other activities. The job plan should specify the standards expected forward care.
Progress to date and cause of the exception and impacts	Consultants have had a preliminary job plan which is awaiting agreement before this can be consolidated. A job plan for consultants as part of the recruitment process is under development
Raised at Oversight SLT	17/01/2024
Outcome	Only applies to consultants and middle grade can be signed

Rec ID	72
Executive Lead	Patrick Armstrong
Report	Royal College of Physicians
Recommendation Description	Medical leadership. Recruitment to additional consultant posts
Progress to date and cause of the exception and impacts	Existing funding for 5 consultant posts is in place and the posts are in process of recruitment. Funding for the additional 6 posts is to be confirmed
Raised at Oversight SLT	31.01.2024
Outcome	To appraise of progress on recruitment at next meeting February 28 th , 2024

End of report

Dr. Adrian Noon Chief of Service Medicine
Gaynor Evans Quality Improvement Lead (Medicine)



Health and Community Services Advisory Board Report

Report to:	Health and Community Services Advisory Board		
Date of meeting:	29 th February 2024		
Title of paper:	Mental Health External Review: Implementation Report		
Report author (and title):	Andy Weir Director of Mental Health and Social Care	Accountable Executive:	Andy Weir Director of Mental Health and Social Care

1. Purpose

What is the purpose of this report? What is being asked of the HCS Advisory Board?	This report details progress against the recommendations from the 2021 External Review of Mental Health Services. The Board are asked to discuss and note the contents, and to endorse the proposal to incorporate future reporting into mainstream performance and governance reporting processes.	Information	
		Decision	X
		Assurance	X
		Update	X

2. Executive Summary

This report provides the Board with an update against each of the 10 recommendations that were made in the 2021 External Review of Mental Health services and details the evidence that is available to support the narrative progress update. The majority of the recommendations have been completed, although there is ongoing work required in relation to service development and improvement. The report proposes that separate formal reporting against the external review actions now ceases and is incorporated into business as usual (BAU) governance and reporting processes for the Care Group moving forward. Outstanding actions have been incorporated into the Mental Health Care Group Delivery Plan for 2024.

3. Finance / workforce implications

Finance and workforce implications relate to future service redesign and will be incorporated into any service development plans and business case submissions.

4. Risk and issues

Nil of note. Primary risk of delivery relates to limited capacity and competing priorities.

5. Applicability to ministerial plan

Implementation of the review recommendations relates to Ministerial priorities to secure vital governance improvements in the quality, safety and effectiveness of services, and to advance the health and wellbeing of people experiencing mental illness or distress.

6. Recommendation

The Board are asked to support the recommendation within the report for future reporting.

External Review of Mental Health Services (2021): Implementation Update

An external review of adult mental health services was commissioned by the HCS Executive Team in 2021 following concerns about quality and safety within these services and was undertaken by a Consultant Psychiatrist and an experienced senior mental health service manager from the UK. The subsequent report made 10 key recommendations.

This review led to the introduction of the role of Executive Director of Mental Health and Social Care from January 2022, and a restructure of mental health services. The external review recommendations have been integral to the developments undertaken within mental health services over the last two years, and progress against these has been reported at agreed intervals to the HCS Senior Leadership Team.

Below is an update against each of the individual recommendations, as at the end of January 2024.

Recommendation	Action taken / Current position	RAG summary
Review senior management structure. Develop objectives and outcome measures. Consider direction of integrating Adult Social Care and MH services.	New Exec Director post in place from Jan 2022 Mental Health Senior Leadership team redesigned, and roles clarified – focus on accountability, expectations and objectives. Immediate service priorities agreed for 2022 and implemented – focus on community redesign / access, physical health checks, governance structures and service user and staff engagement. Redesign of adult community mental health services completed and implemented from end 2022 – including objectives and outcome measures for access services, which are reported each month in CQPR. New Crisis Assessment Team in place and meeting target access time (4 hours) in >80% of cases. Service objectives for 2023 and 2024 agreed. General Manager appointed from July. Currently developing proposed future leadership and structure for adult social care following discussions with Minister.	Completed – now moved to BAU Evidence: <ul style="list-style-type: none"> • SLT structure and minutes • SLT job descriptions and objectives • Annual plan for MH services • KPI reporting • Community redesign documentation
2. Introduce CPA or equivalent process to ensure effective delivery of care and multi-disciplinary working	Work undertaken to develop a model of care coordination that reflects current up to date guidance / best practice and fits with the context of services / needs in Jersey. Our agreed process – the Care and Recovery Framework (CARF) – has been implemented across all secondary community mental health services. Audit of CARF implementation undertaken with adult CMHT in Q4 of 2023 – to be undertaken in older adult services in Q1 2024 and then repeated for both in Q4.	Completed Evidence: <ul style="list-style-type: none"> • CARF framework • CARF audit • Standard Operating Procedures
3. Need to articulate a whole system model and a clear model of care.	Model of HCS mental health services and community care has been developed through community redesign programme. Strategic Partnership Board established in 2022 and reviewed in Q4 2023, with new	Further work to complete MH Strategy, pathways work and social care

	<p>structure for 2024 - seeks to bring together key stakeholders to create a whole system and collective leadership and ownership of this. System KPIs agreed for 2024.</p> <p>Contract reviews in place for third sector partners</p> <p>New commissioning framework live from 2024.</p> <p>Redesign of SMI pathway and inpatient quality review underway (2024 priorities)</p> <p>Work currently underway on developing refreshed Mental Health Strategy</p> <p>Work to commence on social care development, which will link to MH models.</p>	<p>development – forms part of 2024 plan and BAU.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Strategic Partnership Board TOR and minutes • Commissioning framework • HCS community MH model
<p>4. Management roles and meeting structures – review and ensure clear objectives, supervision and roles.</p> <p>Consider moving the Legislation function away from the AO / social work team (to provide assurance)</p>	<p>Management roles redefined and clear leadership structure implemented and embedded.</p> <p>Meetings / Governance structure has been revised for the Care Group – clear structure in place with designated meetings focusing on performance / quality and risk / service development and workforce.</p> <p>MH Legislation team report directly to the Director of MH.</p> <p>New multi-agency Legislation overview and assurance committee now in place – annual Ministerial report published and reports now in place to HCS Advisory Board</p> <p>Work ongoing on quality of supervision and appraisal compliance across care groups.</p>	<p>Completed</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Care Group SLT/ Governance meeting papers • Mental Health and Capacity Legislation minutes • Annual Legislation Reports
<p>5. Clear process for developing and agreeing policies. Develop a clear risk management policy and pathway for ECT.</p>	<p>This is now in place; local policy development meeting is part of the Senior Leadership Team function, with defined links to the wider HCS policy process.</p> <p>Risk management policy completed and ratified in 2023.</p> <p>Pathway for ECT in place (through off-island placement panel with identified providers).</p> <p>Potential for on-island being explored.</p>	<p>Completed</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Risk management policy • SLT minutes • IPP referral and reports (ECT)
<p>6. Design of CMHT – catchment areas, MDT working and level of community visits</p>	<p>CMHT redesign project was undertaken during 2022 aiming to improve access, responsiveness and coherence of community model. Work commenced through a workshop with 60 staff and stakeholders, including social care and CAMHS. The developed proposed model and operating arrangements were presented and reviewed at an all-staff workshop in Q3, along with the planned HR process for change (supported by Union engagement). Process implemented during Quarter 4 and model fully operational from Q1 2023.</p>	<p>Completed</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Community Redesign documentation • Management of change documentation • Implementation workshop notes • CMHT audit

	<p>First review of implementation undertaken in March 2023, followed by audit of caseload implementation in Q4 2023.</p> <p>Further discussion planned for 2024 on potential splitting of adult CMHT into 2 smaller teams, and review of outpatient model.</p>	
<p>7. Consultant Psychiatrists – review of job plans.</p> <p>Audit of polypharmacy and develop role of pharmacist</p>	<p>All job plans were initially reviewed during early 2022. Further job planning round was completed in 2023; all job plans agreed.</p> <p>Consultant Pharmacist role now in post (2023). Initial medication audit undertaken in 2023 and new Mental Health Medication Management Group now established. Work currently being completed on pharmacy structure to support MH services.</p>	<p>Completed</p> <p>pharmacy / meds management work ongoing as BAU</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Job plans • Medication audit notes • MH Meds Management Group TOR and minutes
<p>8. Inpatient services – review model of care and develop improvement plan</p>	<p>Work commenced in Q3 2023 as next large improvement / redesign programme – completion is a priority for 2024. Programme was launched through a workshop including service users and partner agencies.</p> <p>Meanwhile, the inpatient service has been working towards a development plan linked to the JNASS assessment process, with each of the wards having achieved 'Green' status in 2023.</p> <p>Significant work has been completed to redesign aspects of the refurbished inpatient unit at Clinique Pinel (to improve safety, gender separation and provision for young people) and prepare for the transfer of Orchard House into the building.</p> <p>Occupation of unit currently anticipated for end of April 2024.</p>	<p>Partially complete.</p> <p>Inpatient Quality Improvement programme is underway.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Inpatient Quality Improvement Plan and minutes • JNAS reports • Clinique Pinel plans
<p>9. Accreditation of services – working toward accreditation where possible and develop best practice</p>	<p>To follow review of service models; best practice / national guidance has been incorporated into the redesign of community services and is part of the current SMI pathway and Inpatient work.</p> <p>Memory Assessment Service re-accredited in 2023.</p>	<p>Not commenced beyond MAS accreditation. Further work will be undertaken as part of service developments.</p>
<p>10. Staff involvement / communication – to strengthen this</p>	<p>Active staff engagement programme was developed and put in place – 6 weekly open staff forums, and significant staff engagement in service development work (supported by Trade Unions). Also links to wider HCS wellbeing and engagement work.</p> <p>Further work to be undertaken as priority for 2024, including engagement session in Q1 with focus on Be Heard outcomes.</p>	<p>Evidence of improved position from Be Heard Survey – now BAU.</p> <p>Evidence:</p> <p>Staff engagement forum notes</p>

As detailed above, the majority of the specific recommendations from the External Review are completed (although clearly there is on-going work in each of these areas to further develop and strengthen the work to date). Where specific actions are outstanding, this is now very much part of BAU for the Care Group and is reflected in the Mental Health Care Group Delivery Plan for 2024.

