Health and Care Jersey

# Health and Care Jersey Advisory Board Part A - Meeting in Public

31 JULY 2025

Government of Jersey

Health and Care Jersey

**AGENDA**

**MEETING:** Part A (Meeting in Public) - Health and Care Jersey Advisory Board
**DATE:** 31 July 2025
**TIME:** 9:30am – 12:15pm
**VENUE:** Main Hall, St Paul's Centre, Dumaresq Street, St Helier, Jersey JE2 3RL

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| **Non-Executive Board Members (Voting):** | | |
| Dame Clare Gerada DBE | Non-Executive Director | **CG** |
| Anthony Hunter OBE | Non-Executive Director | **AH** |
| Julie Garbutt | Non-Executive Director | **JG** |
| David Keen | Non-Executive Director | **DK** |
| **Executive Board Members (Voting):** | | |
| Tom Walker | Chief Officer, Health and Care Jersey | **TW** |
| Simon West | Medical Director | **SW** |
| Mark Queree | Deputy Head of Finance Business Partnering | **MQ** |
| **Executive Board Members (Non-Voting):** | | |
| Jessie Marshall | Chief Nurse | **JM** |
| Claire Thompson | Chief Operating Officer – Acute Services | **CT** |
| Andy Weir | Director of Mental Health, Social Care and Community Services | **AW** |
| Stephen James | Director of Workforce | **SJ** |
| **In Attendance:** | | |
| Cathy Stone | Nursing / Midwifery Lead – Health and Care Jersey Change Team | **CS** |
| Mark Pugh | Medical Lead – Health and Care Jersey Change Team | **MP** |
| Emma O'Connor Price | Board Secretary | **EOC** |
| Daisy Larbalestier | Business Support Officer | **DL** |
| Martin Carpenter | Chief Information Officer HCJ | **MC** |
| Rachel Williams | Director of Strategic Planning and Projects | **RW** |
| James Inglis | Associate Chief Ambulance Officer deputising for Pete Gavey, Chief Ambulance Officer | **JI** |
| **Apologies:** | | |
| Carolyn Downs CB | Non-Executive Director | **CD** |
| Pete Gavey | Chief Ambulance Officer | **PG** |

**Quorum requirements:**
Three non-executive directors and two executive directors. At least one more non-executive director than executive director.

**The Chair reminds members and attendees to consider equality, diversity and inclusion when discussing all items on this agenda**.

| | Agenda Item | Purpose | Presenter | Time |
|---|---|---|---|---|
| **1** | **Welcome and Apologies**<br>*Verbal* | For **Noting** | Chair | **9:30pm** |

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| 2 | **Declarations of Interest**<br>*Verbal* | For **Assurance** | Chair | |
| 3 | **Minutes of the Previous Meeting**<br>*Paper* | For **Decision** | Chair | |
| 4 | **Matters Arising and Action Tracker**<br>*Tracker* | For **Decision** | Chair | |
| 5 | **Chair's Introduction**<br>*Verbal* | For **Information** | Chair | |
| 6 | **Chief Officer's Report**<br>*Paper* | For **Information** | Chief Officer | **9:35am** |
| 7 | **Quality and Performance Report Month 6**<br>*Paper* | For **Information** and **Discussion** | Chief Operating Officer<br>Director of Mental Health, Social Care and Community Services<br>Medical Director<br>Chief Nurse | **9:55am** |
| 8 | **Diagnostic Review**<br>*Paper* | For **Noting** and **Assurance** | Chief Operating Officer – Acute Services | **10:10am** |
| 9 | **Patient, Service User and Community Participation**<br>*Paper* | For **Discussion** and **Action** | Chief Nurse | **10:25am** |
| 10 | **Harm Review**<br>*Paper* | For **Assurance** | Chief Operating Officer – Acute Services | **10:40am** |
| | **Comfort Break** | | | **10:55am** |
| 11 | **Winter Plan 2025**<br>*Paper* | For **Information** | Chief Operating Officer – Acute Services, Director of Mental Health, Social Care and Community Services | **11:05am** |
| 12 | **Workforce Metrics Month 6**<br>*Paper* | For **Assurance** | Director of Workforce | **11:20am** |
| 13 | **Finance Report Month 6**<br>*Paper* | For **Information**, **Discussion** and **Assurance** | Deputy Head of Finance Business Partnering | **11:35am** |
| 14 | **Committee Reports**<br>*Paper*<br>a. **People and Culture** | For **Assurance** | Committee Chair | **11:50am** |

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| | **b. Finance and Performance**<br>**c. Quality, Safety and Improvement** | | | |
| **15** | **Board Assurance Framework**<br>*Paper* | For **Assurance** | Chair / Chief Officer | **11:55pm** |
| **16** | **Register of Interests for Board Members**<br>*Register* | For **Noting** | Chair | |
| **QUESTIONS FROM THE PUBLIC (Relating to Agenda Items Only)** | | | | |
| | **Questions** | | Chair | **12noon** |
| | **MEETING CLOSE**<br><br>**Date of next meeting**: Thursday 25 September 2025 | | | **12:15pm** |

**Health and Care Jersey – Advisory Board**
**Part A – Meeting in Public**
**Minutes**

Health and Care Jersey

| Date: 29 May 2025 | Time: 9:30 – 12:30pm | Venue: Main Hall, St Paul's Centre, Dumaresq St, St Helier, Jersey JE2 3RL |
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| **Non-Executive Board Members (Voting):** | | |
| Carolyn Downs CB - **CHAIR** | Non-Executive Director | **CD** |
| Dame Clare Gerada DBE | Non-Executive Director | **CG** |
| Anthony Hunter OBE | Non-Executive Director | **AH** |
| Julie Garbutt | Non-Executive Director | **JG** |
| David Keen | Non-Executive Director | **DK** |
| **Executive Board Members (Voting):** | | |
| Tom Walker | Chief Officer HCJ | **TW** |
| Mr Simon West | Medical Director | **SW** |
| Obi Hasan | Finance Lead – HCJ Change Team | **OH** |
| **Executive Board Members (Non-Voting):** | | |
| Jessie Marshall | Chief Nurse | **JM** |
| Emily Hoban | Head of Access deputising for Claire Thompson, Chief Operating Officer – Acute Services | **EH** |
| Andy Weir | Director of Mental Health, Social Care and Community Services | **AW** |
| Ian Tegerdine | Director of Workforce | **ITe** |
| **In Attendance:** | | |
| Cathy Stone | Nursing / Midwifery Lead – HCJ Change Team | **CS** |
| Martin Carpenter | Chief Information Officer - Health | **MC** |
| Rachel Williams | Director of Strategic Planning and Projects | **RW** |
| Emma O'Connor Price | Board Secretary | **EOC** |
| Daisy Larbalestier | Business Support Officer | **DL** |
| Peter Gavey | Chief Ambulance Officer (Item 7 only) | **PG** |

| 1 | **Welcome and Apologies** | **Action** |
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CD welcomed all to the meeting.

Apologies received from:

| | | |
|---|---|---|
| Claire Thompson | Chief Operating Officer – Acute Services | **CT** |
| Mark Pugh | Medical Lead – HCJ Change Team | **MP** |
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| 2 | **Declarations of Interest** | **Action** |
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No declarations.

| 3 | **Minutes of the Previous Meeting** | **Action** |
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The minutes of the previous meeting held on 27 March 2025 were agreed.

| 4 | **Matters Arising and Action Tracker** | **Action** |
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EOC reports there are two matters arising. Both issues were subsequently raised during the public question session at the conclusion of the previous meeting.

The first matter concerned the cost of external reviews conducted over the past twelve months. It was confirmed that the Board would receive a comprehensive report within the next two to four

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| months, which will include detailed information on these costs as well as broader learning outcomes from the reviews.<br><br>The second matter related to the cost and outcomes of the turnaround team. A one-off budget allocation of approximately one million pounds had been approved at the time. Additional information is available in a detailed Freedom of Information (FOI) publication, which was made accessible on the Government of Jersey's website in April 2025. | |

| 5 | Chair's Introductions | Action |
|---|---|---|
| CD opens the meeting by noting a couple of items to highlight.<br><br>Firstly, an additional paper on medical job planning has been added to the agenda (item 15). For the benefit of members of the public, CD confirms that this paper is available on the HCJ Advisory Board website. Further clarity on progress will be provided when the report is discussed.<br><br>Secondly, CD acknowledges that this is the final board meeting for two colleagues: Obi Hasan, Finance Lead, Change Team and Ian Tegerdine, Interim Director of Workforce.<br><br>OH initially joined as part of the change team before being engaged as the fixed term substantive Head of Finance Business Partnering HCJ. CD commends OH for his exemplary work and significant contributions to HCJ and the Board.<br><br>ITe joined HCJ approximately one year ago as Interim Director of Workforce. As Chair of the People and Culture Committee, CD expresses appreciation for ITe's substantial and positive impact on the People and Culture Committee and the wider Human Resources function within HCJ.<br><br>CD extends sincere thanks on behalf of the Board to both OH and ITe and expresses regret at their departure. OH and ITe express their gratitude, and the Chair thanks them once again. | | |

| 6 | Chief Officer Report | Action |
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| The Board receives the Chief Officer Report which provides a summary of the strategic activities relating to Health and Care Jersey (HCJ), recognitions for health and care staff, feedback regarding the services, and some key issues, presented in more detail through the relevant board papers.<br><br>The Board is asked to note the report.<br><br>TW provides an update covering key strategic and operational priorities. TW begins by addressing HCJ's financial pressures, noting that the executive team has undertaken a detailed line-by-line review of the current forecast year end overspend. This work is ongoing and may lead to expenditure adjustments to stay within the agreed budget. All decisions will continue to be assessed through a quality impact process to understand potential implications. The Board is advised that this area likely requires continued focus and engagement.<br><br>TW then outlines progress on professional standards of care, highlighting three workstreams. JM and CS lead efforts on inpatient hydration, which is progressing well. SW and MP work on 'modern ward rounds' to improve consistency in care; while AW works on enhancing how the organisation shares and learns from serious incidents.<br><br>TW briefly references the reintegration of the States of Jersey Ambulance Service, noting this is scheduled for further discussion on the agenda. On infrastructure, TW reports that the New Healthcare Facilities Programme is moving forward with funding and planning permissions secured, and the site now cleared. Engagement with prospective main works partners is underway, with a partner currently expected to be appointed by autumn 2025.<br><br>A new Suicide Prevention Strategy is also launched, led by AW and Director of Public Health, Professor Peter Bradley, and developed in partnership with stakeholders and people with lived experience. The initial focus is on encouraging men in Jersey to seek help. TW praises the quality of the work and suggests the Board review progress next year. | | |

In terms of staff recognition, TW thanks Halil Metushev (Timeout West Café), Gary Beattie, and Maggie Wydro (Sterile Services) for representing HCJ in a public-facing campaign. TW also noted that 207 nominations have already been received for the annual "Our Stars" staff awards.

Following the report, CD highlights that, while much Board time is rightly spent on complaints and incidents, there were 300 compliments compared to 30 complaints in the last two months. This ratio reflects positively on frontline staff and deserves recognition.

CG raises a point regarding the Suicide Prevention Strategy, suggesting that the impact of gambling and gaming—especially on men—is under-addressed. AW responds that while gambling has not yet emerged in case reviews as a contributing factor, work has begun with local and national partners to strengthen awareness and support around this issue.

ACTION: Include the following items on the Board work plan for future agendas (late 2025): firstly, an update on the NHF Programme, secondly, progress on the implementation of the Suicide Prevention Strategy and thirdly, the results of the Our Stars Awards.

CD closes the item by thanking TW, noting that financial matters will be picked up again later in the meeting.

| 7 | **Reintegration of States of Jersey Ambulance Service into Health and Care Jersey** | **Action** |
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The Board receives a paper providing a summary of the rationale for the reintegration of the States of Jersey Ambulance Service (SoJAS) into Health and Care Jersey (HCJ) and the progress made so far.

The HCJ Advisory Board is asked to note the reasons for SoJAS re-integration, progress to date and plans for engagement and communication.

Pete Gavey (PG), Chief Ambulance Officer, joins the meeting and presents an update on the planned reintegration of the SoJAS into HCJ, scheduled for 1 July. PG highlights key focus areas including leadership, governance, risk management, and staff communication throughout the transition. The most tangible operational change involves a shift in line management, with PG now reporting directly to the Chief Officer of HCJ.

In response to a question from CD about retaining operational autonomy, PG explains that although the service will be part of HCJ, it will preserve many of its existing governance structures. This includes maintaining its own oversight framework developed during its time under Justice and Home Affairs (JHA), while aligning with broader HCJ safety and regulatory requirements such as those set by the Jersey Care Commission (JCC). The aim is to strike a balance between integration and service-specific governance, particularly around patient safety.

When asked about anticipated benefits, PG reports reintegration supports closer collaboration with other health services, particularly in community care, restoring a level of integration that has been diminished in recent years. He notes the move allows the SoJAS to contribute more fully to Jersey's broader health and care strategy.

Board members welcome the reintegration, with some expressing personal satisfaction at the return of the service to HCJ. The process so far is described as well-managed, particularly in identifying and mitigating risks. PG notes that while no significant unmanaged risks have emerged, financial transition and initial staff concerns are closely monitored. Reassurances have been provided to staff that the change does not affect roles or terms of employment, except for PG's new reporting line.

There was agreement on the value of reviewing the impact of the reintegration after six months to assess whether the intended benefits—particularly for patient experience and service quality—have materialised.

ACTION: Include the following two items in the Board workplan. Firstly, integration of SoJAS performance reporting within the HCJ reporting framework. Secondly, a six-month post-reintegration review of SoJAS to assess impact and identify improvements.

PG is asked to share concerns that may require the attention of the Board post-integration and cites staffing and rota coverage, especially overnight, as a continuing challenge. While recent investments have improved response times—which exceed UK performance—there remain occasional delays that can be distressing for both the public and the service. A new demand and capacity review is planned to further align resources with service needs.

CD acknowledges the importance of tracking these issues and integrating ambulance performance data into HCJ's overall reporting framework to ensure a unified and transparent approach. The Board expresses strong support for the reintegration and looks forward to welcoming the SoJAS into HCJ. PG thanks the Board for their support before leaving the meeting due to other commitments.

| 8 | **Health System Digital Transformation Plan** | **Action** |
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The Board receives a series of slides describing the Health System Digital Transformation Plan.

**Presentation Overview:**
MC presents the digital health transformation plan, emphasising the substantial benefits expected, including:

- Improved health outcomes for islanders
- Enhanced access to services
- Value for money and better system efficiency
- Attraction and retention of healthcare workforce due to better technology
- Critical importance of digitising systems alongside the new hospital program for its success.

MC references global consultancy McKinsey's estimates of a 15-20% productivity improvement through mature digital care coordination, and operational capacity gains (e.g., an 8% increase in operating room capacity). The plan outlines two options: significant investment (~£70 million over five years) or doing nothing, with the latter being clearly detrimental due to increasing patient safety events from fragmented data, a growing aging population, and workforce shortages.

A digital health advisory group is established with representatives from HCJ, Digital Jersey, and Primary Care, supporting the plan and driving its development.

**Key Questions and Comments from Board Members:**
**CG:**

- Asks if private providers are included (currently GoJ only).
- Queries about inclusion of e-prescribing directly to pharmacists and digital asynchronous GP consultations (not clearly included in the plan).
- Emphasises the importance of data sharing and data controller roles for patient assurance.
- Suggests including patient/public involvement and a Non-Executive Director (NED) on the Digital Health Advisory Group for governance and public trust.

**DK:**

- Supports the plan, noting the £70 million investment over five years (~£15 million/year) is reasonable for a program of this scale.
- Warns of "change fatigue" risks in long programs and stresses the need for clear management structure, organisational support, and ownership beyond MC alone.

**CD:**

- Echoes strong support and CG's suggestion for a NED on the advisory group.
- Highlights the massive funding gap between current investment (~£11.3 million) and the proposed amount.
- Notes Minister for Health and Social Services, Deputy Tom Binet's, public stance that the NHF cannot succeed without digital investment, which is not currently budgeted within the programme.
- Recommends the Advisory Board issue a **formal note of advice** to the MHSS strongly endorsing the plan as essential for patient benefit and system efficiency.

**MC's Detailed Response:**
**Information Governance (IG) and Data Sharing:**

- Established an IG subgroup in November 2024, with a signed memorandum of understanding between public and private health providers for data sharing.

- Developing appropriate IG frameworks around a **single patient record** system, proposed to be managed by an island partnership.
- IG is fundamental; without it, digital technologies have limited effectiveness.

**Technology Scope:**
- The current investment focuses on **foundational technology enabling digital integration** across care settings, not on specific e-consultation services.
- E-prescribing will be supported via integration with the UK's Prescription Delivery Service (PDS), enabling seamless prescription delivery directly to pharmacists island-wide.

**Governance and Public Involvement:**
- Supports having a **NED on the advisory group**; MHSS agrees this should be part of formal governance if funding is approved.
- The digital team consists of healthcare consumers themselves, motivated by personal experience of system challenges.
- Developing a communications and engagement plan to involve islanders for feedback and transparency.

**Board Agreement and Next Steps:**
- The Board agrees to draft a **formal advisory note to the MHSS**, stressing the critical nature of the digital transformation investment alongside the NHF.
- Recognises the transformational long-term benefits of a single patient record and digital infrastructure for the island's healthcare future.

ACTION: EOC and MC will coordinate to finalise and expedite the advisory note to the MHSS.

**Closing Remarks:**
CD thanks MC for his impactful leadership since joining HCJ and acknowledges the Board's constructive input and commitment.

| 9 | Learning from Deaths Framework | Action |
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The Board receives a paper outlining the process used to ensure that all patient deaths are reviewed in line with local guidelines. It also explains how key lessons related to the care provided are identified and shared to support ongoing learning and improvement.