Whilst there is still much work to do across HCS Mental Health services, there has been a demonstrable improvement in the organisation, management, delivery and governance of these services. This has been supported by the implementation and reporting of KPIs relevant to service redesign, and the strengthening of service user and carer involvement. In addition, there has been some significant progress in the development of the wider Mental Health System Partnership Board, as evidenced by the development of 4 agreed system wide priorities for 2024 that will be implemented across all partner organisations.

Recommendation: Formal separate reporting against the External Review actions should now cease. Ongoing oversight of any outstanding actions should be undertaken via the monthly Care Group Performance Review, Quality and Performance Reporting, and the usual HCS governance / reporting systems.

Andy Weir
Director of Mental Health and Adult Social Care

February 2024



Health and Community Services Advisory Board Meeting Report

Report to:	Health and Community Services Advisory Board		
Date of meeting:	29 th February 2024		
Title of paper:	Maternity Improvement Plan		
Report author:	Livi Methven Higgins Senior Change Manager / WACs SLT approved	Accountable Executive:	Patrick Armstrong, Medical Director Jessie Marshall, Chief Nurse

1. Purpose

What is the purpose of this report? What is being asked of the Board?	To provide information and update on the Maternity Improvement Plan. The Board are 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. Further reports will include feedback from the Jersey Maternity Voices Partnership. 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:

- A further 9 recommendations have been approved by Women and Children's Senior Leadership Team as complete. Topics from these recommendations cover:
 - Review of midwifery workforce
 - Aeromedical transfers
 - Multi-disciplinary training

- Clear lines of communication, training and policies in place for Post Partum Haemorrhage and Massive Obstetric Haemorrhage
- The previously red recommendation 004, “The Minister for Health and Social Services must ensure that the Local Committee, developed following the initial Culture Summit, includes multi professional and across sector representation and that the Culture Strategy is published as an integrated part of the Maternity Services Strategy. Furthermore, the Culture Strategy should be a statement of the overarching values of the maternity service and the behaviours that will underpin those values. [page 41], has been made amber following establishment of a Maternity Cultural Improvement Plan and delivery against this plan since August 2023. It is noted that staff are receptive to the cultural modules that have been put in place, with good attendance at Civility Saves Lives.
- Birthrate Plus team have visited (October 2023) and collated data. The Birthrate Plus acuity tool is essential for understanding the midwifery workforce requirements and development of a workforce strategy. This is the only UK CNO recommended workforce tool for Maternity. Maternity Services have received the final report and are reviewing the implementation of this.
- Picker Institute surveyed Maternity Services during December 2023 and January 2024, with results expected late February 2024. 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.
- Good discussions made with SHIP (Southampton, Hampshire, Isle of Wight, Portsmouth) who have offered to support maternity service regarding sharing of good practice and for midwifery professionals to link together.
- Development of communications for Maternity Services away days in March, to enable Maternity Services to co-design with staff their Maternity Strategy, due to go-live in May 2024. The strategy’s aim is to ensure sustainability of the Maternity Improvement Plan progress to date, and it is envisioned that the Maternity Strategy will see the completion of the outstanding recommendations.
- The Maternity Dashboard has been developed further and the 2023 dashboard is an appendix to this report. The Maternity Dashboard has been reviewed by Health and Community Services Senior Leadership Team on 15th February.

Key actions for March:

- To deliver key events from the culture improvement plan
- Maternity Services away days, to enable Maternity Services to co-design with staff their Maternity Strategy
- To commence alignment with SHIP and attendance at Boards
- To refine the Maternity dashboard

Progress to date

Currently 96 out of 127 recommendations have been identified by Women and Childrens Senior Leadership Team as complete (up from 87 in January), of which 92 have been confirmed as having robust evidence/ business-as-usual process. Four 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	December	January	February
	127	127	127
Complete signed off	75	78	92
Complete	12	9	4
Green	18	19	25

Amber	21	20	6
Red	1	1	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.

It is recognised that new areas for improvement will be identified through governance processes, making it important to define mechanisms to ensure that the learnings and method from the MIP continues and is embedded into the routine governance processes for the division. Consideration will need to be given to how this is supported; at present the project management support provided to the MIP has been fundamental to realising improvement.

3. Finance / workforce implications

Workforce:

- Rec.041 Workforce
 - Birthrate Plus team have visited and collated data. The Birthrate Plus acuity tool is essential for understanding the midwifery workforce requirements and development of a workforce strategy. This is the only UK CNO recommended workforce tool for Maternity. Maternity Services have received the final report and are reviewing the implementation of this.
- Practice Development Midwife
 - Women and Children's have appointed to this role, with an expected start date in early May 2024.
- Maternity Governance Midwife
 - The Quality and Safety Team are supporting Maternity with oversight from the Director of Midwifery.
 - Maternity Services are recruiting to the substantive Maternity Governance Midwife post.
- Maternity Services are continuing with recruitment to substantive posts across the department.

4. Risk and issues

To date, Maternity Services have completed 96 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.

There is positive engagement with the Maternity Improvement Plan across the professional groups within Maternity Services, as evidenced through good attendance and discussions held at weekly "Time to Chat" sessions with the Director of Midwifery. Further to this, monthly posters are shared across the service which detail Maternity Improvement Plan updates. Project management support, alongside the Director of Midwifery, are developing communications to be shared at the Women's and Children's Inset Day, and Maternity Away Days, due to be held in March. These communications will provide a background of progress to date and engage 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.

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 define 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:

202401 – Maternity Improvement Plan – Poster – Approved 20240123

2023 Maternity Dashboard

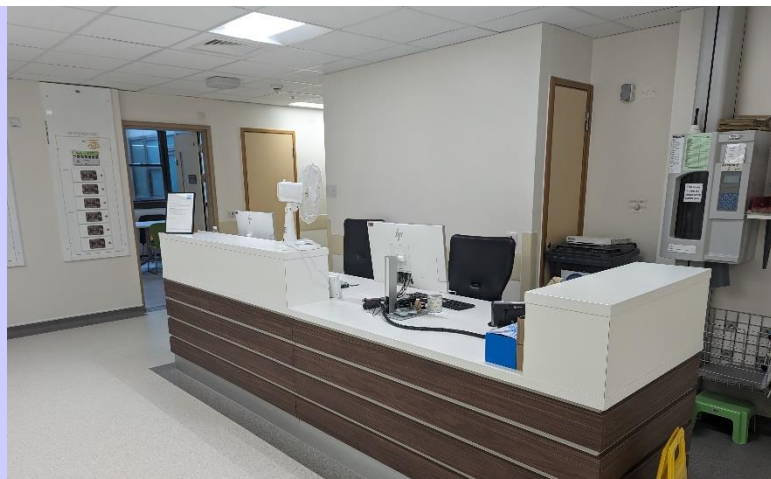
END OF REPORT

Maternity Improvement Plan

January 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.



New Reception Desk

What has progressed in January?

- 91 completed recommendations out of 127
- Reception Desk and Ward Entry are undergoing refurbishment
- Picker Institute completed survey of Maternity Services following excellent results from the 2022 survey
- Reviewing strategies across the Care Group
- SOP published for Elective Caesarean
- Commenced drafting presentation for WACs Away Day to enable the co-development of the Maternity Strategy and sharing of the Maternity Improvement Plan
- Updated guidelines published for Post Partum Haemorrhage and Massive Obstetric Haemorrhage
- Civility Saves Lives sessions held with Maternity and JNU Staff



What's happening in February?

- Living Our Values, Our Behaviours & Understanding Culture & Safety Sessions for all WACs staff
- Commencing attendance at SHIP (Southampton, Hampshire, Isle of Wight, Portsmouth) daily safety huddles for Maternity and Neonates.
- Commencing attendance at SHIP LMNS (Local Maternity and Neonatal Systems) Board meetings to enable alignment.

Your voice

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

Ros, our Director of Midwifery, will be holding 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

We are
RESPECTFUL

We are **BETTER**
TOGETHER

We are **ALWAYS**
IMPROVING

We are **CUSTOMER**
FOCUSED

We **DELIVER**

Maternity Clinical Performance & Governance Scorecard 2023

Indicator	Category	Description	Green	Amber	Red	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Year Total/Average	
ACTIVITY	Total Births	Births	for information			77	60	68	59	67	53	77	71	64	59	64	59	778	
	Bookings ≤10+0 Weeks	All	≥ 75.0%	74.9% - 50.1%	≤ 50.0%	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC		
MATERNAL CLINICAL	Induction Rates	Total	≤ 34.0%	34.1% - 37.4%	> 37.4%	14.3%	26.7%	20.6%	23.7%	35.8%	22.6%	19.5%	28.2%	28.1%	16.9%	28.1%	35.6%	25.0%	
	Vaginal Births	Total	≥ 53.8%	53.7% - 49.3%	< 49.3%	44.0%	50.0%	46.3%	33.9%	24.2%	39.6%	35.2%	32.4%	34.4%	37.0%	28.6%	19.0%	35.4%	
	Assisted Births	Total	≤ 12.6%	12.7% - 13.9%	> 13.9%	9.1%	16.7%	7.4%	15.3%	11.9%	9.4%	6.5%	16.9%	6.3%	10.2%	7.8%	6.8%	10.2%	
	Caesarean Births	Total Caesarean Birth Rate	for information																
		Elective caesarean rate	for information			29.3%	16.7%	22.4%	23.7%	27.3%	26.4%	23.9%	22.5%	21.9%	24.1%	27.0%	29.3%	24.5%	
		Robson Group 1 cohort (Nulliparous, single cephalic pregnancy, at least 37 weeks' gestation, spontaneous labour)	for information			21	11	15	17	15	16	16	16						
		Robson Group 1 - caesarean births within cohort	for information			5	4	1	7	5	2	4	3						
		Robson Group 2a cohort (Nulliparous, single cephalic pregnancy, at least 37 weeks' gestation, induced labour)	for information			8	10	7	12	15	9	12	16						
		Robson Group 2a - caesarean births within cohort	for information			6	4	3	6	8	1	5	6						
		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%)	for information			3	2	6	3	7	3	8	4						
		Robson Group 5 cohort (Previous caesarean birth, single cephalic pregnancy, at least 37 weeks' gestation)	for information			14	6	3	6	4	7	8	9						
		Robson Group 5 - caesarean births within cohort	for information			12	5	3	4	4	7	6	8						
	One to One Care	Total % of birthing people receiving 1:1 care in labour	100.0%	99.9% - 97.1%	≤ 97.0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Transfer of Mother	Off Island	for information			0	1	2	1	1	0	0	0	0	0	0	0	2	0
	Homebirths	Planned & Unplanned	for information			8%	5%	12%	9%	5%	8%	3%	6%	3%	5%	5%	4%	5.5%	
PUBLIC HEALTH	Smoking	Smoking at time of booking (SATOB)	for information																
		Smoking at time of delivery (SATOD)	≤ 4%		> 6.9%														
	Infant Feeding	Breastfeeding Initiation rates (CQUIN target)	≥ 75.0%	74.9% - 70.0%	< 70.0%														
MORBIDITY	Maternal	Transfer of Mothers from Inpatients	for information			0	1	2	1	1	0	0	0	0	0	2	1	8	
		High dependency room / isolation room	for information			0	0	0	0	0	2	1	3	2	0	0	1	9	
		PPH ≥1500ml	for information			4	2	3	3	10	2	3	2	3	6	6	3	47	
		All births 3rd & 4th degree tears (NVB & inst)	0	1	3	0	0	0	0	0	0	1	0	0	1	2	1	0	0
		Shoulder dystocia	≤ 0.6%	0.7%	> 0.7%														
	Neonatal	Stillbirths >24 Weeks Gestation	≤ 0.351%		> 0.351%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		Neonatal Deaths	1		3	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		APGAR Score <7 at 5 minutes	for information			0	0	1	1	2	0	3	1	1	3	1	0	13	
		% live births < 3rd centile delivered > 37+6 weeks (detected & undetected SGA)	for information			2	2	2	2	3	0	0	1	1	1	2	1	17	
		(Unexpected) Term Babies Formally Admitted to Neonatal Unit (NNU) - Not due to known antenatal/intrapartum risk factors such as prematurity/diabetic mother	for information														2		
		Transfer of Neonates from JNU	for information			0	0	0	0	0	0	1	0	0	0	0	1	1	3
		Preterm Births ≤27 Weeks (Live & Stillbirths)	for information			0	0	0	0	0	0	0	0	0	0	0	0	0	0
		Preterm Births ≤36+6 Weeks (Live & Stillbirths)	for information			10	6	9	2	7	0	6	2	2	8	1	2	1	
		Readmission <28 days old	for information																

[illegible]

Maternity Clinical Performance & Governance Scorecard 2023

[illegible]

[illegible]



Health and Community Services Advisory Board Report

Report to:	Health and Community Services Advisory Board		
Date of meeting:	29 th February 2024		
Title of paper:	HCS Annual Plan 2024		
Report author (& title):	Harry Hambrook, Senior Business Planner	Accountable Executive:	Dr Anuschka Muller, Director of Improvement and Innovation

1. Purpose

What is the purpose of this report? What is being asked of the HCS Advisory Board?	To provide the HCS Advisory Board with sight of the HCS Annual Plan 2024. The Annual Plan 2024 is a corporate overview providing details on ministerial priorities, key objectives, areas of improvement and performance metrics which will be supported by a more detailed Business Assurance Framework (BAF). The BAF will be presented to Board in March 2024. The Ministerial priorities are not included in this version and will be added once they have been confirmed by the new Minister for Health and Social Services. The Board is asked to note the Annual Plan 2024.	Information	X
		Decision	
		Assurance	
		Update	

2. Executive Summary

The Annual Plan provides a strategic overview of the 2024 ministerial priorities, key areas of improvement and strategic quality and performance reports for Health and Community Services (HCS) across the breadth of the Department. It acts as a reference for the Board, staff and Islanders with detailed reports on each topic being presented to either Board, Assurance Committees or operational governance groups.

HCS has several significant and varied programmes of work to undertake in 2024, such as the New Healthcare Facilities Programme (NHF) programme and the preparation for the Jersey Care Commission (JCC) inspection. In addition, the Board and the Minister [Note: to be added once agreed by the Minister] have set ambitious priorities for the Department to deliver.

The Annual Plan will be supported by the development and publication of a Board Assurance Framework (BAF) in Q1. The BAF will provide a structured way of identifying and mapping the main sources of assurance in an organisation, and co-ordinating them to best effect. This will bring together, in one place, all the relevant information on the risks, controls and assurance to successfully deliver the strategic outcomes and objectives. By Q2 2024, all Board committees, reporting structures and assurance frameworks will be fully established.

The Annual Plan will be updated with the ministerial priorities once they have been agreed by the Minister for Health and Social Services. The department will work to deliver the plan in 2024, with monitoring and reporting of progress against the plan taking place throughout the year.

3. Main Report

Please see the attached document 'Annual Plan 2024'.

4. Recommendation

The Board is asked to note the Annual Plan 2024 in its current form and note that the ministerial priorities will be added once agreed by the Minister for Health and Social Services.

END OF REPORT



Version Control

Status	Version	Date	Changes
Draft	V0.1	16/1/2024	Final Draft for Board discussion
Draft	V0.2	19/2/2024	Final Draft for Board approval - Ministerial Priorities removed

Contents

Foreword	3
Meet the Team	4
Departmental Structure	6
Minister for Health and Social Services	7
Board Assurance Framework	8
Improvement Recommendations	9
Jersey Care Commission Preparation	10
New Healthcare Facilities	11
Digital Programme	13
Quality and Performance Metrics	14
Financial Recovery Programme	17
Quality Account	18
Culture and Workforce	19

Foreword

This Annual Plan provides a strategic overview of the 2024 ministerial priorities, key areas of improvement and strategic quality and performance reports for Health and Community Services (HCS) across the breadth of the Department. The HCS Advisory Board (the Board) and its Assurance Committees will drive and monitor improvements to the performance of HCS and its services. Board papers can be found here [Health and Community Services Advisory Board \(gov.je\)](https://www.gov.je/HealthandCommunityServices/AdvisoryBoard).

HCS has several significant and varied programmes of work to undertake in 2024, such as the New Healthcare Facilities Programme (NHF) programme, preparing for the Jersey Care Commission (JCC) inspection. In addition, the Minister for Health and Social Services has set ambitious priorities for the Board and the Department to deliver.

We know that that there is much to deliver in 2024, which is why we are working to secure vital governance improvements on the quality, safety and effectiveness of services delivered by the department. By Q2 2024, all Board committees, reporting structures and assurance frameworks will be fully established.

A key governance improvement in 2024 will be the development and publication of a Board Assurance Framework (BAF). An assurance framework provides a structured way of identifying and mapping the main sources of assurance in an organisation, and co-ordinating them to best effect. This will bring together, in one place, all the relevant information on the risks, controls and assurance to successfully deliver the strategic outcomes and objectives.

The BAF will support the Board in receiving assurance that processes and controls are effective that will result in achievement of strategic objectives. The Board will in turn advise the Minister for Health and Social Services on the quality, safety and performance of the Department's services.

Every day, we aim to provide excellent care and support for Islanders that is centred around the patient / service user. We aim to offer a great place to work which is well-led and resourced, where we work with partners and colleagues to continuously improve the care, experience and outcomes for Islanders.

We have a significant programme of work for 2024 and only with our fantastic and dedicated staff and partners will we be able to achieve this.