The HCJ Advisory Board is invited to endorse the proposed framework and support the strategic direction outlined, ensuring continued progress in learning from deaths and improving patient care.

**Learning from Deaths Framework**
SW introduces the framework as a high-level overview of how HCJ reviews patient deaths. The report outlines the structures and processes in place, developed over the past two years through significant work by the Quality and Safety team, particularly the Mortality Manager, Natalie Holt.

At the core of the framework are **Mortality Learning Reviews (MLRs)**, adapted from the UK's **Structured Judgement Reviews (SJRs)**. Each MLR involves two stages: first, a clinical review of the death using a structured framework; second, assessment by a Serious Incident Review Panel (SIRP). Based on scoring, the SIRP decides whether further investigation is needed.

In 2024, HCJ conducted 34 MLRs, roughly 10% of all deaths, aiming to double this to 20% by 2025.

Key learning themes from MLRs inform the 2025 quality improvement plan, including:
- Implementation of Do Not Attempt CPR (DNACPR) and treatment escalation plans
- Communication with families
- Early recognition of deteriorating patients
- Documentation quality.

Perinatal deaths and those involving people with learning disabilities are also reviewed. While HCJ would like to connect with the UK's **LeDeR** program (Learning from Deaths in people with a learning disability), current digital systems are not compatible. Instead, HCJ ensures all such deaths are internally reviewed.

Mortality review processes include dedicated meetings, both within care groups and organisation-wide, such as M&M (Morbidity and Mortality) sessions and inset days, to share learnings across teams.

Crude mortality is tracked annually, with improvement noted from 2023 to 2024. However, unlike the UK, HCJ cannot yet use tools like SHMI (Summary Hospital-level Mortality Indicator) due to limitations in coding and data infrastructure.

Looking ahead, HCJ aspires to establish a **Medical Examiner (ME) network** like the UK's, enabling comprehensive review of all deaths. However, this presents **financial and logistical challenges**, as MEs in the UK are appointed via the coroner's office, not health systems, and Jersey currently lacks such infrastructure.

Board members express **cautious support** for the direction but raise concerns about cost, impact, and whether MEs offer substantially more learning than existing reviews. It is noted that while the ME role is a recommendation following the Shipman Inquiry, its delayed implementation and operational challenges (particularly for GPs and in cremation/burial delays) suggest a need for further evidence of value before HCJ commits.

The Board concludes by endorsing the strategy and the move to increase MLR coverage to 20% of deaths, while requesting further information on the **impact and value of the Medical Examiner model** before any decisions on implementation.

| 10 | **Finance Report Month 4** | **Action** |
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The Board receives the Finance Report Month 4 providing an update on financial position, an update on the Capital Programme for 2025 and an update on the status of Quality Impact Assessments (QIAs) and the governance and on-going monitoring process.

The Board is invited to discuss the financial position at M4 and FY25 Forecast noting the risks and mitigations and recommendations.

**Finance Report – Month 4 Summary**
OH opens with personal remarks, expressing gratitude to the Board, executive colleagues, and various teams for their collaboration and support during his tenure. OH emphasises that health and care are deeply personal sectors, and that sustainable healthcare funding—not efficiency alone—will be critical for the future.

**Headline Financial Position (as of Month 4):**
- **In-month deficit**: £1 million (improved from earlier trend of £1.5 million/month).
- **Year-to-date deficit**: £5.5 million.
- **Year-end forecast**: £18 million deficit (described as a *realistic but pessimistic* projection).

Maintaining the improved in-month performance will be challenging, as it depends on achieving ambitious FRP (Financial Recovery Plan) and stretch targets.

**Financial Recovery Plan (FRP) Performance:**
- **Year-to-date delivery**: £3.6 million (against a £5.2 million target at this stage).
- **Full-year FRP target**: £17.1 million, nearly double last year's delivery.

To contextualise the challenge:
- Benchmark efficiency improvements in comparable systems (e.g., NHS) are around 2–3% per annum.
- By contrast, to balance the budget, HCJ is required to deliver **8.6% total efficiencies** in 2025, of which **5.4%** relates to the FRP and **3.2%** to additional cost reductions.

Despite the shortfall, opportunities are identified to make further progress. Quality remains a priority, with a **well-established Quality Impact Assessment (QIA)** process in place to ensure that cost-saving measures do not compromise care.

**Structural Pressures and Mitigation Efforts:**
Key underlying cost drivers include:
- Workforce vacancies and associated agency spending.
- High health inflation (likely exceeding the assumed 2% annual rate).

- Demographic pressures, notably Jersey's ageing population.

Mitigation measures underway:
- Improved job planning and active recruitment (notably successful in attracting clinical staff to the island).
- Targeted procurement efficiencies and increased private patient revenue.
- Introduction of a **rigorous establishment control panel** (including clinical, operational, and finance input) to scrutinise all recruitment requests based on quality, safety, operational necessity, and budget availability.

**Board Discussion Highlights:**
- Recognition that the £18 million deficit is likely to be a floor rather than a ceiling unless active controls continue.
- Emphasis on **discipline** in delivering as many current-year benefits as possible (rather than deferring them to the next year).
- Importance of distinguishing between structural funding issues and any perceived underperformance in delivery.
- Calls for **greater transparency and assurance** around workforce grip and control.

ACTION: Committee reporting (Finance and Performance / People and Culture) on posts approved vs. rejected through the establishment panel (EVCP), noting the hurdles before a post reaches EVCP. Visibility of roles not submitted to EVCP due to internal reprioritisation (e.g., mental health service adjustments).

| 11 | **Quality and Performance Report Month 4** | **Action** |
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The Board receives the Quality and Performance Report (QPR) for Month 4.

**Elective and Urgent Care Performance**
**Elective Care**:
- **Long Waits Reduction**: Significant reduction in patients waiting over 52 weeks for their first outpatient appointment.
- **Diagnostic Access**: Marked improvements in radiology diagnostics (endoscopy, ultrasound, MRI) wait times.

**ED Performance**:
- **Adults**: 80.3% seen within 4 hours.
- **Children**: 94.3% seen within 4 hours.
- This marks a notable improvement, particularly compared to winter months, and compares well with wider NHS performance.

**Quality and Safety**
- **Pressure Ulcers**: No grade 3 (or higher) pressure ulcers developed in care during April.
- **Island-wide Pressure Ulcer Prevention Framework**: Launched in collaboration with Family Nursing and Home Care, updating the 2021 framework.
- **Complaints**:
  - Remain low in volume.
  - **Themes Identified**: Attitude/behaviour and basic nursing care.
  - **Response**: New training launched for healthcare assistants, with initial completions this month.
- **Nutrition and Hydration**:
  - Comprehensive audit completed.
  - Improvement program underway starting May 2025, addressing patient meal quality and experience.
- **Infection Prevention and Control**:
  - Infection rates remain low.
  - All infections thoroughly reviewed by multidisciplinary teams.
  - No cross-infection cases identified.

**Mental Health Services**
- **Jersey Talking Therapies**: Concerning recent spike in waitlist; not necessarily a trend, under urgent review to determine cause as per usual practice.
- **Autism Assessments**: Waits increasing due to staffing shortages.
- **ADHD**: List continues to grow.

- **Discharge Follow-Ups**: Slight underperformance (75%) but based on small numbers (1 of 4 missed); each case investigated.

**Social Care Indicators** (first time reporting):
- **Annual Review of Support Plans**: 60% of service users reviewed.
- **Social Care Assessment Wait Time**: Average of 5 weeks; under review before setting a formal target.
- **Missing Indicators**:
  - Capacity assessment delays (to return next month).
  - Delayed transfers of care (currently 15% of beds).

**Service User Feedback**
- **Safeguarding**:
  - 60% report feeling safe and secure after intervention.
  - Plans to improve reporting and data presentation.
- **Learning Disability Services**:
  - 100% of service users report improved quality of life and functional ability in Q1 (up from 91% in Q4 last year).

**Diagnostic Wait Times – Challenges and Concerns**
- **Endoscopy**: Longest wait times due to limited capacity; additional doctors being recruited.
- **Ultrasound**: Currently at 26 weeks; expected to reduce to 12 weeks by August 2025 following new staff onboarding.
- **MRI**: Average wait of 6 weeks; 90th percentile at 13 weeks. Improvement trajectory expected.
- **CT and Cardiac CT**:
  - Cardiac CT specifically challenged by the need for both cardiologist and radiologist availability at the same time.
  - Sessions limited to two per week, exploring job plan changes and session rescheduling (e.g. Monday to Friday).

CG raised concerns regarding:
  - Perceived overuse of diagnostics.
  - Apparent disparity between MRI and ultrasound wait times.
  - Call for education, performance management, and better use of advice/guidance tools.
  - Suggestion for a dedicated diagnostics improvement report for the next Board meeting

**Other Key Points**
- **Radiology Review**: Planned review of radiology capacity, personnel, and service prioritisation.
- **Safeguarding and Learning**: Continued focus on making safeguarding more person-centred, with support from new designated doctor and partnership lead. Updates on serious case review learning to be reported to the next Quality, Safety and Improvement Committee.
- **Infection Control**: HCJ's near-zero hospital-acquired infection rate praised as an exceptional achievement, reflecting high compliance with hygiene protocols.

ACTION: The Board will receive an update on diagnostics, including measures being implemented to reduce diagnostic waiting times (July 2025).

| 12 | **Workforce Report Month 4** | **Action** |
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The Board receives a paper providing regular information on the status of the workforce. The Board is asked to note this report and the ongoing actions to develop a report that is more fit for purpose.

**Key Workforce Highlights**
**Turnover**
- There is a small **uptick in turnover** compared to the same time last year.
- Unclear if this is a trend or a **one-month anomaly** – to be closely monitored.

**Sickness**
- Sickness rates show **three consecutive months of reduction** since Christmas 2024.

- Still remain higher than last year overall, due to either increased incidence or increased reporting.
- Current total: **37,500 sickness days** over the last 12 months (~14 days per employee).
- Previous year comparison: ~11 days per employee.
- Concerns raised by CD about the **financial impact** and sustainability.
- Data issues limit granular analysis (e.g., trends by day of week or short vs. long-term sickness).

**Recruitment**
- Remains **patchy** month-on-month.
- Still **not confident** the organisation is recruiting as efficiently as possible.
- Working groups established for **medical and non-medical staff recruitment**.

**Agency Staffing and Budget Controls**
- Still reliant on **agency staff** across nursing, medicine, and AHPs – though numbers are decreasing.
- EVCP (Establishment and Vacancy Control Panel):
  - Used to ensure **budget adherence**, not cost-cutting.
  - Any agency requests must be justified against existing budgets.
- **Substantive staffing is underspent** per OH's finance report.

**Performance Objectives**
- Staff with objectives recorded in the system now at **63%** – best performance to date, although still short of stretch target.

**Discussion and Comments**
**CD remarks**
- Acknowledges improvement in sickness but emphasises:
  - **Sickness remains unacceptably high**.
  - Significant **cost implications**.
  - Need for **sharper focus** on tackling sickness.

**TW**
- Emphasised a **"hands-on" management approach** as key in HCJ due to generally smaller teams and managers knowing their staff.
- Suggests improvement is more likely through **active line management** than data alone.
- Advocates a **person-led** rather than purely data-driven approach.

**AH**
- Shares past experience:
  - Importance of **managerial compliance** with procedures.
  - Managers need **support and confidence** to address issues.
  - Need for **manager training** and possible **review of procedures**.

**CG**
- UK perspective:
  - National move to **reform the sick note system**.
  - Notes higher sickness rates among **younger staff**.
  - Emphasises breaking down **fear and HR barriers** that prevent proper management.
  - Suggests **early contact with sick staff** is often avoided but essential.

**Future Actions and Requests**
- Further drill-down into sickness absence requested for next People and Culture Committee report:
  - **Service-area breakdown** of sickness.
  - Identification of **most-affected teams**.
- Continue tracking **long-term vs. short-term sickness**.
- Focus on **improving system capabilities** to support managers (e.g., automatic flags).

**Closing Remarks**
- ITe thanked for ongoing work.
- Recognition that **system limitations** are a major barrier, but **leadership and manager engagement** will be crucial.

- Sickness remains a **high-priority issue** moving forward, especially due to its impact on **financial and service sustainability**.

| 13 | Committee Reports | Action |
|---|---|---|

The Board receives a paper providing assurance on the work of each of the Committees and escalation of issues as necessary.

The Board is asked to note the reports.

**a. People and Culture**

CD wishes to draw specific attention to a key area of concern — workforce data quality. During the last meeting, the Committee held a focused discussion on the significant limitations in workforce data that are hindering effective workforce management. This includes challenges with managing sickness absence, monitoring trends, and holding teams accountable at an operational level. The current state of workforce data makes it almost impossible to manage some services in the way expected, particularly within the largest and most critical department within GoJ. This is considered unacceptable given the scale and importance of the workforce.

In response to these concerns, the Committee invited the Government of Jersey's Chief People Officer, along with colleagues from the workforce analytics team, to present at the meeting. They acknowledged the current deficiencies and offered a commitment to improve the system. Specifically, they have undertaken to deliver improvements within a six-month timeframe. However, it is also now clear that several previously expected capabilities have been withdrawn from scope and some data requirements will no longer be deliverable.

The Committee will continue to hold the relevant teams to account robustly over the promised improvements and intends to consider this issue further at future meetings — including the potential development of an advice note to the MHSS. Given the financial context, it is vital to reinforce that improved workforce data could unlock significant operational savings. Even a modest reduction in sickness absence — 1% — could potentially equate to as much as an estimated £1 million in savings. Lack of accurate, accessible data constrains the Board's ability to pursue such savings and undermines the commitment to good governance.

It was noted that while the NHS is also seeing increasing sickness absence trends, HCJ's levels remain comparatively high, and without appropriate data systems, local managers are left unable to identify and address recurring short-term absence patterns, which would otherwise be actionable in other systems.

Finally, the Committee reiterates the urgent need for investment in data infrastructure, and that this should be considered not just as a cost, but as a potential "invest-to-save" opportunity with material financial and operational benefits.

**b. Finance and Performance**

No issues to highlight (covered in item 10).

**c. Quality, Safety and Improvement**

Despite some public concerns about nursing staffing ratios, the Committee notes that HCJ meets the recommended ratios set by the Royal College of Nursing (RCN)—with appropriate nurse-to-patient ratios. Furthermore, there is a positive pipeline of trained nurses being onboarded, and agency nursing usage has significantly decreased, reflecting solid workforce management.

Additionally, while there has been some previous criticism regarding waiting times, the Committee acknowledges the considerable efforts of the access team and wider care groups in reducing these metrics, resulting in a more positive assessment of service quality overall.

No further questions are raised.

| 14 | Board Assurance Framework | Action |
|---|---|---|
| Nil to note. | | |

| 15 | Medical Job Planning Update | Action |
|---|---|---|

The Board receives a paper providing an update on the current medical job planning process and looks forward with a proposed plan of actions to be undertaken prior to the next job planning round.

The Board is asked to note the excellent progress made on job planning in 2025 and the plans to move to prospective job planning for 2026.

SW reports that HCJ has made significant progress addressing the longstanding job planning challenges. Job planning, a mandatory annual process for all doctors that feeds directly into appraisal and revalidation cycles, has seen substantial improvement this year.

- **Consultants:** Approximately 82% of consultants now have job plans either in the first discussion, second discussion, or signed off stage. This figure rises to around 87% when including orthopaedics and gynaecology consultants whose job plans are temporarily on hold due to ongoing service reviews. This achievement marks the highest completion rate ever recorded in HCJ and is a testament to the dedicated efforts of MP, the FRP, and the medical staffing team.
- **SAS Doctors:** For SAS (Staff and Associate Specialist) doctors, 68% have progressed to first or second sign-off, with 32% still in discussion. Work continues to chase outstanding job plans, particularly within key specialty groups, with a target to complete this by the end of May 2025.

Looking ahead, there will be a review and “lockdown” of job plans at an ELT Cobra meeting to assess the impact of average caps on Programmed Activity Sessions (PAs)—12 PAS for consultants and 14 PAS for SAS grades. While reaching 100% completion is unlikely (consistent with NHS experience), further efforts will focus on improving the SAS completion rate.
Additional work from June to September 2025 will focus on reviewing the Allocate job planning system. As Allocate was originally designed for NHS systems, adaptations are necessary to fit HCJ’s unique contracts and working arrangements, including ‘hot’ weeks and on-call systems. Diary card exercises are planned in specialties such as Emergency Medicine, General Surgery, Trauma and Orthopaedics, and Ophthalmology to better capture working patterns.

The Board acknowledges the considerable improvement since the beginning of 2025 and commends the teams involved. While the anticipated savings were primarily attributed to the e-rostering system rather than job planning directly, optimised allocation of direct clinical player time is expected to yield around 500 PAs in savings.

| 16 | Register of Interests for Board Members | Action |
|---|---|---|
| Noted. | | |

| 17 | Questions from the Public | Action |
|---|---|---|
| The meeting addresses questions submitted by members of the public.<br><br>**1.** | | |

The first question was pre-submitted by email from Annetta Merritt, who was unable to attend in person.

**Question from Annetta Merritt:**
*In respect of PALS (Patient Advice and Liaison Service), what is the escalation process if no response is received to a request for information? Additionally, there is no information available on the PALS website regarding response times or escalation procedures.*

**Response:**
The PALS team handles enquiries within a 5-day timeframe. If a response or resolution is not achieved within this period, the concern is escalated to the Patient Feedback Team. Both teams conduct daily huddles to discuss outstanding concerns and complaints, enabling further escalation to the Patient Experience Manager as necessary.

It was acknowledged that the PALS website currently lacks clear information on response times and escalation processes.

ACTION: JM will undertake a review to update the website to ensure these details are clearly communicated (July 2025).

A representative from PALS also clarified that the service primarily provides advice and support with complaints generally handled by colleagues in the HCJ feedback team. PALS would ensure that any query or complaint reaches the right HCJ team.

**2.**
**Question:**
*You've spoken quite a lot about the digital system you're planning to implement. Will this make processes quicker? Recently, a consultant in the UK requested some information about me, and it took nearly three months for that information to be sent. Will the new system improve this?*

**Response:**
MC responded this would be the case. The intention is to integrate with the UK's digital system. Currently, if a GP in Jersey refers you to the hospital, the referral is sent electronically the same day. Similarly, if the hospital needs to make a tertiary referral to a UK specialist, it uses the same system. This means information flows in near real-time, avoiding long delays.

This example highlights exactly why investment in a better digital infrastructure is so important. The current delays and poor quality of information sharing between providers are unacceptable. With the new system, patients will even have access to hold their own records, reducing dependency on paper or manual transfers.

**Additional Concern:**
*Regarding CT scan waiting times — I saw a consultant in March and was told my CT scan wouldn't be done until December. However, the CT department later informed me it's scheduled for June 18th. There seems to be a communication issue between departments, and the initial estimated wait times have fluctuated significantly.*

**Response:**
The confusion and frustration around waiting times and communication between departments is acknowledged. The CT department indicated the scan was ordered as 'routine,' which may explain the longer wait estimates. However, the discrepancy in the information received is concerning, and will be investigated further to ensure clearer communication and more accurate wait time information going forward.

**Concern:**
*My father broke his hip and getting him home was difficult. The hospital, physios, OTs, and social workers seemed to want to send him to a care home for convenience. The OT took an extra week to clear the house, delaying discharge. After discharge, there was no follow-up from hospital or therapy teams, only from the GP. This is frustrating and doesn't seem right*.

**Response:**
Discharge planning should include follow-up based on individual needs, sometimes involving primary care or family nursing. It is acknowledged there may have been gaps here and the service

manager will be asked to review this case.

The concern raised about older patients sometimes not receiving adequate attention are understood, but regular audits show efforts to improve care. Sometimes, decisions about residential care relate to patient or family choice, but unnecessary haste to residential care is not ideal.

Telecare services to support people at home are provided, including monitoring systems that alert safety issues. These services are subsidised for those on benefits and are gradually expanding.

Thanks given for sharing this experience; it highlights important system improvements needed.

**3.**
**Question:**
*You mentioned remote monitoring, which is fantastic. We have a local company that offers a paid remote monitoring service. Would it be more cost-effective to outsource to them rather than setting up our own system with equipment and staff?*

**Response:**
The focus is on having a central platform that integrates data from remote monitoring devices, allowing clinicians to view the information in one place. Some local companies provide devices, but clinicians often do not have access to that data, which remains siloed.

The goal is to adopt open international data standards so that any device or company contracted with can integrate data into our system. Cost-effectiveness and local partnerships will be priorities in procurement, but the key is to ensure clinicians get a complete, integrated view of patient health data.

**Question:**
*Has there been any update on the neurology service review? Will there be a report?*

**Response:**
The Royal College of Physicians conducted a review. Their initial feedback is positive, praising the service and the previous clinician (now retired). The final report is awaited, which typically takes 3–6 months. It is expected by autumn 2025.

**Question:**
*When will there be an announcement about the new Director of Nursing?*

**Response:**
The post has been filled. The announcement will be made shortly, once all arrangements have been finalised.

**Question:**
*Data collection is crucial, especially for health. With recent Supreme Court rulings, should we require legal documentation of biological sex in records? This is important for clinical accuracy, such as prostate exams or cervical screenings, without negating self-identification.*

**Response:**
The final guidance from the Equality and Human Rights Commission is awaited, like other UK health providers. Once issued, local policies will be reviewed to ensure compliance. This will balance accurate clinical data with respect for identity.

**Clarification:**
*PALS is not for complaints but for advice and support. So where do people go to make formal complaints?*

**Response (PALS and Feedback Team):**
PALS handle concerns and support but do not generally deal with formal complaints. Complaints are managed by the HCJ patient experience team's feedback officers. If a complaint is raised with PALS, they signpost or refer it to the feedback team. Both teams work closely and triage issues daily to resolve concerns quickly where possible.

| | |
|---|---|
| The website information will be reviewed to make this clearer for the public.<br><br>Members of the public thanked OH and ITe for their fantastic work, acknowledging their contributions as they depart. | |

| | **MEETING CLOSE** | **Action** |
|---|---|---|
| CD thanks all for attending today and for all those who contributed to the agenda.<br><br>**Date of next meeting:** Thursday 31 July 2025 | | |

| | A | B | C | D | E | F | G | H | I | J | K |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | **HEALTH AND CARE JERSEY 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 | 20-Jun-00 | 29-May-25 | 17 | Questions form the Public | JM will undertake a review to update the website to ensure these details are clearly communicated (July 2025). | J. Marshall | Jul-25 | | | | **JULY AGENDA** |
| 5 | 171 | 29-May-25 | 11 | Quality and Performance Report Month 4 | The Board will receive an update on diagnostics, including measures being implemented to reduce diagnostic waiting times (July 2025). | C. Thompson | Jul-25 | | | | **JULY AGENDA** |
| 6 | 170 | 29-May-25 | 10 | Finance Report Month 4 | Committee reporting (Finance and Performance / People and Culture) on posts approved vs. rejected through the establishment panel (EVCP), noting the hurdles before a post reaches EVCP. Visibility of roles not submitted to EVCP due to internal reprioritisation (e.g., mental health service adjustments). | S. James | Jul-25 | | | | **JULY AGENDA** |
| 7 | 169 | 29-May-25 | 7 | Reintegration of States of Jersey Ambulance Service into Health and Care Jersey | Include the following two items in the Board workplan. Firstly, integration of SoJAS performance reporting within the HCJ reporting framework. Secondly, a six-month post-reintegration review of SoJAS to assess impact and identify improvements. | E. O'Connor Price | Nov-25 | | | | **FUTURE AGENDA** |
| 8 | 168 | 29-May-25 | 6 | Chief Officer Report | Include the following items on the Board work plan for future agendas (late 2025): firstly, an update on the NHF Programme, secondly, progress on the implementation of the Suicide Prevention Strategy and thirdly, the results of the Our Stars Awards. | E. O'Connor Price | Sep-25 | | | | **FUTURE AGENDA** |
| 9 | 167 | 27-Mar-25 | 14 | Strategy Development Health and Care, Clinical, Workforce Strategy | A future meeting should be scheduled to review the integration of strategies, ideally by September or November 2025. Invite the Partnership Board Chair to join this meeting for a broader conversation. | TBC | Sep-25 | | | | **FUTURE AGENDA** |
| 10 | 166 | 27-Mar-25 | 8 | Patient Flow | A six-month review of the indicators to monitor progress, with future reports clearly showing the targets and performance related to patient flow. | C. Thompson / A. Weir | Sep-25 | | | | **FUTURE AGENDA** |
| 11 | 164 | 27-Mar-25 | 7 | Acute Medicine improvement Plan | CT to work on providing clinical effectiveness data and integrate it into future reporting. CT to track the remaining 43 recommendations and present progress to the Board in six months to ensure consistency and improvement. | C. Thompson | Sep-25 | | | | **FUTURE AGENDA** |
| 12 | 163 | 27-Mar-25 | 6 | Chief Officer Report | Further discussions and updates on the draft law for assisted dying to be provided in late summer with a detailed board discussion in September. | T. Walker | Sep-25 | | | | **FUTURE AGENDA** |
| 13 | 161 | 27-Mar-25 | 6 | Chief Officer Report | Update on the new healthcare facilities program, including Overdale and St Saviour's, to be provided by mid-year, with a detailed update in September. | T. Walker | Sep-25 | | | | **FUTURE AGENDA** |
| 14 | 159 | 28-Jan-25 | | | Explore the possibility of an externally commissioned deep dive into ADHD - update | A. Weir | May 2025<br><br>~~01/03/2025~~ | 27 March 2025 - AW provided an update on the exploration of an externally commissioned deep dive into ADHD services. The update reveals that monthly meetings with clinicians / clinical lead have been ongoing to address issues such as prioritising the waiting list and increasing capacity. However, it was concluded that an external review is premature and should be reconsidered by the Board in three months.<br>CG expresses concern about the delay, emphasising the urgency due to the long waiting list and the broader issue of drug prescribing, including cannabis and ketamine. CG argues that immediate action is needed, whether through an external review or internal workshops, to address the seven-year waiting list and the high percentage of the population on these medications.<br>AW suggested the need to clearly define the scope of the review, distinguishing between a review of ADHD service delivery and prescribing practices (of cannabis and ketamine). Concerns are raised about the potential diversion of limited clinical time for a review that might only reiterate known issues.<br>AW to provide a detailed explanation at the next meeting to clarify the objectives and necessary actions. | | | **OPEN** |
| 15 | 149 | 28-Nov-24 | 9 | Harm Review – Patient Tracking List Management Process | The board to receive a harm review paper in June 2025 including a broader interpretation of harm. | C. Thompson | Jul-25 | | | | **JULY AGENDA** |

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|---|---|---|---|
| **Report to:** | Health and Care Jersey Advisory Board – Part A – Meeting in Public | | |
| **Report title:** | **Chief Officer Report** | | |
| **Date of Meeting:** | 31 July 2025 | **Agenda Item:** | **6** |

| | |
|---|---|
| **Executive Lead:** | Tom Walker, Chief Officer – Health and Care Jersey |
| **Report Author:** | Tom Walker, Chief Officer – Health and Care Jersey |

| | |
|---|---|
| **Purpose of Report:** | For Information |
| | This paper provides a summary of:<br><br>• strategic activities relating to Health and Care Jersey (HCJ)<br>• recognitions for health and care staff<br>• feedback regarding the services, and<br>• some key issues, presented in more detail through the relevant board papers. |
| **Summary of Key Messages:** | The key messages arising from this report are:<br><br>See below. |
| **Recommendations:** | **The Board is asked to note the report.** |

| **Link to Jersey Care Commission (JCC) Domain:** | | **Link to Board Assurance Framework (BAF):** | |
|---|---|---|---|
| Safe | | SR 1 – Quality and Safety | |
| Effective | | SR 2 – Patient Experience | |
| Caring | | SR 3 – Operational Performance (Access) | |
| Responsive | | SR 4 – People and Culture | √ |
| Well Led | √ | SR 5 – Finance | |

| | |
|---|---|
| **Are any stakeholders impacted?** | N/A |

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|---|---|
| **Are there any associated risks?** | N/A |

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|---|---|
| **Are there any workforce implications?** | N/A |

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|---|---|
| **Are there any financial implications?** | N/A |

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|---|---|
| **Are there any Digital systems implications?** | N/A |

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|---|---|
| **Next steps?** | N/A |

| **Boards / Committees / Groups where this report has been discussed previously:** | | |
|---|---|---|
| **Meeting** | **Date** | **Outcome** |
| Nil | | |

| **List of Appendices:** |
|---|
| Nil |

**MAIN REPORT**

**Strategic Overview**

As Board members will be aware, over the past few months we have been bringing together health and care functions from across the public service into ***Health and Care Jersey***. We started the move towards this more integrated department in January 2025, when joined by Public Health, Health Policy, Digital Health and the New Healthcare Facilities Programme. On 01 July, we were pleased to welcome colleagues from the States of Jersey Ambulance Service, HR and Finance Business Partners, Commercial Services colleagues (category specialists for Health and Care), Medical Staffing and recruitment teams. In addition, the Commissioning and Change Management team joined the Island / Integrated Division, as their work is health and care system-wide.

As Chief Officer of the expanded department, my focus remains on fostering a culture where collaboration, team work, and our public service values guide everything we do; where we are living within our means whilst delivering quality, safe and effective services; where prevention becomes prioritised; and where we continue to develop excellent, modern health and care facilities and digitally-enabled services.

As part of the ***States of Jersey Ambulance Service*** (SoJAS) reintegration, reporting to Board has been updated and refreshed, and Board members will begin to see information relating to SoJAS within the Board Assurance Framework and included in the Quality Performance Report agenda item.

The leadership team continue to focus on the Single Assessment Framework (SAF)[1] standards for ***Freedom to Speak Up*** and fostering a positive workplace culture where people feel they can speak up and their voice will be heard. Executives are currently reviewing how they actively promote Freedom to Speak Up through encouraging positive behaviours and continuing to build a workplace environment where speaking up is valued and welcomed. To support the speaking-up process, a new escalation procedure has been developed and adopted by the HCJ Senior Leadership Team (SLT). In addition, we were pleased to receive a visit from Jude Diggins, Freedom to Speak Up Guardian for Hampshire and Isle of Wight NHS Trust, who met with our Freedom to Speak Up Champions, and led sessions with the Executive Leadership Team, HR colleagues and for all Managers regarding compassionate leadership and 'Listening Up'.

The Jersey Audit Office published a ***Follow Up Report on Financial Management and Internal Control***[2]. This included a chapter on HCJ, which noted that healthcare expenditure has increased at a rate greater than general inflation over recent years, which is in common with a number of jurisdictions, and that whilst not possible to quantify the extent to which these pressures could have been alleviated by better financial management and internal control, there are opportunities for improvements. The report notes that HCJ has adopted a more robust and evidence-based approach to budget planning for 2025. The report also notes that the Board has adopted a timetable for producing a clinical strategy and a workforce strategy and re-emphasises their importance to assessing the budget requirements to deliver safe, high quality health and care services to Islanders.

The report recommends that HCJ 1) updates the Financial Recovery Plan to focus on actions to be taken to manage rising costs of social care and mental health packages, high cost drugs and off Island contracts and to better control permanent staff vacancies through establishment control and productivity to avoid excess overtime; alongside specific actions to realise the efficiency savings identified by

[1] https://carecommission.je/wp-content/uploads/2025/05/STD_SAF_-FINAL-20250429.pdf

[2] https://www.jerseyauditoffice.je/news/follow-up-report-into-financial-management-and-internal-control-published/

benchmarking services, address the deficits in income from private patient activity, and improve internal controls and compliance; 2) enhances the procedures to document and monitor actions arising from the Care Group 'support and challenge' meetings; and 3) improves the use of serious untoward events data to develop documented risk appetite and tolerances. The recommendations will now be considered and a response provided to the Public Accounts Committee (PAC) in due course.

The ***New Healthcare Facilities Programme (NHFP)*** continues to make good progress, with work underway to select a Main Works Delivery Partner who has significant experience in building a complex healthcare facility. Detailed room layouts have also been completed and are being progressed to final approval.

The Planning Obligation Agreement (POA), outlining the detailed agreed conditions for the Acute facility at Overdale, is due for agreement in August/September. Crematorium services are being relocated to the Royal Jersey Agricultural and Horticulture Society site in Trinity. This will allow the development works to begin at Overdale, including site hoardings, some elements of site clearance and work on the utility provision. The contractor for the Facilities Management Hub works has been appointed and this work will start in earnest in the coming weeks to deliver the temporary site offices for the NHFP team and eventually to house the HCJ Facilities Management team.

The workforce strategy will form an important part of the Final Business Case and is due to be completed by the end of 2025. This work overlaps with the development of the HCJ clinical strategy and wider workforce development initiatives and will therefore be coordinated with HCJ colleagues. A 'plan on a page' is currently being developed to ensure that all the desired outcomes are aligned.

Finally, the next steps in progressing the plans for Ambulatory and Mental Health services are being developed and will be considered by the HCJ senior team and user groups in due course.

**Strategy and Policy Updates**

The Minister for the Environment has lodged the ***Draft Regulation of Care (Jersey) Amendment Law*** (P.57/2025)[3] for consideration by the States Assembly, which would amend existing legislation to implement independent regulation of Jersey's hospital services (including mental health services) and ambulance services. The Jersey Care Commission would be required to inspect hospital and ambulance services once every 5 years. The Commission would conduct annual inspections of parts of each service, but not every aspect of the hospital service will be looked at every year. However, within 5 years, the Commission must have inspected every part of the hospital service.

Also, as part of extending the law to cover hospital services, existing legislation would be enhanced so that the duty of candour reflects the equivalent provision in English legislation, including defining "notifiable safety incidents" and specifying how registered persons must apply the duty of candour if these incidents occur.

The draft legislation will now be scrutinised by a panel of the States Assembly[4].

Two cross service working groups, comprising Mental Health professionals, Legal Advisors, Court staff and Policy Officers, have been reviewing both the ***Mental Health (Jersey) Law 2016 and the Capacity and Self-Determination (Jersey) Law 2016***. The draft Amendment Law is in the final stages of Law Drafting and is expected to be lodged for debate this Autumn. If approved, it will lead to a number of changes to the

[3] https://statesassembly.je/publications/propositions/2025/p-57-2025

[4] https://statesassembly.je/news/scrutiny-sub-panel-to-review-regulation-of-care-legislation

two Laws, reflecting the evolution of best practice and our Jersey context (the provisions in Law are currently based on English provisions).

A Draft Order is being developed, to replace the current ***Medicines (Advertising) (Jersey) Order 2000***. This will align advertising standards for medicines in Jersey, with those found in the Human Medicines Regulations 2012. Most importantly the draft Order will, amongst other new provisions, prohibit the issue of any advertisement "*that is likely to lead to the use of a prescription only medicine*". The draft Order is in the final stages of law drafting, and stakeholders will be provided with notice of the draft Order in due course, so that they can adjust their advertisements accordingly before the Order is made.

The Minister for Health and Social Services has lodged report and proposition regarding ***Health and Care Jersey Advisory Board and Partnership Board*** (P52 / 2025)[5], which is due to be debated in September 2025 seeking the States Assembly's agreement to:

- continue the Advisory Board beyond the initial 18-month period agreed by the Assembly in 2023, and
- establish a new non-statutory Partnership Board. The Partnership Board would be a Board of providers (government and non-government) whose purpose is to work together to plan how to improve the health and wellbeing of people who live in Jersey.