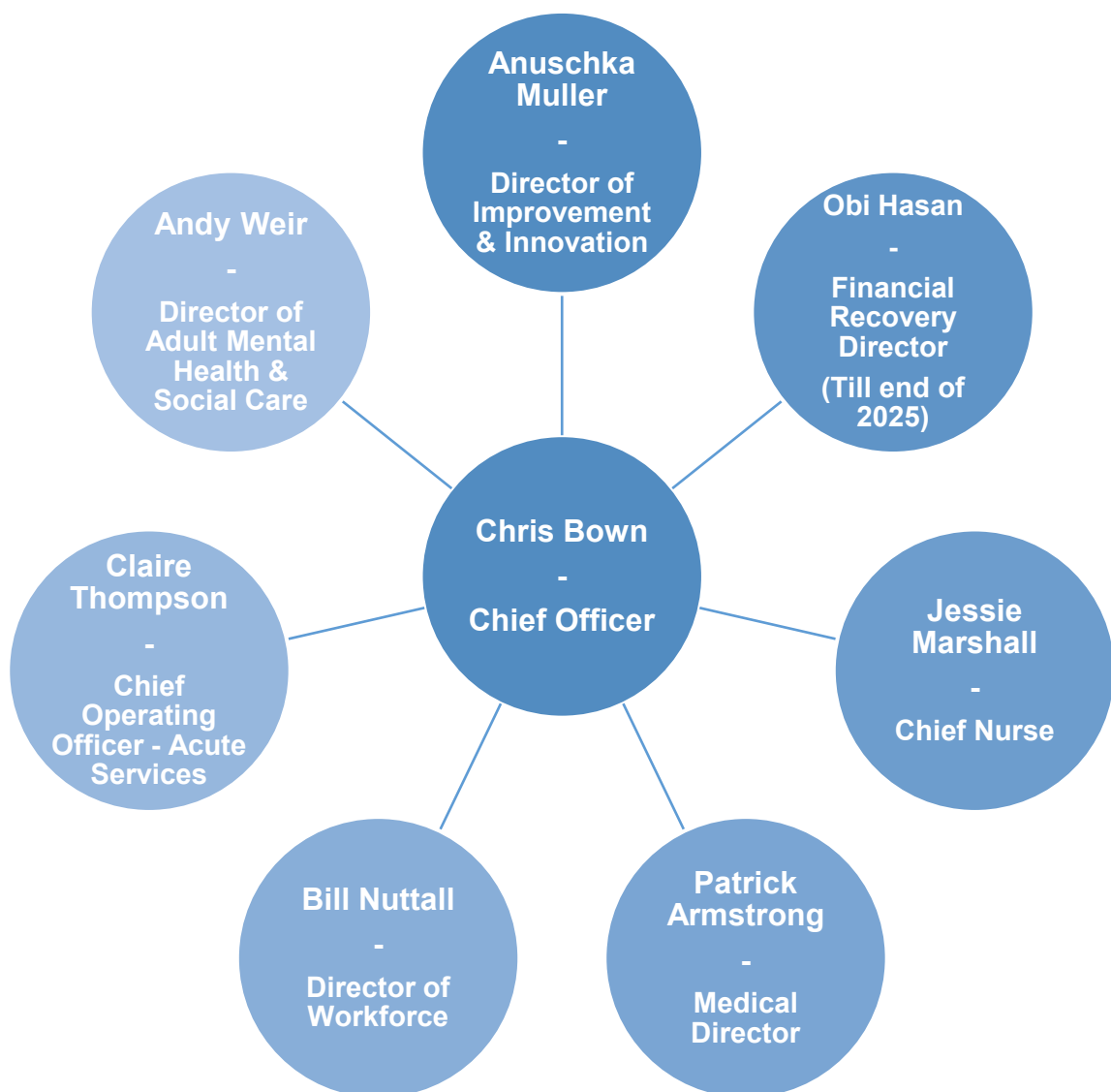


Chris Bown
Chief Officer, Health and Community Services

Meet the Team

Executive Leadership Team

The Executive Leadership Team (ELT) is comprised of the Chief Officer and seven Executive Directors. They are accountable for the delivery of the department's services, through a political, strategic and governance focus.



Senior Leadership Team

The Senior Leadership Team (SLT) is comprised of the ELT members, plus the below senior support service managers and clinical leaders.

SLT is the decision-making body of the department.

Clinical

Simon West
Deputy Medical Director

Adrian Noon
Chief of Service - Medical Services

Simon Chapman
Chief of Service - Surgical Services

Matthew Doyle
Chief of Service - Primary, Prevention, Therapies and Community Dental

David Hopkins
Chief of Service - Women's, Children's and Family Care

Paul Rendell
Chief Social Worker

Support

Cheryl Power
Director of Culture, Engagement and Wellbeing

Vacant
Director of Digital Health and Informatics

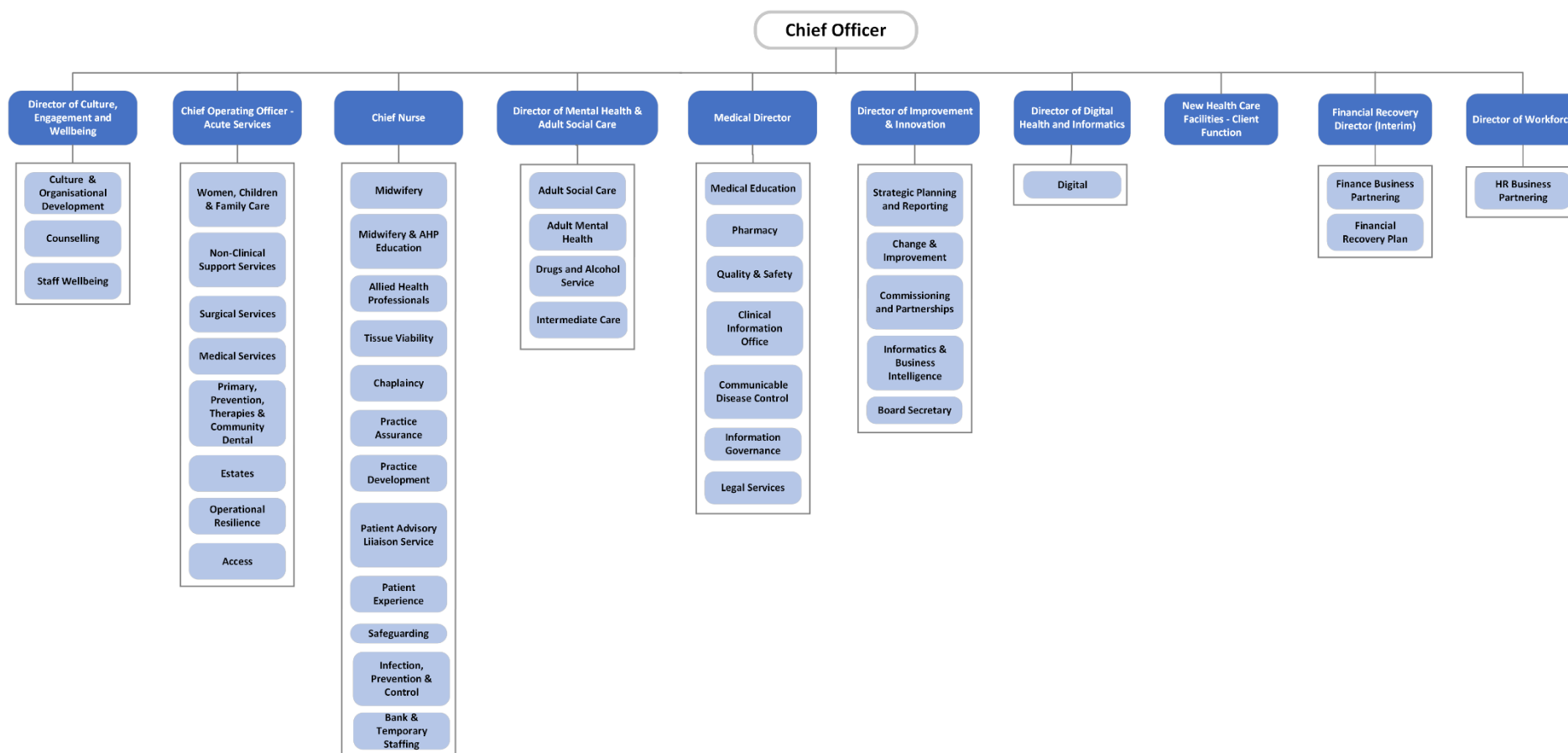
Sophia Bird
Head of Communications

Mark Queree
Deputy Head of Finance Business Partnering

Washington Gwatidzo
REACH Representative

Departmental Structure

Health and Community Services (HCS) is a combined acute, mental health and social care provider that encompasses a range of clinical and professional care groups. Some services are provided in partnership with external partners. The structure and functions of the department are below.



Minister for Health and Social Services

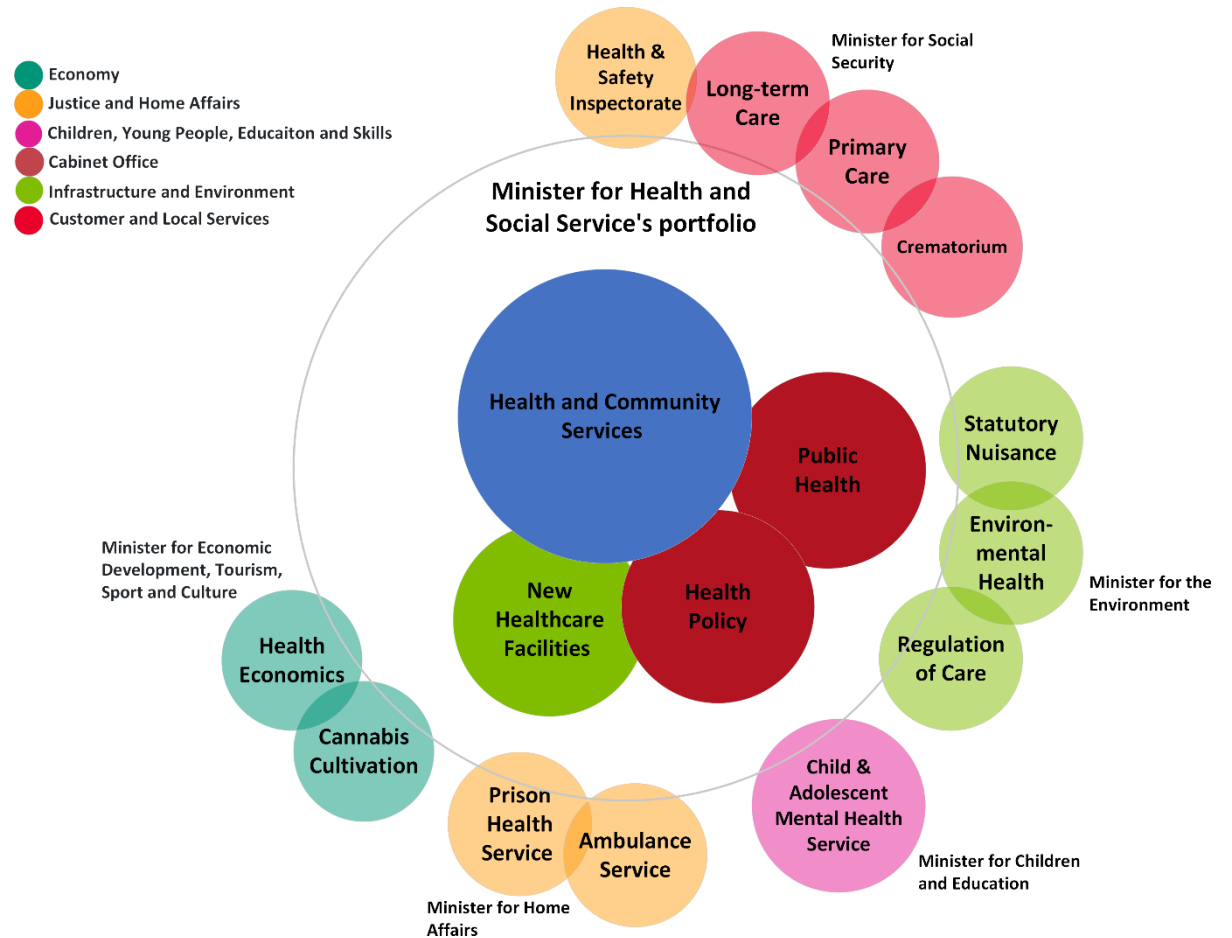
Portfolio

The Minister for Health and Social Services (the Minister) has a diverse portfolio, which covers operational services delivered by HCS, as well as the Health Policy and Public Health functions, which sit in the Cabinet Office.

The Minister has various legal responsibilities for services which are delivered by other Government departments, such as the crematorium where the Minister is responsible for ensuring the provisions in law are discharged.

The Minister also works closely with other departments and Ministers across Government, to ensure health outcomes for Islanders are considered across all portfolios.

Whilst the diagram on the right does not cover all the Minister's working relationships, it seeks to provide an overview of the breadth of services and functions that the Minister is engaged with.



Board Assurance Framework

The Board Assurance Framework (BAF) aims to provide the HCS Advisory Board (the Board) with assurance that the key risks agreed by the Board, relating to the delivery of HCS' strategic aims, are being managed appropriately. The Board will use the BAF and the assurance outcomes to focus its agenda and discussions, to inform decision making, to instigate further checks, challenge, and investigate where further concerns exist. By doing this, the Board can be assured that it is doing everything possible to manage its risks and achieve its objectives.

The full BAF can be found on gov.je/hcs.

Objectives

BAF Objectives

We will constantly review and compare our services to the best. We will learn and develop when we see good practice and when there are lessons to be learnt.

We will drive a culture that places the patient at the heart of everything we do and champions the use of continuous improvement that is rooted in patient feedback.

We will drive improvements in access to the quality of sustainable, safe services.

We will lead and support a high sustainable workforce.

We will ensure effective financial management through budget planning, monitoring/reporting and delivery of HCS services within agreed financial limits.

Improvement recommendations

from C&AG, PAC, and Scrutiny Panels

HCS receives recommendations from various bodies and individuals, following reviews and audits conducted on the department. The below table shows the number of open recommendations from the Public Accounts Committee, Scrutiny Panels and the Comptroller & Auditor General. Progress is being monitored on a quarterly basis with evidence of progress and ultimately completion being provided to agree the closure of recommendations.

Date Published	Report	Author	No. of open recs.
20/11/2023	Handling and Learning from Complaints	Comptroller & Auditor General	2
12/10/2015	Review of Community and Social Services		1
20/10/2021	Governance Arrangements for Health and Social Care (Follow Up)		1
22/9/2022	Child and Adolescent Mental Health Services		3
24/1/2023	Deployment of Staff Resources in Health and Community Services		12
15/5/2023	Learning from Previous Hospital Projects: A Follow Up Review 2023		6
12/4/2022	Response to the COVID-19 Pandemic by the Government of Jersey	Public Accounts Committee	1
6/3/2019	Assessment of Mental Health Services	Health and Social Services Scrutiny Panel	9
1/10/2021	Our Hospital Outline Business Case and Funding Review		2
17/11/2020	Review of the Government Plan: 2021 – 2024		1
22/9/2021	Review of Maternity Services		23
11/2/2022	Government Plan 2022 – 2025 Scrutiny Review		4
31/8/2022	Follow-Up Review of Mental Health Services		20
26/4/2022	Regulations for the Licensing, Production and Export of Medicinal Cannabis in Jersey	Economic and International Affairs Scrutiny Panel	1
Total open recommendations (as of Feb-24)			86

Jersey Care Commission Preparation

The Jersey Care Commission (JCC) regulates and inspects services for both adults and children provided by the Government of Jersey, Parishes, private providers, and the voluntary sector. The services currently regulated include care homes providing nursing and personal care, domiciliary care, adult day care, and children's services. The JCC are currently working with the Care Quality Commission (CQC) to draft standards for hospital services and those, alongside updated legislation, will go out to public consultation. HCS could be inspected at any time following approval of the standards and the updated Regulation of Care (Jersey) Law 2024.

Key Lines of Enquiry

To prepare for inspection, whilst the Jersey standards are being prepared, HCS will focus on ensuring that we can evidence the Care Quality Commission's (CQC) five Key Lines of Enquires (KLOEs) and what these mean for patients and service-users.

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

How we will deliver

Action	Measure	Due Date
Secure capacity to support clinicians in preparing for JCC inspections and to lead on preparation and response to JCC inspections.	Capacity established	Q2 2024
Establish a Steering Group of key senior staff to develop a programme or work, including mock inspections and benchmarking against CQC standards.	Steering Group established	Q1 2024
Picker Institute to conduct a patient experience survey and publish results which will inform our understanding of patient experience and any changes since the 2022 survey.	Results published	Q1 2024
Timely registration of HCS services once JCC opens the registration process.	Registration completed	Q1 2025 (depending on law changes and JCC processes)

New Healthcare Facilities

We know that our current facilities (buildings) are deteriorating, this represents a considerable risk to our capacity to deliver acute health and care services. We need environments to be fit for purpose and to meet modern healthcare standards. Several capital construction projects will be delivered, with the key elements of the planned work including delivery of a new acute facility at Overdale, the development of Ambulatory Care facilities on Kensington Place, whilst utilising some of the existing General Hospital site, a health village at St Saviours, that integrates elements of physical health with mental health services. In addition, the programme has already delivered the Enid Quenault Health and Wellbeing Centre on the former Les Quennevais School site, which provides a range of outpatient services and is an exciting new addition to the healthcare facilities in Jersey.

Design

A significant amount of work was undertaken as part of the previous 'Our Hospital' project, and none of this has been lost. The design of the acute facility will be the priority for 2024 to ensure plans are ready for planning application. As the year progresses, the plans for this site should be developed to RIBA stage 4a (technical design).

The design development of the Ambulatory Care Centre and the Health Village will be progressed further throughout 2024.

Clinical Input

Two Clinical Advisors were appointed in 2023 to provide advice and guidance on clinical matters, acting as clinical ambassadors in the development of the design and briefs for each of the projects, whilst engaging and communicating with their clinical peers across HCS to ensure that they are kept fully briefed, and to ensure all their opinions are heard. These two roles will play a key part in any clinical user groups that are required to refine and finalise plans, layouts, and room schedules.

In addition to providing clinical input into the design, HCS teams will be engaged in advising on the detail of the known and anticipated revenue consequences that will arise of delivering care and services across more sites and in new and different ways. They will also be involved in the development of the Facilities Management Strategy and the Digital Strategy, both of which will ensure that the facilities delivered will operate smoothly and efficiently, making best use of technological advances to improve patient care and enhance operational delivery of services.

How we will deliver

Action	Due
Completion of Outline Business Case for an acute site at Overdale.	Q2 2024
States Assembly funding debate; to secure finances to support the delivery of the first phases of the Programme.	Q2 2024
Transfer of the current Rehabilitation Ward into new, temporary facilities, where they will stay until the development of the Health Village is completed.	Q1 2024
The demolition of buildings on the Overdale site, in preparation for the acute hospital build.	Q3 2024
Submission of the Planning application for the revised plans to develop the Acute Hospital on the Overdale site.	Q2 2024
Improvements on the Kensington Place site, with some possible temporary use of the site for HCS requirements.	Q3/Q4 2024

Existing Facility Maintenance

The HCS Estate Team manages, plans, and delivers a portfolio of work which averages about 20 small projects each year, aimed at mitigating operational and clinical risk in our ageing healthcare facilities. The Government has allocated £5m in the 2024 Government Plan for this essential work. The annual list of work has been informed by a review of the risks within the department. For 2024, the portfolio consists of a wide range of works including but not limited to:

- Ward refurbishments and improvements
- Maternity ward re-modelling finalisation
- Cold and hot water management
- Roofing repairs and window replacement
- Fire Safety improvements
- Air handling and fan coils
- Minor works across all HCS sites

Digital Programme

The Digital Health Strategy is a five-year programme, which has the vision of making Jersey a digitally-world-class health and care system that uses technology everywhere to deliver accessible, joined-up, person-centred care. The below table shows the larger projects that are being delivered in 2024, in addition to these there are multiple smaller 'business-as-usual' replacements. The Digital Health Board meets throughout the year to review and monitor progress.