**Staff Recognitions and Achievement**

Each year we run 'Our Stars', a values-focussed programme of employee recognition and achievement, enabling colleagues to show appreciation and gratitude for their contribution at work. I am delighted to report that we received a record 615 nominations this year – significantly higher than in previous years. Judging is underway and the final awards are expected to be presented in early October.

In addition, since the last Advisory Board meeting, the following events and anniversaries were celebrated:

- Sandybrook Nursing Home residents and staff held an event filled with music, treats and decorations on the 80th anniversary of Liberation Day
- World Day for Cultural Diversity, when colleagues were encouraged to represent their cultural heritage in the workplace e.g. by wearing national dress or bringing traditional foods to share with colleagues
- Biomedical Science Day, with a pop-up event and tours of the pathology department
- The Adult Social Care Group social committee hosted a 'Trooping of the Colour' cakes and bakes fundraiser, raising £200 for the Salvation Army and British Legion.

Awareness

- A new Cancer Advisory and Patient Strategy group has been launched, establishing a formal patient advisory sub-committee that will play a vital role in guiding the continued implementation of Jersey's Cancer Strategy. Expressions of interest are being encouraged from people living with cancer, cancer survivors or family members or carers of those affected by cancer.
- The End-of-Life Partnership Group launched a new 'Living Well' team for Islanders with life-limiting illnesses, and their families. This included a stand on King Street, presentations to colleagues and media coverage to raise awareness
- The Community Learning Disability Service partnered with many local organisations for Adult Learning Disability Awareness Week, offering a range of activities for Islanders to find out about the support available for adults with a learning disability
- On National HIV testing day, the Blood Bourne Virus team offered Islanders a free and confidential test

[5] States Assembly | P.52/2025

- The Cardiology team screened 172 Islanders for Heart Failure Awareness week, hosting two successful pop-up sessions aimed at raising awareness about heart failure and offering vital health information, advice, and support to colleagues and Islanders. The team were also selected to present posters at two conferences about their research work as part of JeFF: Jersey Fighting Failure
- The Faculty of Health Education held a Discovery open day for Islanders considering studying in healthcare.

Service improvements

- The Cardiology team shared the news that Islanders are now able to access potentially life-saving heart treatment more quickly thanks to a new initiative that identifies if rapid care is needed
- HCJ colleagues celebrated a 33% reduction in acquired pressure ulcers across HCJ in 2024, and Samares Ward, at St Ewolds were recognised for reaching a full year without an acquired pressure ulcer.

Qualifications

- Tania de Sa and Irina Niculae, both of whom are Health Care Assistants, completed their Care Certificate qualifications.

Sports

- Team HCJ qualified for the 1st division in the Mixed Netball league
- Serena Webb, Physiotherapist, secured a place at 2025 HYROX World Championships
- Many HCJ colleagues participated in the London Marathon, Ironman or Island Walk
- Anthony Somerville, HCJ Project Co-Ordination Manager completed the De Tour De France 2 - a marathon cycling event to raise funds for Friends of Mont à l'Abbé School.

Other achievements

- HCJ colleagues celebrated Steven Beal, admin and ward clerk in Outpatients, who's art was exhibited.

**Chief Officer Visits to Services**

Since the last Board meeting, I have very much enjoyed visiting:

- Patient Travel Service
- Ambulance station
- The new Breast Screening Unit at the Enid Quenault Health and Wellbeing Centre
- Rheumatology Department at the Enid Quenault Health and Wellbeing Centre
- Strive Health Club.

**Patient and Service User Feedback**

Feedback continues to be received through various channels and is shared with the relevant colleagues, their managers and wards/departments. Additionally, themes are discussed at monthly care group governance reviews to identify and share recurring issues, and to recognise good practices.

**Compliments**

In June, we received 171 compliments; themes included:

- Care provided
- Positive staff attitude
- Overall patient experience.

Examples of feedback are:

Surgical Services
*"My surgeon was amazing in the aftercare and came to see me on a daily basis. In my eyes he performed a miracle against all odds and never once gave up on me. He clearly is experienced, passionate and cares about his job and the best possible outcome for the patient and for this I am truly grateful. I would be grateful if you can pass on my thanks on."*

Jersey Talking Therapies, Mental Health Services
*"I have come out of the experience with tools to better combat my anxiety-related problems. Sessions were well structured, clear, considerate and very useful."*

Oncology/Haematology, Medical Services
*"A special thank you to everyone in Oncology/Haematology for your guidance, support, professionalism, kindness and caring during the most challenging time in my life.*
*I cannot really put into word how reassuring it felt having you all here for me. I think you are amazing people. Thank you all."*

Assisted Reproductive Unit, Women, Children Care Group
*"We just wanted to thank you sincerely for all the help, guidance and support over the last 5 years. After a lot of heart break we finally welcomed our rainbow baby boy and couldn't be happier. We were very lucky to have you in our corner getting us through the worst days of our lives giving us hope for today. Wishing you all the best."*

**Complaints Overview and Quality Improvement Initiatives**

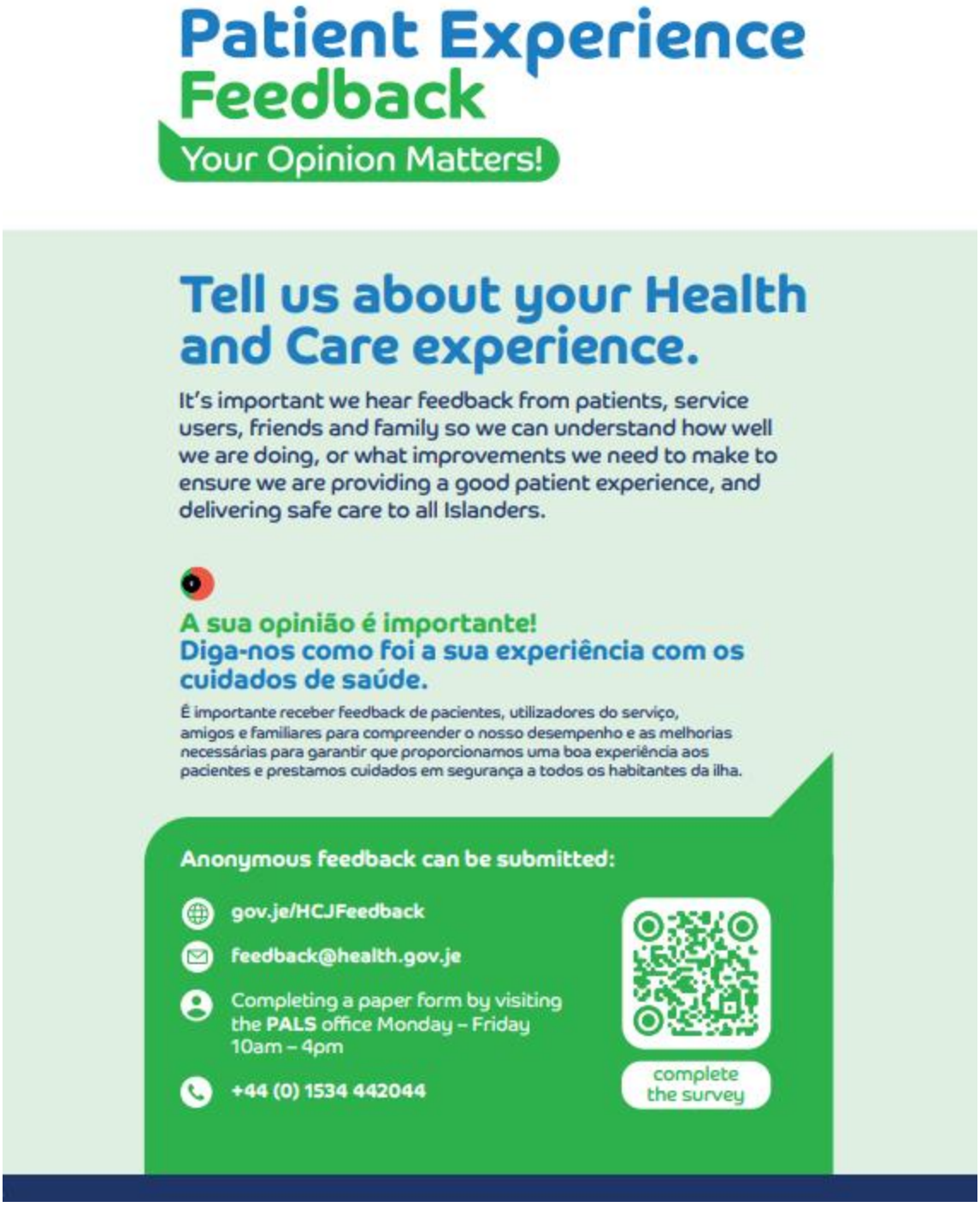
In June 2025, we received 24 new complaints. The two identified themes were:

1. Verbal communication received by the patient / service
2. Care concern delivery including basic clinical care and delay in treatment.

As a result, the following have been prioritised:

- Increase HCJ compliance with 'Putting Customer First' Training
- Launch of Patient Experience Survey on 1st July, to more easily collate anonymous feedback from patients and service users, in order to identify areas for improvement. This encourages Patients' and Service Users' to provide their feedback via email, telephone or by completing a new online (real time) survey – an example is appended to this report. The survey is being monitored weekly by the Patient Experience team and will generate a heat map of the areas working well and identify where there may be some further improvements made.

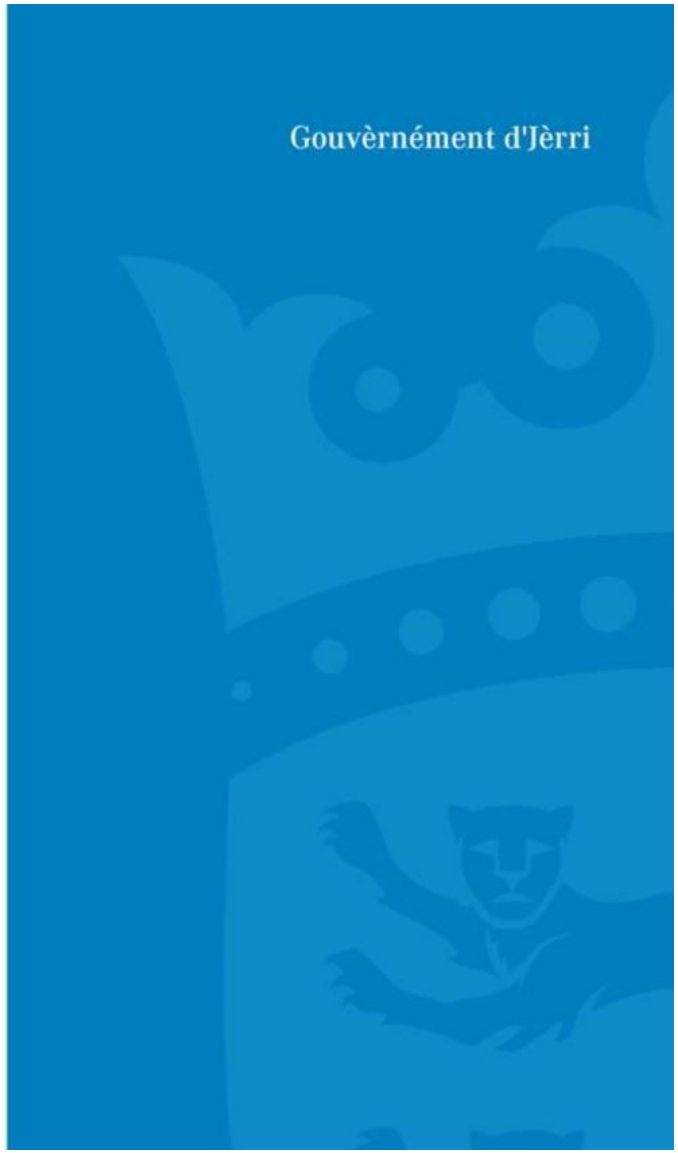
Health and Care Jersey




**END OF REPORT**

Health and Care Jersey

# Quality and Performance Report
# June 2025



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## 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 HCJ services and activities. Indicators are chosen that are considered important and robust to enable monitoring against the organisations strategic and operational objectives.

HCJ uses 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 - Simon West
Chief Operating Officer - Acute Services - Claire Thompson
Director Mental Health & Adult Social Care - Andy Weir

## DATA:

HCJ Informatics

Health and Care Jersey

# STATISTICAL PROCESS CONTROL (SPC) CHARTS

## WHAT ARE SPC CHARTS?

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

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

## HOW TO READ SPC CHARTS

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

# Elective Care Performance

## Section Owner

Chief Operating Officer – Acute Services

## Performance Narrative

Patients waiting over 52 weeks for First outpatient Appointment

First outpatient appointment waits continue to fall in line with the sustained management of the waiting lists for patients who are clinically triaged as routine. Significant improvements in long waits over the last 6 months have been seen across dermatology, ophthalmology, gastroenterology and orthopaedics.

The following services are the focus of recovery plans:

* ENT
* Orthopaedics (mainly spinal)
* Gastroenterology

Unfortunately, due to reduced capacity and consultant resource availability, HCJ has started to see a rise in waits for Endocrinology and Neurology while acute inpatient care has also been prioritised. The Care Group responsible for these services are implementing actions to mitigate this rise which includes additional locum capacity and, in the longer term, substantive recruitment.

Patients on Elective Lists greater than 52 weeks

Elective procedure waiting lists have risen again for the 13th month in a row. As described in last month's report, the data provided includes patients who are

* unfit for surgery,
* have decided to defer their procedure for social reasons
* those who require more time to decide on their options

The table below provides the data as of 15th July showing the actual number of patients waiting a procedure date. General surgery has the highest number of patients waiting over 52 weeks, as cancer takes precedent over routine elective procedures. The waits in orthopaedics are purely down to theatre capacity, additionally orthopaedic spinal provision is being re designed with an overseas provider.

# Elective Care Performance

| Service | No. waiting over 52 weeks | Have a procedure date | Unfit/deferred | Waiting Date |
|---|---|---|---|---|
| Orthopaedics | 183 | 34 | 74 | 75 |
| General Surgery | 184 | 12 | 26 | 146 |
| Ophthalmology | 39 | 7 | 11 | 21 |
| Bariatric Surgery | 59 | 0 | 0 | 59 |
| Gynaecology | 8 | 0 | 3 | 5 |
| ENT | 6 | 5 | 0 | 1 |
| Others | 17 | 2 | 2 | 13 |
| Totals | 496 | 60 | 116 | 320 |

Bariatric surgery capacity is 14 cases per year with demand always outstripping capacity. New private services offered within the community (injectables) may have a positive impact on public waiting lists for bariatric surgery in the future.

The harm review process for our long waiting patients is presented in a separate paper to board.

Access to Diagnostics over 6 weeks

This is presented in a standalone paper.

# Elective Care Performance

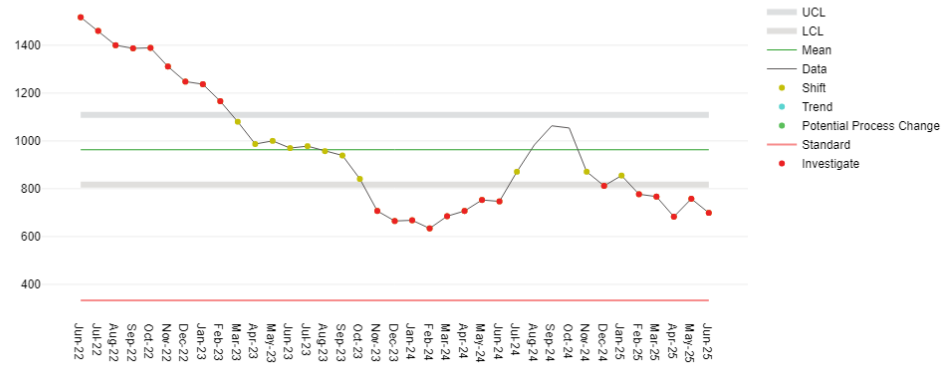
## Escalations

Nothing to escalate

# Elective Care Performance

## Patients waiting for first outpatient appointment greater than 52 weeks

| Latest value | Standard |
|---|---|
| 699 | <333 |

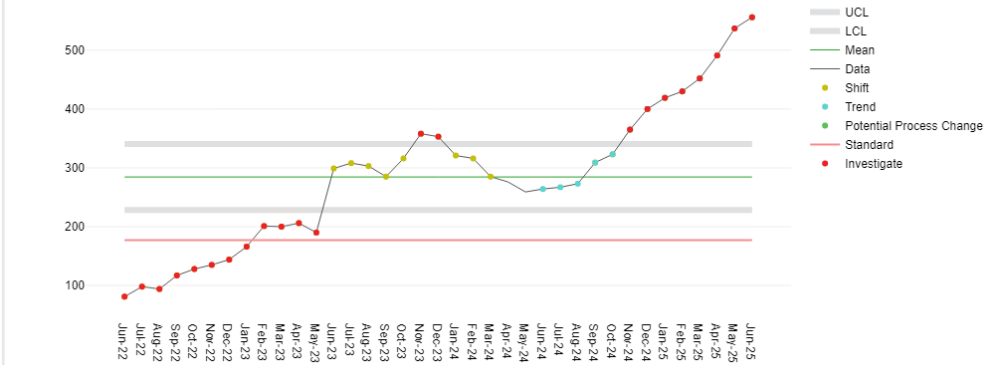



| Definition |
|---|
| Number of patients who have been waiting for over 52 weeks for a first outpatient appointment at period end |

| Data Source | Standard Source |
|---|---|
| Hospital Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM)) | Standard set as per the Elective Access Policy |

## Patients on elective list greater than 52 weeks

| Latest value | Standard |
|---|---|
| 556 | <177 |



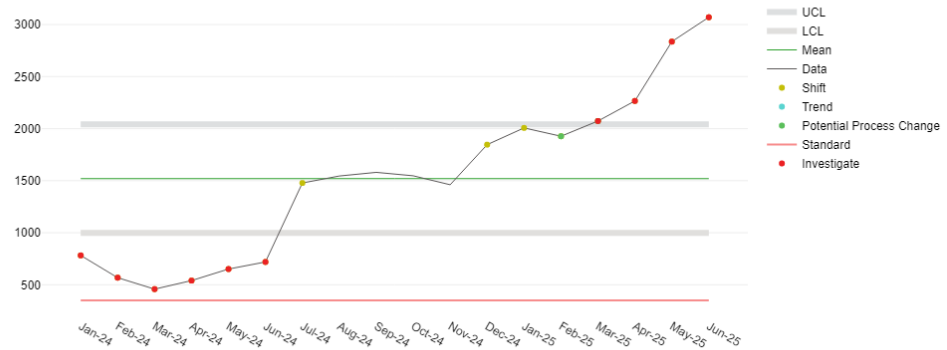

| Definition |
|---|
| Number of patients on the elective inpatient waiting list who have been waiting over 52 weeks at period end. |

| Data Source | Standard Source |
|---|---|
| Hospital Electronic Patient Record (TrakCare Inpatient Listings Report (WLT11A) & Maxims Inpatient Listings Report (IP9DM)) | Standard set as per the Elective Access Policy |

# Elective Care Performance

## Access to diagnostics greater than 6 weeks

| Latest value | Standard |
|---|---|
| 3070 | <350 |

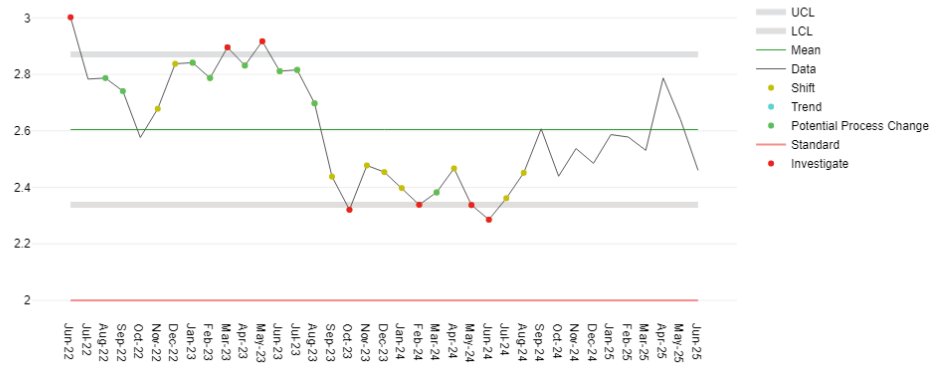



| Definition |
|---|
| Number of patients waiting longer than 6 weeks for a first diagnostic appointment at period end. Data only available from January 2024. Indicator is being developed to include diagnostic investigations comparable to those monitored in the NHS DM01 return. Currently HCJ is unable 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. From July 2024, imaging tests recorded through CRIS have been included. |

| Data Source | Standard Source |
|---|---|
| Maxims Outpatient Waiting List Reports (OP001DM and IP009DM), Radiology (CRIS) Waiting List Report (Since July 2024) | Standard set as per the Elective Access Policy |

## New to follow-up ratio

| Latest value | Standard |
|---|---|
| 2.46 | 2 |



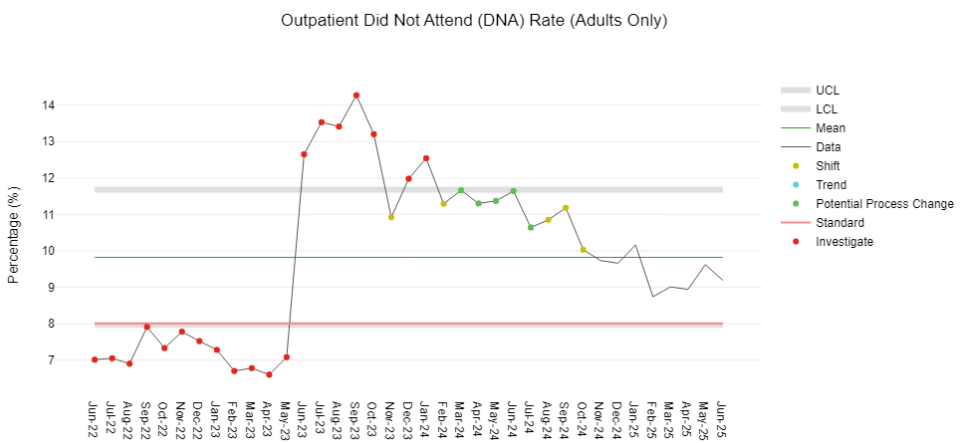

| Definition |
|---|
| Rate of new (first) outpatient appointments to follow-up appointments, this being the number of follow-up appointments divided by the number of new appointments in the period. Excludes Private patients. |

| Data Source | Standard Source |
|---|---|
| Hospital Electronic Patient Record (TrakCare Outpatients Report (BKG1A) & Maxims Outpatients Report (OP14DM)) | Standard set locally based on historic performance |

# Elective Care Performance

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

| Latest value | Standard |
|---|---|
| 9.2 % | <=8% |

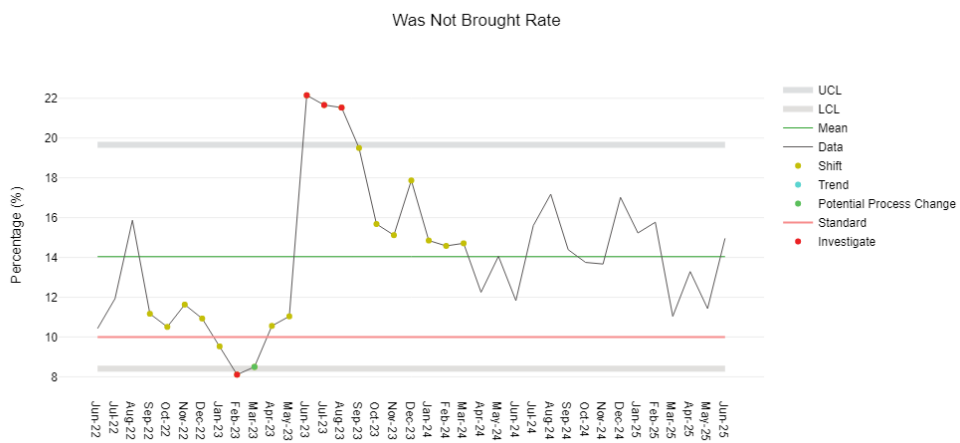



| Definition |
|---|
| Percentage of JGH/Enid Quenault outpatient (>=18 Years old) appointments where the patient did not attend and no notice was given. Excludes Private patients. |

| Data Source | Standard Source |
|---|---|
| Hospital Electronic Patient Record (TrakCare Outpatients Report (BKG1A) & Maxims Outpatients Report (OP14DM)) | Standard set locally based on historic performance |

## Was Not Brought Rate

| Latest value | Standard |
|---|---|
| 15 % | <=10% |



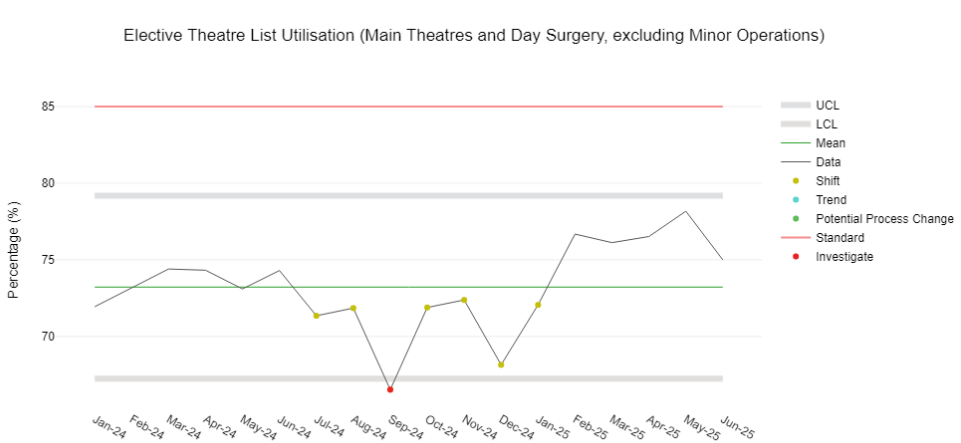

| Definition |
|---|
| Percentage of JGH/Enid Quenault public outpatient appointments where the patient did not attend (was not brought). Under 18 year old patients only. All specialties included. Excludes Private patients. |

| Data Source | Standard Source |
|---|---|
| Hospital Electronic Patient Record (TrakCare Outpatients Report (BKG1A) & Maxims Outpatients Report (OP14DM)) | Standard set locally based on historic performance |

# Elective Care Performance

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

| Latest value | Standard |
|---|---|
| 75 % | >85% |

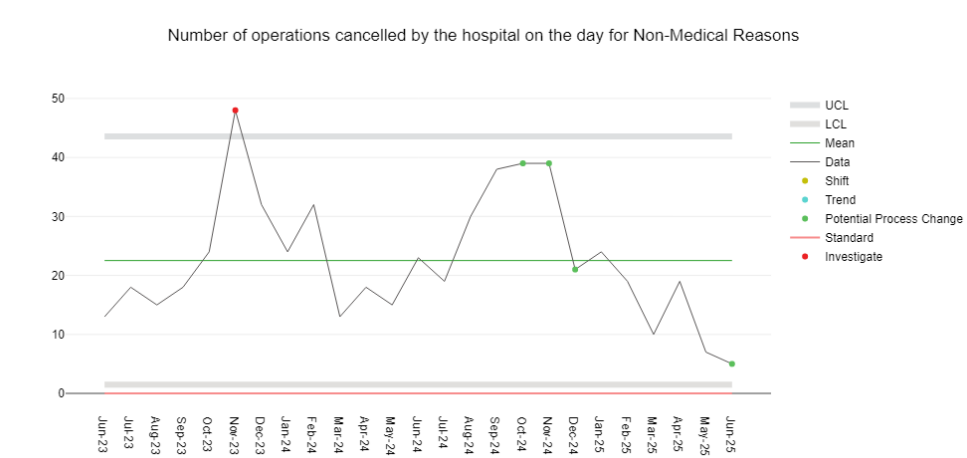



| Definition |
|---|
| The percentage of booked theatre session time that is used for actively performing a procedure. This being the sum of touch time divided by the sum of booked theatre session duration (as a percentage). This is reported for all operations (Public and Private) with the exception of Minor Ops, Maternity and Endoscopy. |

| Data Source | Standard Source |
|---|---|
| Hospital Electronic Patient Record (Maxims Theatres Report (TH016DM) & Maxims Session Booking Report (TH002DM)) | NHS Benchmarking - Getting It Right First Time 2024/25 Target |

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

| Latest value | Standard |
|---|---|
| 5 | NA |




| Definition |
|---|
| Number of operations cancelled by the hospital on the day for non-medical reasons in the reporting period. |

| Data Source | Standard Source |
|---|---|
| Hospital Electronic Patient Record (Maxims Theatres Cancellations report TH003DM and TCI Statuses IP0024DM) | Not Applicable |

# Emergency Care Performance

## Section Owner

Chief Operating Officer – Acute Services

## Performance Narrative

The methodology for calculating Emergency Care Departure times has been reviewed and revised to address a data-quality issue.

This revision impacts the following indicators:

- Percentage of patients in the Emergency Department for less than or equal to 4 hours
- Percentage of patients in the Emergency Department for more than 12 hours
- Percentage of patients in the Emergency Department for more than 12 hours from decision to admit (DTA)

The analysis has identified that further improvement work to the emergency care data set is required to improve data quality. A report is being presented to SLT in August regarding data quality.

A slight improvement in ED 4-hour performance is noted for the month of June at 77.5%. An increase in patients spending more than 12 hours in the ED is also noted and this is attributed to the admitted pathway. There is direct correlation between 12 hour admitted breaches and higher than predicted medical emergency admissions on certain days. A programme of work has commenced to improve ED performance reporting to the clinical productive group chaired by the COO. This includes:

- Improvements to the IT system which will reduce data quality issues within the emergency care data set
- Implementation of a fit2sit area within the Emergency Department to generate further capacity
- Implementation of the ward reset programme which ensure standardisation of the approach to ward and board rounds
- Increasing the number of patients discharged before midday

Red2Green initiative continues to be refined to improve data quality & capture. For June 25 there were 1331 red days of which 60% were for internal reasons. Whilst an increase of 97 red days was noted in June 25, in comparison to the previous reporting period, a reduction in internal delays was noted (2%). The five most common themes were and provides a snapshot of reporting:

1) Consultant Review – 350

2) Nursing Home – 195

3) Social Work Assessment – 111

4) Package of Care (New) - 94

5) Physio Review – 80

# Emergency Care Performance

The Red2Green methodology is used daily as part of hospital operations meetings to identify bottlenecks and delays, enabling the team to respond to troubleshoot and supporting ward staff. Identified themes are managed through the clinical productivity oversight group as target areas for quality improvement activity to support patient flow.

An improvement in out of hours transfers is noted, daily reporting of movements continues to be reviewed as part of operations meetings with out of hours transfers identified for further assessment and clinical appropriateness.

Whilst an increase to 7.4 days in non-elective length of stay is noted this continues to meet the quality indicator of <10 days. Pathway and ward length of stay are reviewed at CGPR's Care Group Performance reviews.

An increase in emergency readmissions is also noted at 11.4% which exceeds the target of 10% although benchmarking demonstrates a favourable comparison historically to NHS performance (14.8%). No data is available for 2025. Further steps are being undertaken to re-implement the re-admission review group to identify learning from patients who are readmitted within 30 days of their previous admission to support ongoing understanding of drivers to improve performance as part of Big 5 attainment.

# Emergency Care Performance

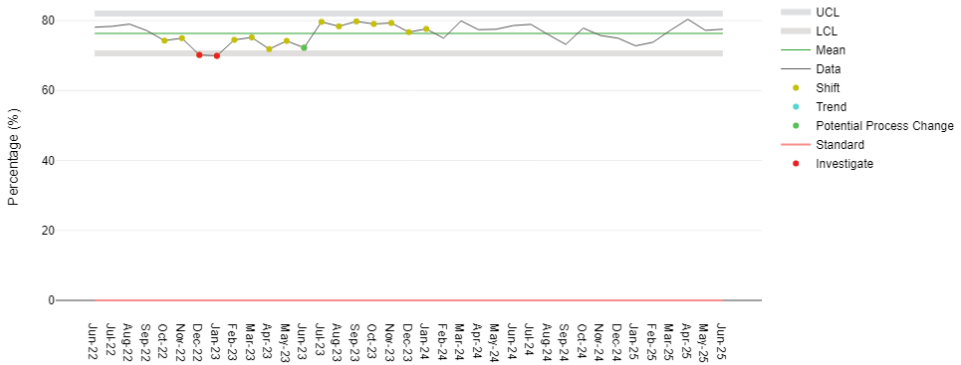
## Escalations

Analysis of the emergency care dataset has identified that further improvement work is required to improve data quality. Improvements to IT systems have been designed and will support clinical teams to ensure accurate data collection.

# Emergency Care Performance

## % Patients in Emergency Department for less than or equal to 4 Hours

| Latest value | Standard | Mean |
|---|---|---|
| 77.5 % | NA | 76.3 % |

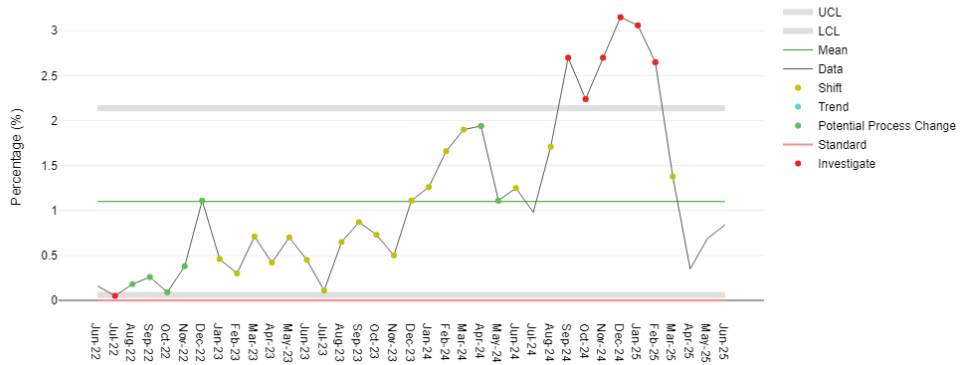



| Definition |
|---|
| Percentage of patients in the Emergency department less than or equal to 4 hours from arrival to departure or admission |

| Data Source | Standard Source |
|---|---|
| Hospital Electronic Patient Record (TrakCare Emergency Department Attendances (ED5A) & Maxims Emergency Department Attendances (ED001DM)) | Not Applicable |

## % Patients in Emergency Department for more than 12 Hours

| Latest value | Standard | Mean |
|---|---|---|
| 0.8 % | NA | 1.1 % |



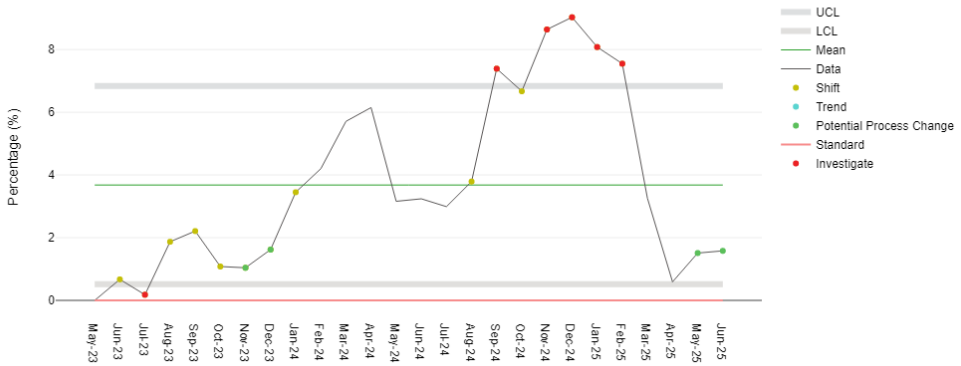

| Definition |
|---|
| Percentage of patients in the Emergency department for more than 12 hours from arrival to departure or admission |

| Data Source | Standard Source |
|---|---|
| Hospital Electronic Patient Record (TrakCare Emergency Department Attendances (ED5A) & Maxims Emergency Department Attendances (ED001DM)) | Not Applicable |