Project	Detail
Faecal Immunochemical Testing (FIT)	To digitally support the FIT booking and screening process which will increase the number of patients who can be screened - improving detection and treatment.
General Practitioner (GP) Oder Comms	To replace the paper-led requesting and reporting process which will reduce result turnaround times, provide a fully audited service.
Picture Archiving and Communications Systems	Replacement of a legacy system, with migration of images and image reporting history. Will also provide clinical image reporting services.
Vendor Neutral Archive	Implementation of a strategic method for clinical image storage, which improves efficiency and scalability.
Sexual Health Clinic Electronic Patient Record (EPR)	To capture structured clinical data and remove the current paper-based process.
Electronic Record System for Adult Social Care	Transformation of the system and processes to meet the service's needs.
ePrescribing Chemotherapy	To reduce clinical risk and comply with best practice.
Electronic Patient Medicines Administration	Deployment of infrastructure, to improve clinical compliance and safety.
Ophthalmology Electronic Patient Record (EPR)	Implementation of a new EPR system to create automation and efficiencies, to deliver shorter waiting times.
Cervical Cancer Screening	An essential upgrade to support the service in achieving screening targets, through increased efficiency and automation.
eConsent for surgical procedures	A system that enables patients to provide their consent online.
Jersey Health & Care Index	An essential project to ensure consistency of patient data.
Primary Care System review	Review the current Primary Care system solution and establish requirements for re-tender.
Obstetric Sonography System Software	Replace / upgrade the current ultrasound / scanning report application.
Audiology: Audit Data replacement for Practice Navigator	Replace legacy system.
Virtual consultations	Enable virtual consultations to improve waiting times by providing Consultant led services remotely.
eReferral Process	Implement a solution to replace the predominantly email led referral process.
Essential Hospital Wi-Fi	To improve connectivity in the hospital.
IT Service Model review for commissioned services	Ensuring compliance with IT infrastructure standards and contractual arrangements.

Quality and Performance Metrics

Quality and Performance Report & Service Performance Measures

The **Quality and Performance Report** (QPR) provides the performance metrics and monthly performance for clinical services. The QPR is discussed monthly at the HCS Advisory Board and published in addition on [Health and Community Services Quality and Performance Reports \(gov.je\)](#). The full list of indicators that will be reported in 2024 is shown below. Further details including detailed description and calculation of each metric will be included in the 2024 QPR.

The **Service Performance Measures** (SPMs) are a sub-set of the Quality and Performance Report indicators and are published quarterly alongside other government departments' SPMs. They aim to provide a broad overview of the delivery of key services by all government departments. The HCS indicators that are SPMs are indicated in the below table in the right-hand column.

Section	Subsection	Indicator	SPM
Elective Care Performance	Elective Pathways	Patients waiting for first outpatient appointment > 52 weeks	Yes
		Patients on elective list > 52 weeks	Yes
		Access to diagnostics > 6 weeks	Yes
	Efficiency	Outpatient New to Follow Up (NFU) rate	Yes
		Outpatient DNA rate (Adults only)	Yes
		Outpatient WNB rate (Patients under 18)	Yes
		Theatre Utilisation (capped)	Yes
		On the day Theatre cancellations	
Emergency Care Performance	Emergency Care Pathway	Waits in emergency care > 4 hrs	Yes
		Waits in emergency care > 12 hrs	
	Patient Flow	Patient moves for non-clinical reasons >22:00 and <08:00	
		Total Bed Days Delayed Transfer of Care (DTC)	
	Emergency Inpatients	Emergency acute Length of Stay (LOS)	
		Rate of Emergency readmission within 30 days of a previous inpatient discharge	Yes

Section	Subsection	Indicator	SPM
Maternity	Pregnancy & Births	Total births	
		% primary postpartum haemorrhage $\geq 1500\text{ml}$	
		% spontaneous vaginal births (including home births and breech vaginal deliveries)	
		% of babies that have APGAR score below 7 at 5 mins	
		% of births less than 27 weeks	
		% of births less than 37 weeks	
		Transfer of Mothers from Inpatients	
		Transfer of neonates from JNU	
		% 3 rd & 4 th degree tears – all births	
		% emergency caesarean sections at full dilation	
		Number of admissions to JNU at or above 37 weeks gestation (per 1000)	
		% babies born before arrival (BBA)	
		% live births < 3 rd centile delivered > 37+6 weeks (detected and undetected SGA)	
		Number of still births	
		Proportion of mothers who were current smokers at booking appt.	
		Proportion of mothers who were smoking at delivery	
		Proportion of mothers who were consuming alcohol at booking appt.	
		Proportion of mothers who were consuming alcohol at delivery	
		Neonatal mortality rate (<28 days)	
		HIE (per 1,000)	
		Transfer of care during pregnancy (planned)	
		Rate of Intrapartum stillbirth (per 1,000)	
		Booking <70 days gestation	
Mental Health	Jersey Talking Therapies (JTT)	% of clients waiting for assessment who have waited over 90 days	
		% of clients who started treatment in period who waited over 18 weeks	
		JTT Average waiting time to treatment (Days)	
	Community Mental Health Services	Memory Service - Average Time to assessment (Days)	
		% of referrals to Mental Health Crisis Team assessed in period within 4 hours	Yes
		% of referrals to Mental Health Assessment Team assessed in period within 10 working days	Yes
		ADHD Waiting Times (New indicator – detail being worked up)	
		Autism Waiting Times (New indicator – detail being worked up)	
		% of Adult Acute discharges with a face to face contact from an appropriate Mental Health professional within 3 days	
		% of Older Adult discharges with a face to face contact from an appropriate Mental Health professional within 3 days	
		Community Mental Health Team did not attend (DNA) rate	
	Inpatient Mental Health	Mental Health Unit Bed Occupancy	Yes
		Average daily number of patients Medically Fit For Discharge (MFFD) on Mental Health inpatient wards	

Section	Subsection	Indicator	SPM
Social Care	Learning Disability	Percentage of clients with a Physical Health check in the past year	
	Adult Social Care Team (ASCT)	Percentage of Assessments completed and authorised within 3 weeks (ASCT) ** being reviewed (New PTL process being introduced during Q1 – Indicator will be replaced)	
Quality & Safety	Mortality	Crude mortality - % patients whose discharge outcome = death	
	Safety	Reporting rate of patient safety incidents per 1000 bed days	
		Patient safety incidents with severe/major/extreme harm/death	
		Serious Incidents	
		Number of falls resulting in moderate / severe harm per 1000 bed days	
		Pressure Ulcers on admission	
		Number of Cat 3-4 pressure ulcers / deep tissue injuries acquired as inpatient per 1000 bed days	
		Number of medication errors across HCS resulting in harm per 1000 bed days	
		% of adult inpatients who have had a VTE risk assessment within 24 hours of admission	
		NEWS compliance	
	Infection Control	Healthcare Associated C. Difficile Infections	
		Healthcare Associated MRSA blood stream Infections	
		Healthcare Associated E. coli blood stream Infections	
		Outbreaks	
	Experience	Compliments received	
		Formal complaints received	

Financial Recovery Plan

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

This quality led FRP is built on a set of core values that combines patient focused quality improvement, financial recovery, clinical, staff and stakeholder engagement, teamwork, and inclusive leadership to deliver sustainable improvements. Importantly, we need to change our ways of working, by updating practices and improving our governance and culture to ensure we deliver efficient quality care to Islanders.

The FRP has identified opportunities for improved efficiency and effectiveness of services to help reduce costs and increase income - establishing appropriately funded services. The programme is a three-year roadmap towards financial sustainability, which will ensure that the department's services can be delivered within the revised budget limits outlined in the 2024 Government Plan.

A Project Management Office (PMO) has been established to support delivery of the FRP and the department's Value for Money (VFM) target; by working alongside the Care Groups and Directorates.

Workstreams

To address the challenge, we have developed efficiency schemes which sit within seven workstreams:

1. Workforce
2. Non-Pay and Procurement
3. Clinical Productivity
4. Income
5. Digital
6. Care Group / Directorate schemes
7. Medicines Management

Forecast Savings

The below table shows the annual and cumulative savings that will be delivered by the FRP. Progress will be reported quarterly to the HCS Advisory board.

	FY 2023 (£000)	FY 2024 (£000)	FY 2025 (£000)
Total cumulative savings	3,000	15,000	25,000
FRP efficiencies FY2023	3,000	3,000	3,000
FRP efficiencies FY2024		8,429	8,429
VFM Savings FY2023-24		3,571	3,571
FRP efficiencies FY2025			10,000

Quality Account

The Quality Account is an annual report published by HCS to inform the public of how we monitor the quality of services we provide.

Quality in healthcare is made up of four core dimensions:

1. Patient experience – how patients experience the care they receive.
2. Patient safety – keeping patients safe from harm.
3. Clinical effectiveness – how successful the care provided is.
4. Staff wellbeing

The account demonstrates our commitment to provide Islanders with the best quality healthcare services. It also encourages transparency about our service quality and helps us to develop ways to continually improve. It also looks forward and defines the priorities for quality improvement for the year ahead and how we expect to achieve and monitor them.

The 2023 Quality Account is the second annual account produced by HCS. It includes details of our progress and achievements related to quality and safety for the previous year. The report will be available on gov.je.

2024 Priorities

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

Culture and Workforce

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

	Goals	Actions	Due	Success Measures
Our Culture	a. Always putting the patient/client at the centre of what we do.	Work environments are respectful and promote inclusiveness enabling safety to share information.	Commenced in January 2023 and ongoing throughout 2024.	<ul style="list-style-type: none"> • Freedom to Speak Up activity. • Reduced dignity and respect grievances. • Decrease I sickness absence where data reports absence as anxiety, stress, and depression. • Improved learning following an incident. • Improved reflective practice.
	b. Work environments are respectful and promote inclusiveness enabling safety to share information.			
	c. Improve multi-professional team working and collective decision making, escalating concerns where needed.	Improve multi-professional team working and collective decision making, escalating concerns when needed.	CSL to be launched in January 2024 and continue embedding alongside other cultural interventions throughout 2024.	
	d. Create better opportunities to safely learn, innovate and improve following incidents.	Create better opportunities to safely learn and innovate and improve following incidents.	Quarter 2/3 2024.	
	e. Develop opportunities to safely reflect on professional practice.	Develop opportunities to safely reflect on professional practice.	Corporate Psychological Safety in Teams training to commence Q1 2024 with Maternity services.	
	f. Engage colleagues in understanding the Be Heard Results, so they can actively participate in the developing and implementing the People and Culture Plan.	Engage colleagues in understanding the Be Heard survey results & our initial proposed response to this so they can actively participate in developing & implementing the People & Culture plan.	Quarter 2/3 2024.	