# Emergency Care Performance

## % of Patients in Emergency Department for more than 12 Hours from DTA

| Latest value | Standard | Mean |
|---|---|---|
| 1.6 % | NA | 3.7 % |

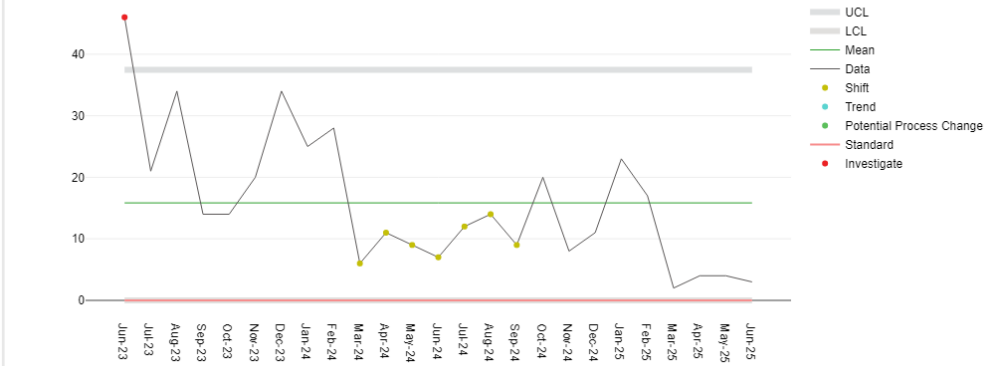



| Definition |
|---|
| Percentage of Patients in Emergency Department for more than 12 Hours from DTA where a DTA has occurred |

| Data Source | Standard Source |
|---|---|
| Hospital Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM)) | Not Applicable |

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

| Latest value | Standard | Mean |
|---|---|---|
| 3 | NA | 15.84 |



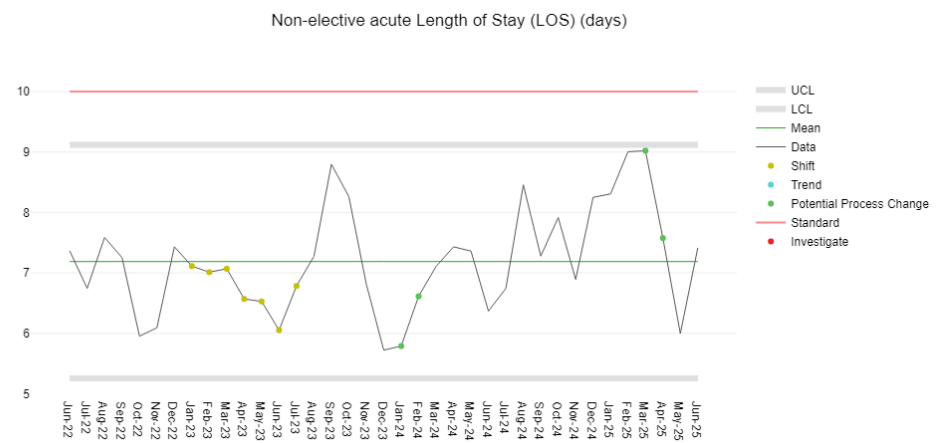

| Definition |
|---|
| Number of inpatient moves within wards or between wards, between the hours of 22:00 and 08:00 for non-clinical reasons, in the reporting period. |

| Data Source | Standard Source |
|---|---|
| Hospital Electronic Patient Record (Maxims Inpatient Ward Movements report IP001DM) | Not Applicable |

# Emergency Care Performance

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

| Latest value | Standard | Mean |
|---|---|---|
| 7.41 | <10 | 7.19 |

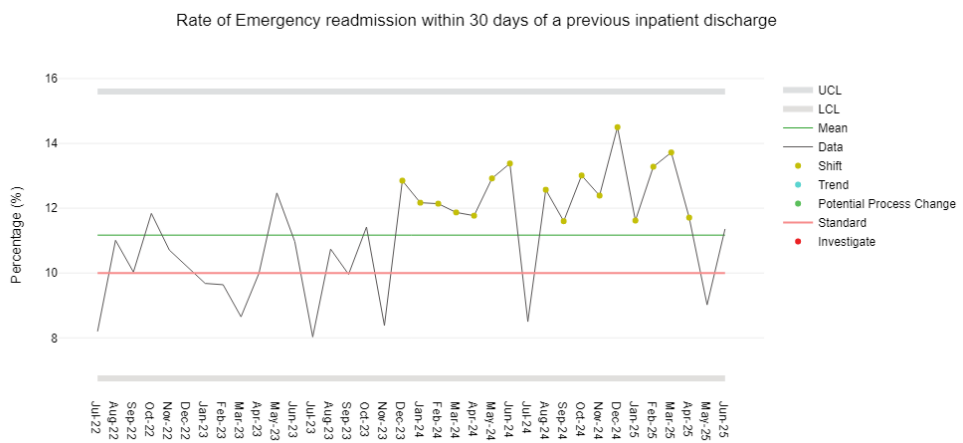



| Definition |
|---|
| Average (mean) Length of Stay (LOS) in days of all emergency inpatients discharged in the period from a General Hospital ward. All days of the stay are counted in the period of discharge. E.g. a patient with a 100 day LOS, discharged in January, will have all 100 days counted in January. This indicator excludes Samares Ward & St Ewolds. During the period 2020 to 2022 Samares Ward was closed and long stay rehabiliation patients were treated on Plemont Ward and therefore the data is not comparable for this period. |

| Data Source | Standard Source |
|---|---|
| Hospital Electronic Patient Record (TrakCare Discharges Report (ATD9P) & Maxims Admissions and Discharge Report (IP13DM)) | Generated based on historic performance |

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

| Latest value | Standard | Mean |
|---|---|---|
| 11.4 % | <10% | 11.2 % |




| Definition |
|---|
| 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/St Ewolds. Exclusions applied as per NHS definition at: https://files.digital.nhs.uk/69/A27D29/Indicator%20Specification%20-%20Compendium%20Readmissions%20%28Main%29%20-%20I02040%20v3.3.pdf |

| Data Source | Standard Source |
|---|---|
| Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L, TrakCare Discharges Report (ATD9P), Maxims Admssions and Discharge Report (IP013DM)) | Generated based on historic performance |

# Maternity

## Section Owner

Chief Nurse

## Performance Narrative

During the reporting period, there were a total of 70 births.

The caesarean section (CS) rate remains an area of focus, with 52.2% (36/70) of births delivered via CS. Of these, 33.3% were elective procedures. The largest proportion continued to fall within Robson Group 5; women with a previous caesarean birth, single cephalic pregnancy at term (Greater than or equal to 37 weeks), accounting for 40% of CS cases this month. This trend reflects broader national and international patterns, where maternal choice continues to influence CS rates. Notably, only one caesarean section was performed at full dilatation.

The induction of labour (IOL) rate decreased further to 17.4%, reflecting an ongoing emphasis on individualised, evidence-based decision-making around induction timing.

Spontaneous vaginal births accounted for 33.3% of total births, marking a notable increase across 2025. Vaginal births after caesarean (VBAC) made up 14.3% of all births, highlighting positive support for appropriate trial of labour.

Breastfeeding initiation continues to show strong performance, increasing to 81.4%, which reflects sustained commitment to promoting infant feeding from birth.

There were two cases of major obstetric haemorrhage (MOH), representing 2.9% of births. In line with established quality improvement processes, each case is reviewed using the NICHE assessment tool to support continuous learning and drive service improvement.

# Maternity - Key Performance Indicators

| Indicator | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 | Nov 2024 | Dec 2024 | Jan 2025 | Feb 2025 | Mar 2025 | Apr 2025 | May 2025 | Jun 2025 | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Births | 69 | 59 | 61 | 53 | 67 | 62 | 65 | 51 | 48 | 52 | 53 | 59 | 70 | 333 |
| Mothers with no previous pregnancy (Primips) | 34 | 22 | 27 | 25 | 28 | 30 | 29 | 22 | 17 | 24 | 16 | 26 | 31 | 136 |
| Mothers who have had a previous pregnancy (Multips) | 25 | 29 | 32 | 24 | 26 | 22 | 30 | 25 | 23 | 23 | 33 | 22 | 36 | 162 |
| Mothers with unknown previous pregnancy status | 10 | 8 | 2 | 4 | 13 | 10 | 6 | 4 | 8 | 5 | 4 | 11 | 3 | 35 |
| Bookings ≤10+0 Weeks | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 7 |
| % of women that have an induced labour | 19.4% | 26.32% | 18.33% | 30.19% | 35.38% | 28.57% | 27.87% | 34% | 27.27% | 39.22% | 39.62% | 20.69% | 17.39% | 28.92% |
| Number of spontaneous vaginal births (including home births and breech vaginal deliveries) | 18 | 12 | 22 | 15 | 9 | 12 | 14 | 11 | 9 | 13 | 16 | 14 | 23 | 86 |
| Number of Instrumental deliveries | 7 | 4 | 6 | 4 | 6 | 8 | 5 | 4 | 0 | 3 | 2 | 5 | 7 | 21 |
| % deliveries by C-section (Planned & Unscheduled) | 52.24% | 61.4% | 51.67% | 47.17% | 46.15% | 44.64% | 52.46% | 54% | 61.36% | 47.06% | 33.96% | 55.17% | 52.17% | 50.46% |
| % Elective caesarean section births | 29.85% | 35.09% | 40% | 26.42% | 33.85% | 26.79% | 37.7% | 42% | 38.64% | 23.53% | 20.75% | 37.93% | 33.33% | 32.62% |
| Number of Emergency Caesarean Sections at full dilatation | 0 | 4 | 0 | 1 | 0 | 1 | 0 | 0 | 1 | 2 | 1 | 0 | 1 | 5 |
| Number of Caesarean Deliveries in Robson Group 1 | 7 | 6 | 0 | 4 | 5 | 2 | 4 | 1 | 3 | 1 | 3 | 4 | 4 | 16 |
| Number of Caesarean Deliveries in Robson Group 2a | 4 | 3 | 2 | 3 | 3 | 3 | 1 | 6 | 3 | 2 | 2 | 3 | 3 | 19 |
| Number of Caesarean Deliveries in Robson Group 2b | 7 | 4 | 6 | 2 | 7 | 3 | 5 | 3 | 5 | 3 | 1 | 5 | 7 | 24 |
| Number of Caesarean Deliveries in Robson Group 5 | 3 | 9 | 9 | 9 | 5 | 3 | 5 | 7 | 7 | 5 | 4 | 6 | 14 | 43 |
| Number of deliveries home birth (Planned & Unscheduled) | 1 | 3 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 2 |
| Mothers who were current smokers at time of booking (SATOB) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mothers who were current smokers at time of delivery (SATOD) | 2 | 4 | 8 | 5 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |

# Maternity - Key Performance Indicators

| Indicator | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 | Nov 2024 | Dec 2024 | Jan 2025 | Feb 2025 | Mar 2025 | Apr 2025 | May 2025 | Jun 2025 | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of Mothers who were consuming alcohol at time of booking | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of Mothers who were flagged as consuming alcohol after delivery | 6 | 4 | 5 | 6 | 4 | 1 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 3 |
| Breastfeeding Initiation rates | 71% | 79.7% | 68.9% | 79.2% | 65.7% | 71% | 78.5% | 66.7% | 70.8% | 73.1% | 69.8% | 74.6% | 81.4% | 73.27% |
| Transfer of Mothers from Inpatients to Overseas | 1 | 0 | 1 | 2 | 3 | 0 | 0 | 2 | 1 | 1 | 0 | 3 | 0 | 7 |
| Number of births in the High dependency room / isolation room | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| Number of PPH greater than 1500mls | 1 | 3 | 1 | | | 2 | 2 | 3 | 2 | 2 | 1 | 1 | 2 | 11 |
| Number of 3rd & 4th degree tears – all births | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 3 |
| % of babies experiencing shoulder dystocia during delivery | 4.35% | 0% | 0% | 0% | 2.99% | 1.61% | 1.54% | 1.96% | 2.08% | 0% | 1.89% | 1.69% | 1.43% | 1.5% |
| % Stillbirths greater than 24 Weeks Gestation | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| Neonatal Deaths at Less Than 28 days old | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| % live births Less Than 3rd centile delivered greater than 37+6 weeks (detected & undetected SGA) | 5.56% | 5.13% | 2.56% | 2.5% | 2.22% | 0% | 2.33% | 5.88% | 9.68% | 2.56% | 5.41% | 2.13% | 3.57% | 4.51% |
| Number of admissions to Jersey Neonatal Unit at or above 37 weeks gestation | 2 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 2 | 4 |
| Transfer of Neonates from JNU to an off-island facility | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 2 | 0 | 4 |
| Preterm Births ≤27 Weeks | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Preterm Births ≤36+6 Weeks | 2 | 3 | 4 | 1 | 4 | 5 | 8 | 3 | 4 | 3 | 2 | 5 | 4 | 21 |
| Neonatal Readmissions at Less Than 28 days old | 6 | 4 | 5 | 9 | 5 | 11 | 5 | 6 | 5 | 5 | 5 | 5 | 2 | 28 |

# Maternity - Indicator & Standard Definitions

| Indicator | Standard Source | Definition |
|---|---|---|
| Total Births | Indicator is for information only | The total number of on-island births during the reporting period where the baby was either born alive or recorded as a stillbirth. Each baby is counted individually, including those from multiple births (e.g., twins, triplets).Excludes: Ectopic pregnancies, miscarriages, terminations of pregnancy (TOP), and off-island births. Calculation: Count of babies meeting inclusion criteria, whether or not the outcome is recorded. |
| Mothers with no previous pregnancy (Primips) | Indicator is for information only | Number of births (live and stillbirths) to first-time mothers, excluding ectopic pregnancies, terminations, and miscarriages. |
| Mothers who have had a previous pregnancy (Multips) | Indicator is for information only | Number of births (live and stillbirths) excluding ectopic pregnancies, terminations, and miscarriages to mothers with a previous pregnancy. |
| Mothers with unknown previous pregnancy status | Indicator is for information only | Number of births (live and stillbirths) to mothers with unknown previous pregnancy status, excluding ectopic pregnancies, terminations, and miscarriages. |
| Bookings ≤10+0 Weeks | Not Applicable | The number of first antenatal booking appointments completed at or before 10 weeks + 0 days gestation. Each pregnancy is counted once, regardless of outcome. Calculation: Count of antenatal bookings ≤10+0 weeks gestation. No exclusions. |
| % of women that have an induced labour | Standard set locally based on average (mean) of previous two years' data | The percentage of on-island deliveries where labour was induced, out of the total number of deliveries in the reporting period.Excludes ectopic pregnancies, miscarriages, terminations of pregnancy (TOP), stillbirths, and off-island deliveries. Calculation: (Number of induced labour deliveries ÷ Total deliveries) × 100 |
| Number of spontaneous vaginal births (including home births and breech vaginal deliveries) | Not Applicable | The total number of on-island deliveries during the reporting period where the baby was delivered vaginally without the use of instruments (i.e., not forceps or ventouse), including breech presentations and planned or unplanned home births. Each delivery counts once, regardless of multiple births.Excludes: ectopic pregnancies, miscarriages, terminations of pregnancy (TOP), stillbirths, off-island deliveries, and any deliveries involving instrumental assistance or Caesarean section. |
| Number of Instrumental deliveries | Not Applicable | The total count of on-island deliveries during the reporting period where instruments (forceps or vacuum/ventouse) were used to assist vaginal birth. Excludes ectopic pregnancies, miscarriages, terminations of pregnancy (TOP), stillbirths, and off-island deliveries. |
| % deliveries by C-section (Planned & Unscheduled) | Indicator is for information only | Percentage of C-section deliveries (planned and unplanned) out of the total number of deliveries. (Numerator: Total C-section deliveries / Denominator: Total deliveries). |
| % Elective caesarean section births | Indicator is for information only | Percentage of deliveries where birth was by planned (elective) caesarean section (Numerator: Elective C-section births / Denominator: Total deliveries). |
| Number of Emergency Caesarean Sections at full dilatation | Indicator is for information only | Number of Emergency Caesarean section births (This includes all Category 1 & 2 Caesarean Sections) where the mother's cervix is fully dilated |
| Number of Caesarean Deliveries in Robson Group 1 | Indicator is for information only | The number of on-island caesarean section deliveries during the reporting period where the woman was classified as Robson Group 1 (nulliparous, single cephalic pregnancy, at least 37 weeks' gestation, spontaneous labour). No exclusions — all caesarean deliveries are included. Calculation: Count of C-section deliveries meeting Group 1 criteria. |
| Number of Caesarean Deliveries in Robson Group 2a | Indicator is for information only | The number of on-island caesarean section deliveries during the reporting period where the woman was classified as Robson Group 2a (nulliparous, single cephalic pregnancy, at least 37 weeks' gestation, induced labour). No exclusions — all caesarean deliveries are included. Calculation: Count of C-section deliveries meeting Group 2a criteria. |
| Number of Caesarean Deliveries in Robson Group 2b | Indicator is for information only | The number of on-island caesarean section deliveries during the reporting period where the woman was classified as Robson Group 2b (nulliparous, single cephalic pregnancy, at least 37 weeks' gestation, caesarean birth prior to labour). No exclusions — all caesarean deliveries are included. Calculation: Count of C-section deliveries meeting Group 2b criteria. |

# Maternity - Indicator & Standard Definitions

| Indicator | Standard Source | Definition |
|---|---|---|
| Number of Caesarean Deliveries in Robson Group 5 | Indicator is for information only | The number of on-island caesarean section deliveries during the reporting period where the woman was classified as Robson Group 5 (previous caesarean birth, single cephalic pregnancy, at least 37 weeks' gestation). No exclusions — all caesarean deliveries are included. Calculation: Count of C-section deliveries meeting Group 5 criteria. |
| Number of deliveries home birth (Planned & Unscheduled) | Indicator is for information only | The total number of on-island deliveries recorded as occurring at home during the reporting period, including both planned and unplanned home births. Each delivery is counted once, regardless of the number of babies delivered (e.g., twins or triplets). Excludes: Terminations, miscarriages, ectopic pregnancies, stillbirths, and off-island deliveries. |
| Mothers who were current smokers at time of booking (SATOB) | Indicator is for information only | Number of mothers who were recorded as being smokers at their pregnancy booking appointment. |
| Mothers who were current smokers at time of delivery (SATOD) | Indicator is for information only | Number of mothers who were recorded as being smokers on their delivery date. |
| Number of Mothers who were consuming alcohol at time of booking | Indicator is for information only | Number of mothers who were recorded as consuming alcohol at their pregnancy booking appointment. |
| Number of Mothers who were flagged as consuming alcohol after delivery | Indicator is for information only | Number of mothers who were recorded as consuming alcohol after their delivery date. |
| Breastfeeding Initiation rates | Not Applicable | Percentage of babies born in the period whose first feed is from the mother's breast |
| Transfer of Mothers from Inpatients to Overseas | Indicator is for information only | Number of transfers of mothers out of the Maternity inpatient ward to an off-island Healthcare facility. |
| Number of births in the High dependency room / isolation room | Indicator is for information only | The number of on-island births in a high dependency or isolation room during the reporting period. Each delivery counts once, regardless of multiple babies born (e.g., twins or triplets). Includes live births and stillbirths. Excludes miscarriages, terminations, and off-island births. |
| Number of PPH greater than 1500mls | Indicator is for information only | The total number of on-island deliveries during the reporting period where the estimated blood loss was 1500mls or more. Each delivery counts once, regardless of the number of babies delivered.Excludes: ectopic pregnancies, miscarriages, terminations of pregnancy (TOP), stillbirths, and off-island deliveries. Calculation: Count of deliveries with recorded blood loss ≥ 1500mls. |
| Number of 3rd & 4th degree tears – all births | Not Applicable | Number of women who gave birth and sustained a 3rd or 4th degree perineal tear |
| % of babies experiencing shoulder dystocia during delivery | Not Applicable | Number of babies experiencing shoulder dystocia during delivery divided by the total number of births |
| % Stillbirths greater than 24 Weeks Gestation | Not Applicable | Number of stillbirths (A death occurring before or during birth once a pregnancy has reached 24 weeks gestation) |
| Neonatal Deaths at Less Than 28 days old | Indicator is for information only | Number of baby deaths within 28 days of their delivery date |

# Maternity - Indicator & Standard Definitions

| Indicator | Standard Source | Definition |
|---|---|---|
| % live births Less Than 3rd centile delivered greater than 37+6 weeks (detected & undetected SGA) | Indicator is for information only | The percentage of live-born babies delivered on-island at or after 38+0 weeks gestation with a birthweight below the 3rd percentile. Includes both antenatally detected and undetected small-for-gestational-age (SGA) babies. Multiples are counted individually.Note: The 3rd percentile is calculated using local birthweight data by exact gestational age over the past 37 months and does not adjust for maternal factors. Calculation:(Number of live births ≥38+0 weeks with birthweight <3rd percentile ÷ Total live births ≥38+0 weeks) × 100. |
| Number of admissions to Jersey Neonatal Unit at or above 37 weeks gestation | Not Applicable | Number of births requiring admission to the Jersey Neonatal Unit at or above 37 weeks gestation |
| Transfer of Neonates from JNU to an off-island facility | Indicator is for information only | Number of transfers of babies out of the Jersey Neonatal Unit to an off-island Neonatal facility. |
| Preterm Births ≤27 Weeks | Indicator is for information only | The total number of live-born babies delivered on-island at or before 27 completed weeks of gestation during the reporting period. Includes multiples counted individually. Excludes stillbirths, miscarriages, terminations, ectopic pregnancies, and off-island births. Calculation: Count of live-born babies delivered ≤27 weeks gestation |
| Preterm Births ≤36+6 Weeks | Indicator is for information only | The total number of live-born babies delivered on-island at or before 36 weeks and 6 days of gestation during the reporting period. Includes multiples counted individually. Excludes stillbirths, miscarriages, terminations, ectopic pregnancies, and off-island births. Calculation: Count of live-born babies delivered ≤36 weeks + 6 days gestation |
| Neonatal Readmissions at Less Than 28 days old | Indicator is for information only | Number of babies that were readmitted to Hospital within 28 days of their delivery date |

# Mental Health

## Section Owner

Director Adult Mental Health & Social Care

## Performance Narrative

Waiting times for Jersey Talking Therapies have improved again in month, both for assessment and treatment.

Routine referrals seen within 10 working days has dopped to 75% this month; the team have explored this, and it appears to relate to reduced available appointments. This will be further reviewed and addressed. The average position remains at 87% (against a target of 85%)

Memory assessment service waiting has increased to 86 days; the team are once again looking at the resourcing required to ensure that the previous improved position is returned to and sustained.

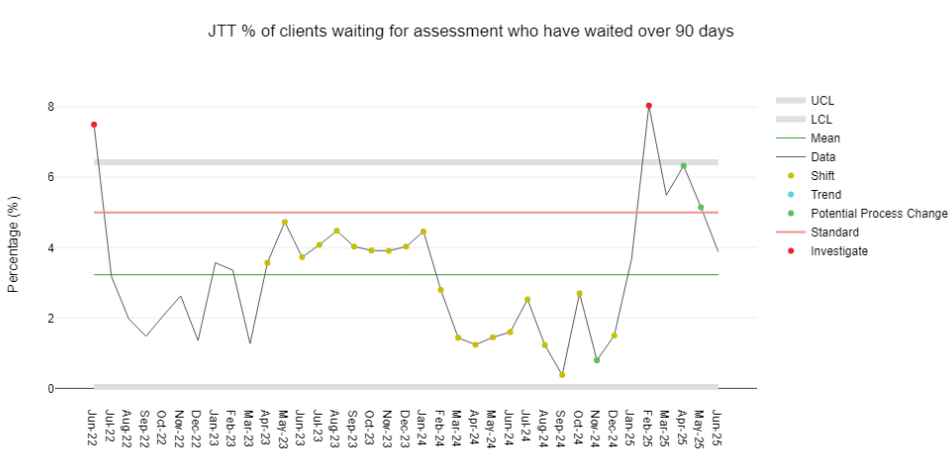
## Escalations

Autism and ADHD assessment waits remain a key challenge and continue to rise.  The service is interviewing for a specialist nurse role in June, which we hope will help with this when recruited to.

We are reviewing the Alcohol & Drug target of 85% first attendance in 3 weeks currently,  to establish whether this is realistic. Lots of service users are offered an appointment within 3 weeks but do not attend.

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

| Latest value | Standard | Mean |
|---|---|---|
| 3.9 % | <5% | 3.2 % |



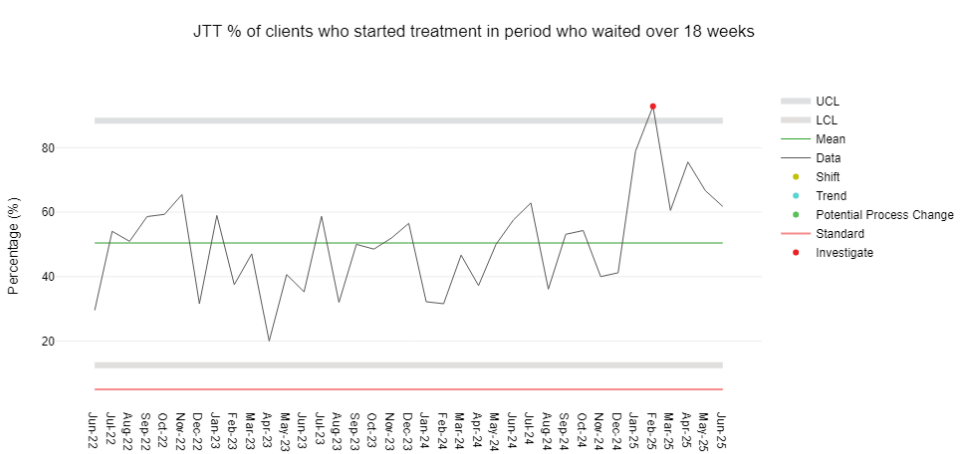

| Definition |
|---|
| Number of Jersey Talking Therapy (JTT) clients who have waited over 90 days for assessment, divided by the total number of JTT clients waiting for assessment |

| Data Source | Standard Source |
|---|---|
| Patient Case Management Information System (PCMIS) | Improving Access to Psychological Therapies (IAPT) Standard |

# Mental Health

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

| Latest value | Standard | Mean |
|---|---|---|
| 61.8 % | <5% | 50.4 % |

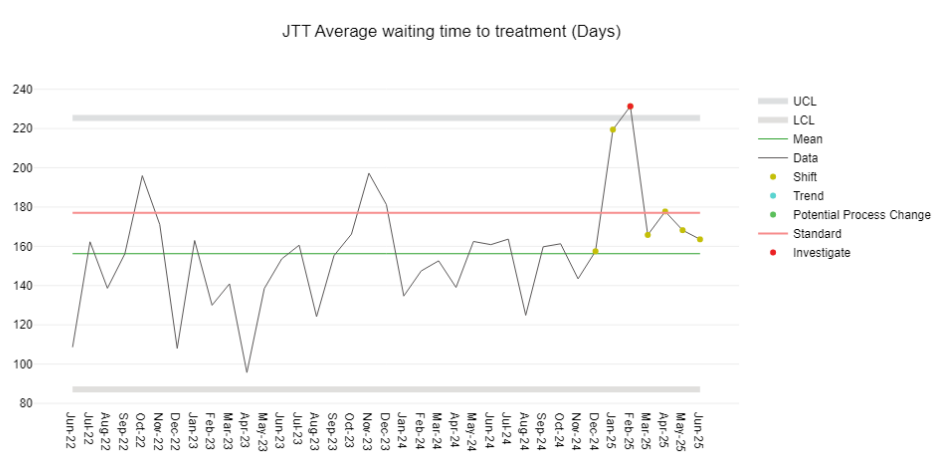



| Definition |
|---|
| Percentage of Jersey Talking Therapy (JTT) clients commencing treatment in the period who had waited more than 18 weeks to commence treatment. |

| Data Source | Standard Source |
|---|---|
| Patient Case Management Information System (PCMIS) | Improving Access to Psychological Therapies (IAPT) Standard |

## JTT Average waiting time to treatment (Days)

| Latest value | Standard | Mean |
|---|---|---|
| 163.55 | <=177 | 156.24 |



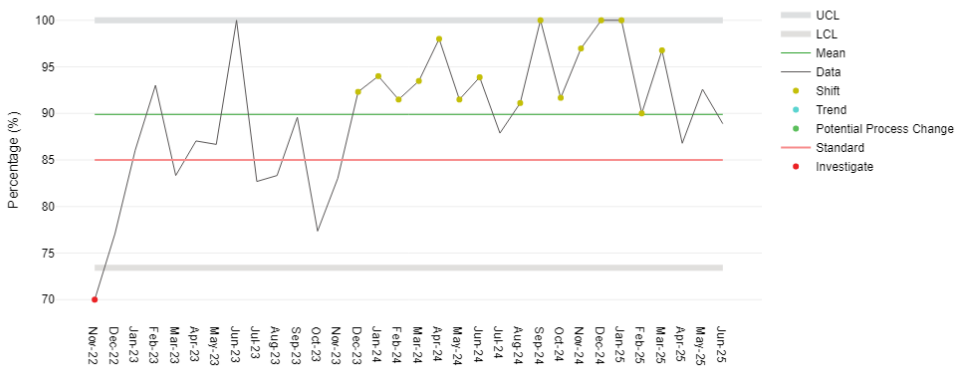

| Definition |
|---|
| Average (mean) days waiting from Jersey Talking Therapy (JTT) referral to the first attended treatment session for patients commencing treatment in period |

| Data Source | Standard Source |
|---|---|
| Patient Case Management Information System (PCMIS) | Generated based on historic percentiles |

# Mental Health

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

| Latest value | Standard | Mean |
|---|---|---|
| 88.9 % | >85% | 89.9 % |

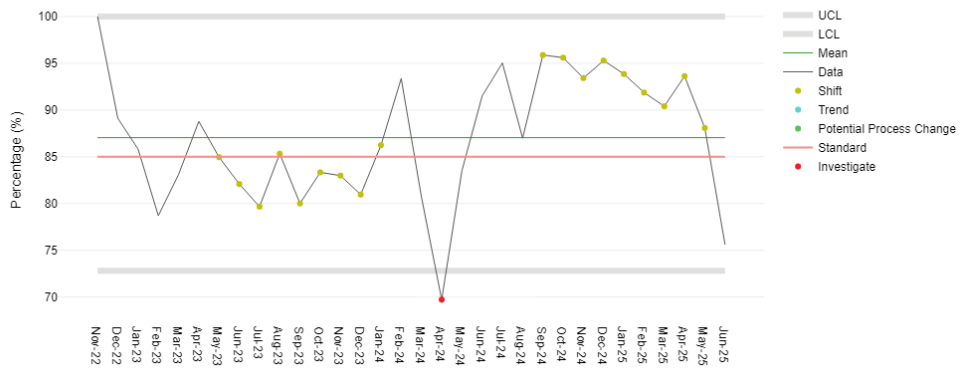



| Definition |
|---|
| Percentage of Crisis Team referrals assesed within 4 hours |

| Data Source | Standard Source |
|---|---|
| Community services electronic client record system (Care Partner) | Agreed locally by Care Group Senior Leadership Team |

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

| Latest value | Standard | Mean |
|---|---|---|
| 75.6 % | >85% | 87 % |

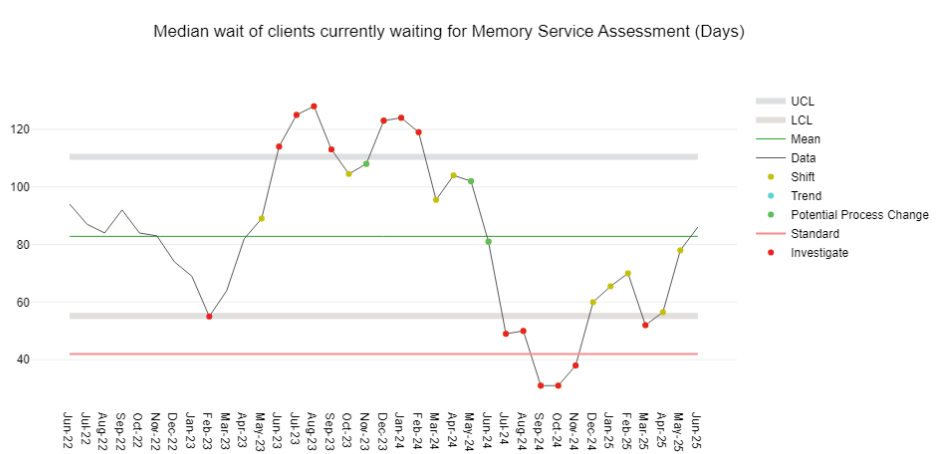



| Definition |
|---|
| Percentage of referrals to Mental Health Assessment Team that were assessment within 10 working day target |

| Data Source | Standard Source |
|---|---|
| Community services electronic client record system (Care Partner) | Agreed locally by Care Group Senior Leadership Team |

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

| Latest value | Standard | Mean |
|---|---|---|
| 86 | <=42 | 82.84 |

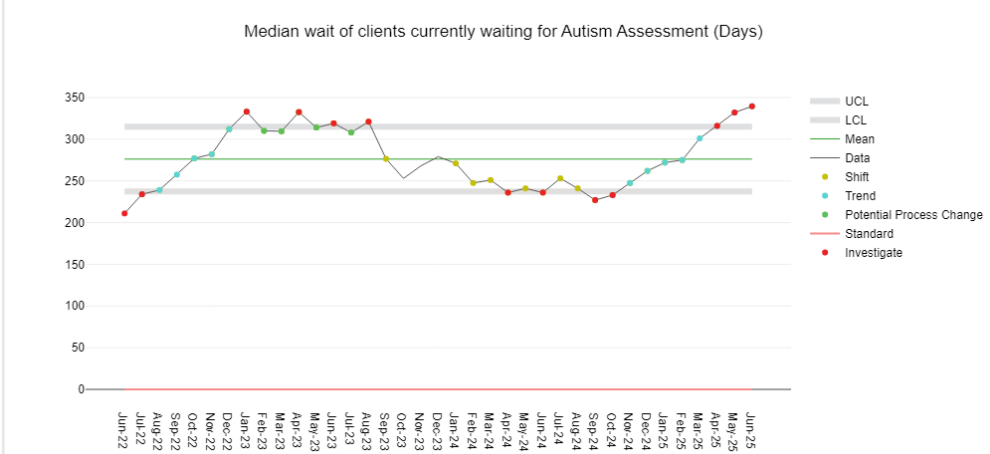



| Definition |
|---|
| Memory Service Assessment Median Waiting times from date of referral to last day of reporting period for people on waiting list at period end |

| Data Source | Standard Source |
|---|---|
| Community services electronic client record system (Care Partner) | Agreed locally by Care Group Senior Leaders |