	Goals	Actions	Due	Success Measures
Leadership and Management Development	a. Our Values, Our Behaviours are visible and demonstrated throughout all levels of leadership & management.	Executive Leadership to undertake leadership and management development, to support their teams in delivering sustainable models of high-quality care.	Q2 2024.	<ul style="list-style-type: none"> Improved performance (managers responding to issues). Increase in Connect Performance returns (with SMART objectives and progress). Reduced number of dignity & respect grievances.
	a. Leaders have clear leadership objectives.	Corporate team to deliver core leadership training programme to General Managers, Clinical Leads, Lead Nurses, Lead AHP's etc.	Q4 2024 and ongoing throughout 2024.	
	b. Managers are developed and invested in through formal qualifications/GoJ manager training/mentoring.	Identify Short/Medium/Long Term plan for all middle management development including participation in World Class Manager sessions.	Q2 2024.	
Engagement and Communications	a. Continue staff engagement following Be Heard survey through regular listening events and pulse surveys. Ensure colleagues are aware of, & feel engaged with the development & delivery of the People & Culture plan.	Continue delivering a range of listening events; Team HCS Talks, Be Our Best forums, Professional forums (MSC, Nursing & Midwifery, AHP), Schwartz Rounds, Breakfast with Chief Officer, ward/service walkarounds.	Ongoing throughout 2024.	<ul style="list-style-type: none"> Increased staff engagement. Improved staff collaboration & connection. Smarter decision making. Improved performance.
	b. Improve engagement & communication, including understanding HCS purpose, the strategic plan and care group/service priorities. c. Ensure the communications for the HCS People & Culture plan & the individual care group People & Culture plans are connected & aligned to HCS vision and objectives.	Develop & implement quarterly Pulse Surveys.	Quarterly pulse surveys to commence January 2024.	
Diversity and Inclusion	a. Create a Diversity and Inclusion plan for HCS.	Working Group has been created to develop anti-racism statement for HCS.	Anti-racism statement to be launched alongside Civility Saves Lives	<ul style="list-style-type: none"> D&I plan. Reduced numbers of dignity & respect grievances.

	Goals	Actions	Due	Success Measures
		Use working group to develop wider strategy, plan & key deliverables.	programme Quarter 1 2024.	<ul style="list-style-type: none"> Improved workplace relationships. Improved performance. Greater readiness to innovate & improve.
Wellbeing	a. Continue wellbeing support for colleagues across HCS aligned with NICE guidance; 'Mental Wellbeing at Work'.	Use established Culture, Engagement & Wellbeing committee to create & develop plan & key deliverables.	Ongoing throughout 2024.	<ul style="list-style-type: none"> Increase in wellbeing engagement factors. Reduced sickness absence rates. Reduced anxiety/stress related absence. Improved performance.
Strategic Workforce Plan	a. Produce a strategic workforce plan for HCS	Ensure engagement with PCS strategic workforce plan team at Care Group and Executive level.	January 2024.	<ul style="list-style-type: none"> Understanding of emerging capabilities and skill requirements. Development of a plan to meet future needs and mitigate risk. Identification of areas requiring succession planning and training requirements.
Recruitment	a. Increase number of substantive employees. b. Reduce reliance on agency and locum workers.	1. Continue the multi-approach method to recruitment. 2. Develop recruitment pipeline metrics. 3. Engage with apprenticeship and internship programmes.	Ongoing throughout 2024.	<ul style="list-style-type: none"> Reduced vacancy numbers and reduced agency numbers. Increased numbers of interns and apprentices.

	Goals	Actions	Due	Success Measures
Connect People	Maximise Usage of Connect across HCS.	<ol style="list-style-type: none"> 1. increase usage of Connect Performance through 2024. 2. Utilise Connect Learning for delivery and recording of training. 3. Implement Connect People (Employee Central) for managers. 4. Implement Talen Acquisition for hiring new recruits 	Ongoing throughout 2024.	<ul style="list-style-type: none"> • Increased number of colleagues with recorded objectives and appraisals. • Ability to record and report training compliance. • All staff changes completed via Employee Central. • Quicker time to hire.
Support the Freedom to Speak Up Guardian	Continue to liaise with CO and FTSU Guardian on issues relating to staffing and employment matters.	<ol style="list-style-type: none"> 1. Regular meetings with CO and FTSU Guardian to resolve issues relating to employment matters. 	Ongoing throughout 2024.	<ul style="list-style-type: none"> • Resolution of matters where possible



Health and
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Health and Community Services Advisory Board Report

Report to:	Health and Community Services Advisory Board		
Date of meeting:	29 February 2024		
Title of paper:	Annual Report of the #BeOurBest Programme of work		
Report author (& title):	Jo Poynter, Associate Director Improvement and Innovation	Accountable Executive:	Anuschka Muller, Director Improvement and Innovation

1. Purpose

What is the purpose of this report? What is being asked of the HCS Advisory Board?	To provide an update on the progress made against the recommendations from the "Review of HCS Clinical Governance Arrangements within Secondary Care" (2022).	Information	x
		Decision	
		Assurance	
		Update	x

2. Executive Summary

The Review of Health and Community Services (HCS) Clinical Governance Arrangements within Secondary Care was published by the Minister for Health and Social Services (MHSS) in August 2022 (R.117/2022)¹. The Minister for Health and Social Services published an immediate response (R.117/2022 Res)² and a full report (R.133/2022)³ in October 2022 in response to the recommendations, including a strategic plan in which she accepted all recommendations and set out her plan to turnaround and transform HCS. The Minister further committed to providing additional expertise to support and drive the turnaround required and appointed a Change Team in early 2023 to support HCS in the delivery of assurances to the quality and safety of care.

To action the recommendations as set out within the Minister's full report, HCS established a programme of work, which was branded by staff the #BeOurBest programme, with the aim to move HCS services in Jersey towards an open, transparent, and accountable model which strives for continuous quality improvement. Utilising data, technology, standards, and benchmarks to assure Islanders that they receive high quality, safe healthcare, with staff and patient involvement critical to the success of this vision. To date, with wider Government and the Change Team's support, this programme of work has ensured that key functions have been established and embedded to strengthen clinical and overall governance arrangements, and that the enacting of further progress is embedded in operational services and aligns to the new governance arrangements with the reporting line to the new HCS Advisory Board.

Key objectives requested by the review and actions set out by the Minister in her Report have been

¹ [Review of Health and Community Services \(HCS\) Clinical Governance Arrangements within Secondary Care](#)

² [r.117-2022 res.pdf \(gov.je\)](#)

³ [r.133-2022.pdf \(gov.je\)](#)

addressed and implemented. These include the establishment of the HCS Advisory Board, establishment of a Change Team to support with the implementation of the recommendations, adoption and implementation of NICE guidelines, appointment of a Freedom to Speak Up Guardian, strengthen data performance reporting and establishment of a Private Patient strategy. These, and others identified, are detailed further in this report.

The new Board Assurance Framework and Annual Plan that will come to Board for approval, and the updated performance metrics, now in line with best practice and key areas of focus, will support the Board in driving improvement in accordance with the Review recommendations and beyond.

The #BeOurBest programme governance has provided 16 months of support for HCS to oversee, coordinate, engage, monitor and communicate the improvement programme.

With new stronger overarching governance in place, namely the HCS Board and the Assurance Committees, the objective setting, standards, identification of improvement areas and monitoring of progress are now key functions of the HCS Board and its Assurance Committees.

The #BeOurBest brand will be kept for staff to share improvement projects, achievements and innovative ideas with their colleagues.

This report provides an overview of the fundamental improvements and structural changes made over the last 16 months which will play an important role in continuous improvement of HCS' clinical governance, culture, and performance.

3. Finance / workforce implications

The following resources are crucial for continuous progress:

- continuation of the Board and related funding
- funding of improvement plan activities.

The approval and provision of funding for these items is a key dependency on the on-going implementation of the recommendations.

4. Risk and issues

Risks are as recorded in specific improvement plans.

5. Applicability to ministerial plan

Awaiting updated Ministerial Plan for 2024.

6. Main Report

See Appendix for full report.

7. Recommendation

It is recommended that the Board:

- notes the content of the report.
- acknowledges responsibility to continue to drive improvements in line with the "Review of HCS Clinical Governance Arrangements within Secondary Care" (2022).

END OF REPORT



Annual Summary Report

Progress made against the recommendations from the “Review of HCS Clinical Governance Arrangements within Secondary Care” (2022) in 2023.

February 2024

Executive Summary

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To action the recommendations as set out within the Minister's full report, HCS established a programme of work, which was branded by staff the #BeOurBest programme, with the aim to move HCS services in Jersey towards an open, transparent, and accountable model which strives for continuous quality improvement. Utilising data, technology, standards, and benchmarks to assure Islanders that they receive high quality, safe healthcare, with staff and patient involvement critical to the success of this vision. To date, with wider Government and the Change Team's support, this programme of work has ensured that key functions have been established and embedded to strengthen clinical and overall governance arrangements, and that the enacting of further progress is embedded in operational services and aligns to the new governance arrangements with the reporting line to the new HCS Advisory Board.

Key objectives requested by the Review and actions set out by the Minister in her Report have been addressed and implemented. These include the establishment of the HCS Advisory Board, establishment of a Change Team to support with the implementation of the recommendations, adoption and implementation of NICE guidelines, appointment of a Freedom to Speak Up Guardian, strengthen data performance reporting and establishment of a Private Patient strategy. These, and others identified, are detailed further in this report.

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³ [r.133-2022.pdf \(gov.je\)](#)

Main Report

This report provides an overview of the fundamental improvements and structural changes made over the last 16 months in response to the Review and the Minister's Report and which will play an important role in continuous improvement of HCS clinical governance, culture and performance monitoring.

Establish a new Health Board

- The HCS Advisory Board was established by the Minister for Health and Social Services, with agreement of the States Assembly in June 2023⁴. The Board provides assurance to the Minister as to the quality, safety, performance and development of the Department's services and associated risks.
- Appointments have been made to the Non-Executive Directors of the Board and the first Board meeting was held on 4 October 2023 in public⁵
- Following recruitment of a substantive Chair, the Board is to determine the accountability framework and assurance reporting mechanisms (March 2024).

Provide additional resources and expertise

- The Minister appointed a Change Team in early 2023 to support HCS in the delivery of assurances to the quality and safety of care.
- The Change Team consists of the following highly experienced professionals:
 - Chris Bown, Team lead and interim Chief Officer since April 2023
 - Prof Simon McKenzie, Medical Lead
 - Cathy Stone, Nurse Lead
 - Obi Hasan, Finance Lead and Director
 - Beverley Edgar, HR and OD Lead
- There has been further appointment of permanent staff to key leadership roles as recommended in the Review.
 - Deputy Medical Director (July 2023)
 - Chief Operating Officer – Acute Services (March 2023)
 - Director of Mental Health and Adult Social Care (November 2022)
 - Associate Director of Quality and Safety (November 2023)

NICE Guidelines to be adopted and exemption process to be put in place

- HCS has adopted National Institute for Health and Care Excellence (NICE) and Royal College guidance for public and private pathways and procedures in June 2023. To provide clear guidance on pathways and procedures for all HCS Staff, enabling consistent quality of care and ability to put in place metrics to allow for assurance on quality of care. This in turn will improve patient trust in HCS services. An exemption process is in place for services that consider that NICE/Royal College guidelines are not appropriate, or require significant adaptation, or more recent guidance is available from other sources.

Freedom to Speak Up Guardian

- Creating a culture of openness and transparency has been a key objective. In line with best practice, a Freedom to Speak Up Guardian (FTSUG) role was created and an interim FTSUG was appointed in February 2023. This role enables HCS staff to speak up to an independent, impartial and confidential person, about any issues which stop them from being able to deliver the best possible care or to highlight areas that could be improved. Public and internal communications about the role and regular visibility of the Guardian across HCS have increased knowledge of the function and its purpose.

⁴ [Health and Community Services Interim Board \[P.19/2023\]](#)

⁵ [Health and Community Services Advisory Board webpage](#)

- This role has now been appointed to permanently from January 2024 and will drive the delivery of the FTSU policy and its implementation through strong engagement with all staff and regular feedback to the HCS Board. An Executive and a Non-Executive champion have been identified to support the FTSUG.

Private Patients

- It has been confirmed that all audits include public and private patients, as stated in all HCS policies.
- The Private Patients Committee commenced in June 2023. Staff from across the organisation are represented on this committee which will advise on the new strategy and inform processes.
- An agency has been appointed to advise on the private insurance market and to establish a Private Patient Strategy which will clarify the value-added offering to private patients. The agency has provided reports advising on the private insurance market and a review and audit of current services.
- The Private Patient Strategy is due to be published early 2024 and implementation of improvements will commence in line with the recommendations from the Review. Relevant Assurance Committee(s) will receive update reports on its progress.

Accountability framework and assurance reporting mechanisms

- The assurance reporting mechanisms and committees are to be confirmed by the HCS Advisory Board following recruitment to a substantive Chair (expected for March 2024 Board meeting).
- HCS has been successful in joining the National Audit Programme which will allow HCS to benchmark against NICE guidance and NHS organisations. A National Audit Programme for 2024 is being developed.
- For incident reporting, it is noted that HCS were benchmarked against the NHS in the Quality Account 2022 and came out as on par for incident reporting.
- It has been confirmed that the Quality & Safety function supports the general management structure through the organisation of investigations, audits and outstanding recommendations. This relationship is further emphasised through the monthly Care Group Governance meetings.
- Oversight and decision making of key operational matters has been re-designed and strengthened from April 2023 through the establishment of senior leadership meetings with a wider clinical representation.

Independent feedback on patient experience

- The Patient and User Involvement Panel was launched in June 2023 after an open public recruitment and continues to meet on a quarterly basis. This panel provides patients with a voice on decision making and providing suggestions and ideas.
- Picker Institute survey was undertaken in 2022 and results were published in December 2022. The first report published in December 2022 showed that the majority of patients had a very positive experience across a range of services and benchmarked favourably against the UK. A further Picker Survey was undertaken in 2023/2024, results are expected in March 2024.
- The Feedback and Patient Liaison Team have made improvements to ensuring complaints and compliments are being responded to. This continues to be a focus of work in 2024 with a lead nurse leading on the improvements.
- Patient stories are expected to be a regular agenda item of the HCS Advisory Board, subject to approval from the substantive Chair.

Clarity of roles and responsibilities

- Clear job descriptions, accountability and line management relationships for the triumvirate of each Care Group have been established, with appropriate renaming as detailed within the Review.
- Management training has been rolled out to Managers to support them in their roles.
- The HCS senior leadership team is undergoing leadership training as part of an initiative by the Government of Jersey Chief Executive.

- Job planning remains a key priority for HCS. Since the Review, a clear Job Planning Policy is in place and job plan progress is reported regularly to the HCS Advisory Board. Further to this, HCS have established a Job Planning Consistency Panel, chaired by the Medical Director, to support the approval and application of job plans. The Medical Director provides job plan progress to the HCS Board.

Establish a strategic health policy function

- A Strategic Health Policy Team has been established, with recurrent funding of this function submitted within the Government Plan 2024-27.
- The team provides crucial support to strategic health policy topics for the Minister and for the Chief Officer HCS.

Patient Focus – various projects

- A workstream on improving HCS processes and governance to identify deteriorating health conditions in hospital patients has made considerable progress in enhancing the quality of care including improved ward rounds and overall multi-disciplinary team working (Recognise, Escalate, Rescue (RER) workstream).
- A physician of the day rota has been embedded which provides continuity of care and ensures that patients and staff always have access to a qualified physician. This will improve patient safety and reduce the length of stay. This is especially important for acutely ill patients who may need urgent care. For staff, the physician of the day can provide support and guidance and can help to assure that patients receive the best possible care.
- The launch of Datix B in November 2022 has enabled staff to report incidents as part of business-as-usual and improved data reporting of these to Care Groups. Monthly Care Group Governance meetings have commenced (October 2023) where incidents are monitored, learning from these is shared and escalated to the Serious Incident Review Panel where appropriate.
- A Serious Incident Review Panel has been established and embedded working across HCS and chaired by the Medical Director. The panel provides oversight and direction on the rigor of processes for the performance management of Patient Safety Incident Investigations; provides clinical expertise and executive oversight where the consequences to patients, families and carers, staff, organisation or system are so great that a heightened level of response is justified. The panel ensures that investigations into such incidents are investigated in line with policies and frameworks, and that lessons are learned and embedded into the organisation to prevent the likelihood of similar incidents occurring. This panel is held to account through presentation of reports to the HCS Board Quality and Risk Committee.
- The Standard Operating Procedure (SOP) for Serious Incidents has been updated and the process strengthened, which has resulted in better oversight and improved action development and learning.
- HCS has increased openness and transparency of a wide range of operational performance data through:
 - monthly publication of the Quality and Performance Report, which is provided monthly to the HCS Advisory Board and is published on www.gov.je
 - a data repository that provides overview and access to all available performance and activity data and has been made available to all HCS staff.
 - Care Group dashboards are now available for all care groups, with further data and indicators to be available through the new Electronic Patient Record (EPR).
- Waiting list data will be made publicly available in an improved format by the end of Q1 2024.

Cultural change programme

- A Cultural Change Programme has been established, and is led by the Culture, Engagement and Wellbeing team. It is the responsibility of the Cultural Change Programme to ensure behaviours are improved across HCS. Measures have been put in place to enable individuals and care groups to provide constructive input.
- Sharing of experiences in focus groups and through Schwartz Rounds provide an open and

supportive environment for HCS colleagues to share stories and reflect together on aspects of their work, fostering an improved culture of speaking up.

- The Civility Saves Lives initiative has been adopted across the organisation as a key focus of cultural improvement, with education and training being made available to all staff and Care Groups receiving bespoke guidance where beneficial.

Workforce

- Since December 2022 all leavers have been contacted by Human Resources to offer a face-to-face exit interview, to gather more information to understand why staff leave. This is collated into a written report which is provided quarterly to the People and Organisational Development Committee. This enables themes to be identified and to improve management learning. This data will also feed into ongoing recruitment and retention strategies to improve the experience for staff.
- Telephone interviews have been reintroduced prior to temporary staff taking up their placements. Monitoring of this and completion of induction checklists is being undertaken by the Nurse Bank Office and Medical Staffing teams.
- Improved recruitment and retention through increased support with Human Resource processes, and improvements in induction and performance monitoring of locums and substantive staff.
- Standardised induction process for locums and agency staff. The induction checklist will help welcome new temporary staff by ensuring they have been introduced to all key local processes and will provide assurance that they have been informed.
- The Medical Director is leading the development of a strategic plan and the needs for developing programmes for those wishing to obtain Certificate of Eligibility for Specialist Registration (CESR). The Medical Director has achieved an in-principle agreement from HCS Senior Leadership Team for 4 hours protected teaching time each month, from September 2023, for Speciality and Specialist doctors which will help focus on CESR. A policy is in draft to be aligned with the updated CESR policy by the General Medical Council (GMC).
- Links with the UK have been strengthened, and can be evidenced through some recent appointments:
 - Maternity have agreement to join an integrated care network (Southampton, Hampshire, Isle of Wight, and Portsmouth).
 - Portsmouth have been approved to increase support with Renal.
 - Southampton have been approached to increase support with Dermatology.
 - Spinal services link to Taunton.

Training

- The Mandatory and Statutory Training Policy was ratified in June 2023. A matrix of the approved mandatory and statutory training for HCS staff will be published to confirm the expectations for all staff groups.

End of Report