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

| Latest value | Standard | Mean |
|---|---|---|
| 339.5 | NA | 276.15 |



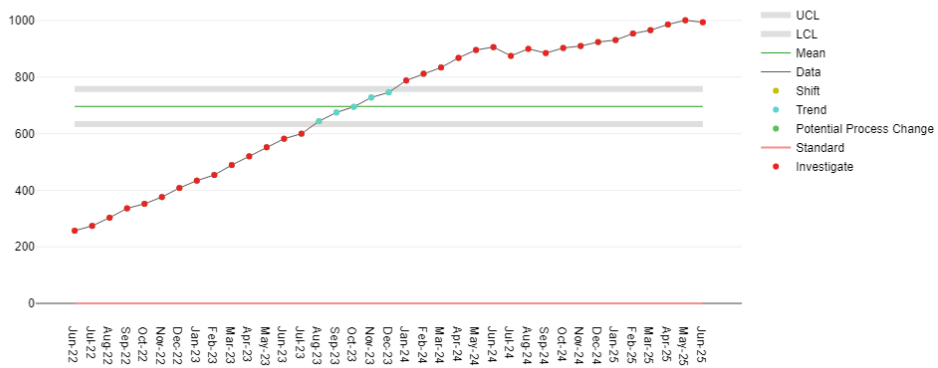

| Definition |
|---|
| Autism Assessment Median Waiting times from date of referral to last day of reporting period for people on waiting list at period end |

| Data Source | Standard Source |
|---|---|
| Community services electronic client record system (Care Partner) | Not Applicable |

# Mental Health

## Number of clients currently waiting for ADHD Assessment

| Latest value | Standard | Mean |
|---|---|---|
| 994 | NA | 696.16 |

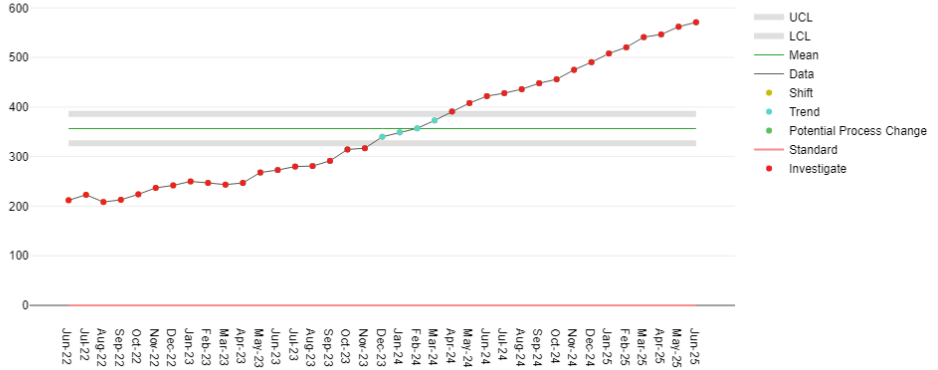



| Definition |
|---|
| Number of clients waiting for ADHD assessment |

| Data Source | Standard Source |
|---|---|
| Community services electronic client record system (Care Partner) | Not Applicable |

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

| Latest value | Standard | Mean |
|---|---|---|
| 571 | NA | 356.61 |



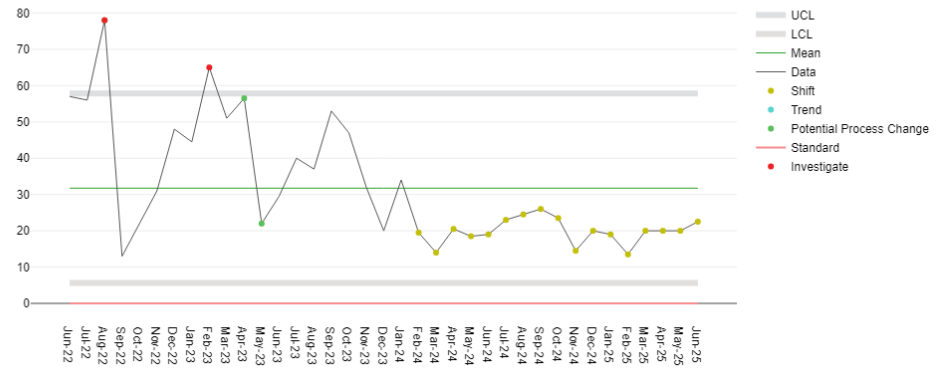

| Definition |
|---|
| ADHD Assessment Median Waiting times from date of referral to last day of reporting period for people on waiting list at period end |

| Data Source | Standard Source |
|---|---|
| Community services electronic client record system (Care Partner) | Not Applicable |

# Mental Health

## Median wait of clients currently waiting for Alcohol and Drugs service (Days)

| Latest value | Standard | Mean |
|---|---|---|
| 22.5 | NA | 31.74 |

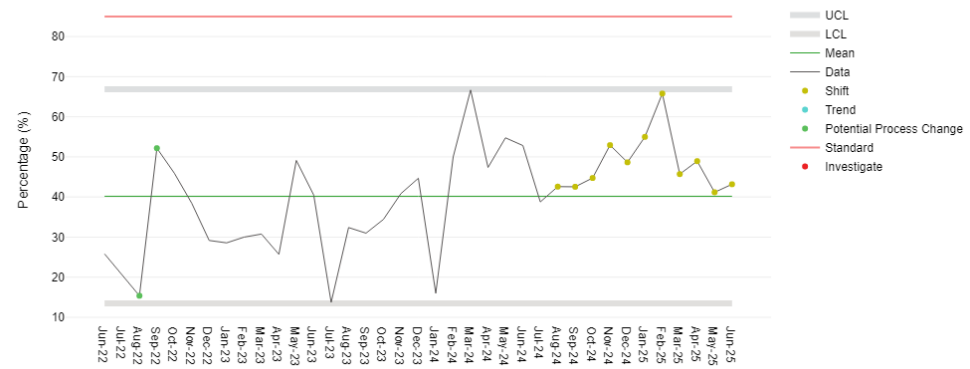



| Definition |
|---|
| Alcohol and Drugs Median Waiting times from date of referral to last day of reporting period for people on waiting list at period end |

| Data Source | Standard Source |
|---|---|
| Hospital Electronic Patient Record (TrakCare Report WLS6B & Maxims Report OP2DM) | Not Applicable |

## % of Alcohol and Drugs clients attended their 1st appointment within 3 weeks

| Latest value | Standard | Mean |
|---|---|---|
| 43.2 % | >85% | 40.2 % |



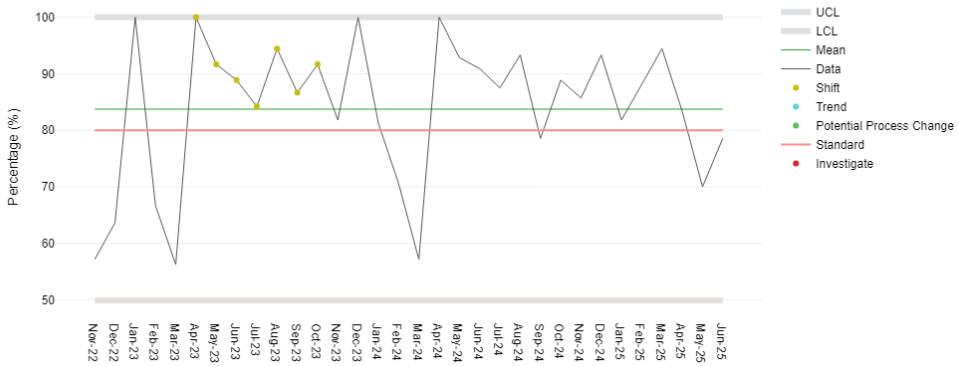

| Definition |
|---|
| % of clients who waited less than 3 weeks for their first attended appointment, who were seen in reporting period |

| Data Source | Standard Source |
|---|---|
| Hospital Electronic Patient Record (TrakCare Report WLS6B & Maxims Report OP2DM) | Agreed locally by Care Group Senior Leaders |

# Mental Health

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

| Latest value | Standard | Mean |
|---|---|---|
| 78.6 % | >80% | 83.7 % |

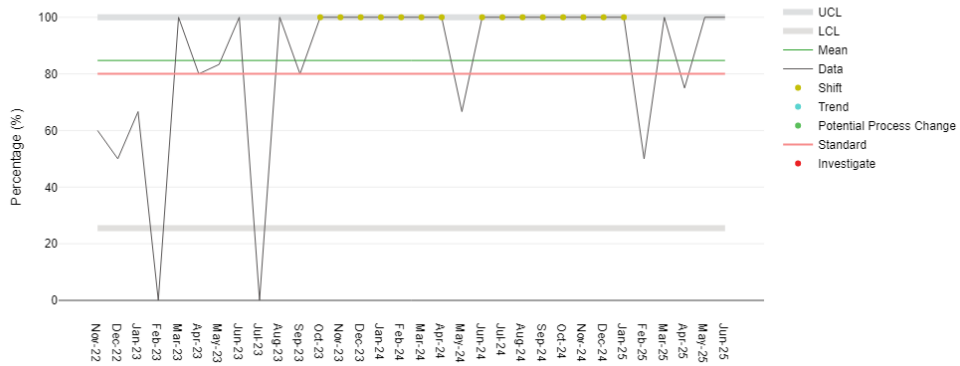



| Definition |
|---|
| Percentage of patients discharged from Mental Health Inpatient Unit with an Adult Mental Health Specialty' with a Face-to-Face contact from Community Mental Health Team (CMHT, including Adult & Older Adult services) or Home Treatment within 72 hours |

| Data Source | Standard Source |
|---|---|
| Hospital Electronic Patient Record (TrakCare Reports ATD9P & ATD5L and Maxims Report IP013DM) & Community services electronic client record system (Care Partner) | National standard evidenced from Royal College of Psychiatrists |

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

| Latest value | Standard | Mean |
|---|---|---|
| 100 % | >80% | 84.7 % |

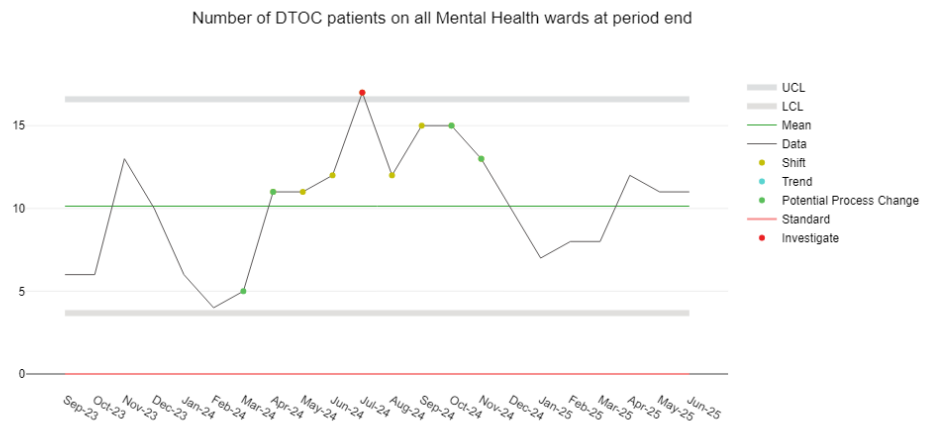



| Definition |
|---|
| Percentage of patients discharged from an 'Older Adult' unit with a Face-to-Face contact from Older Adult Community Mental Health Team (OACMHT) or Home Treatment within 72 hours |

| Data Source | Standard Source |
|---|---|
| Hospital Electronic Patient Record (TrakCare Reports ATD9P & ATD5L and Maxims Report IP013DM) & Community services electronic client record system (Care Partner) | National standard evidenced from Royal College of Psychiatrists |

## Number of DTOC patients on all Mental Health wards at period end

| Latest value | Standard | Mean |
|---|---|---|
| 11 | NA | 10.14 |




| Definition |
|---|
| Number of patients who are recorded as Delayed Transfer of Care (DTOC) on the last day of the reporting period |

| Data Source | Standard Source |
|---|---|
| Hospital Electronic Patient Record (Maxims Report IP020DM) | Not Applicable |

# Social Care

## Section Owner

Director Adult Mental Health & Social Care

## Performance Narrative

93% of service users with a learning disability have had a Physical Health Check & Health Action Plan within the past year (exceeding the target of 80%)

63% of clients in the LD service have had an annual support plan review; this a continued upward trend but does not yet meet the intended target of >90% of service users who have an annual support plan review. Work is ongoing in this area, including a review with informatics to ensure that the data is being collected correctly.

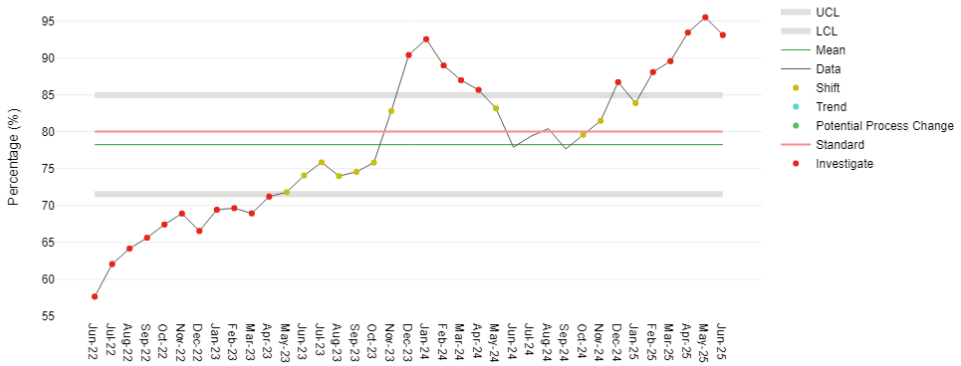
The waiting list for a social care assessment has risen slightly and will require further monitoring. The percentage of assessments completed within 3 weeks continues to perform strongly, drawing us further away from the dip in performance in Q3 2024.

## Escalations

Nothing to escalate

## Percentage of Learning Disability Service clients with a Physical Health Check and Health Action Plan in the past year

| Latest value | Standard | Mean |
|---|---|---|
| 93.1 % | >80% | 78.2 % |

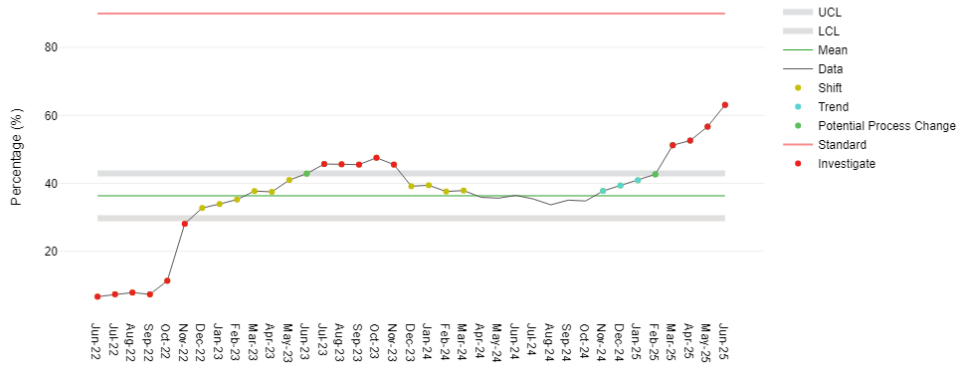



| Definition |
|---|
| The percentage of active Learning Disability (LD) clients with a Physical Health Check recorded within the past 12 months. Calculation: (Number of active LD clients with a Physical Health Check in the last 12 months ÷ Total active LD clients in the reporting month) × 100. Health Action Plan is assumed if a Physical Health Check is completed. |

| Data Source | Standard Source |
|---|---|
| Community services electronic client record system (Care Partner) | Generated based on historic performance |

## Annual Support Plan Review Compliance Rate (LD) - % of Clients Review Compliant Within 12 Months

| Latest value | Standard | Mean |
|---|---|---|
| 63.1 % | >=90% | 36.3 % |



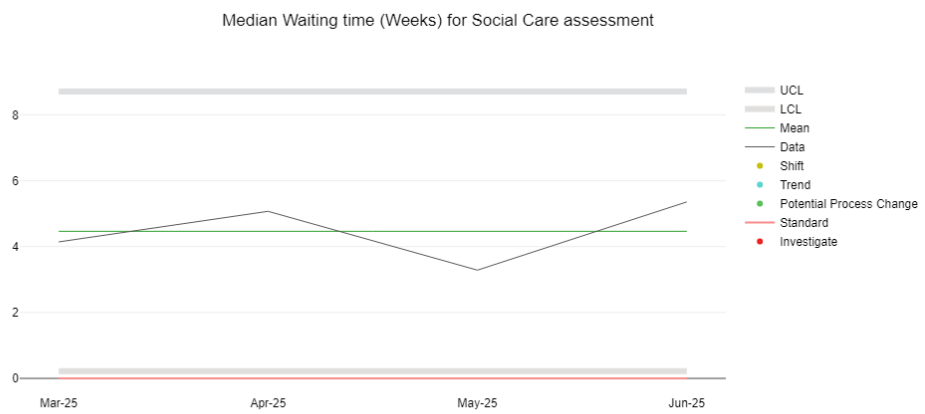

| Definition |
|---|
| The percentage of clients in the Learning Disability service who are considered review compliant during a given Caseload Month, based on the total Learning Disability caseload. A client is deemed compliant if their Next Review Due Date falls within the past 12 months and on or before the Caseload Month. If no Next Review Due Date is recorded, compliance is assessed based on whether a Support Plan Review was closed within the past 12 months and on or before the Caseload Month. If no review has ever been completed, the client is considered compliant if their initial involvement began within the past 12 months and on or before the Caseload Month. Reviews completed in any ASCC Centre of Care are counted toward compliance, regardless of which Centre the client is currently linked to. |

| Data Source | Standard Source |
|---|---|
| Community services electronic client record system (Care Partner) | NHS Care Act 2014 |

# Social Care

## Median Waiting time (Weeks) for Social Care assessment

| Latest value | Standard | Mean |
|---|---|---|
| 5.36 | TBC | 4.46 |

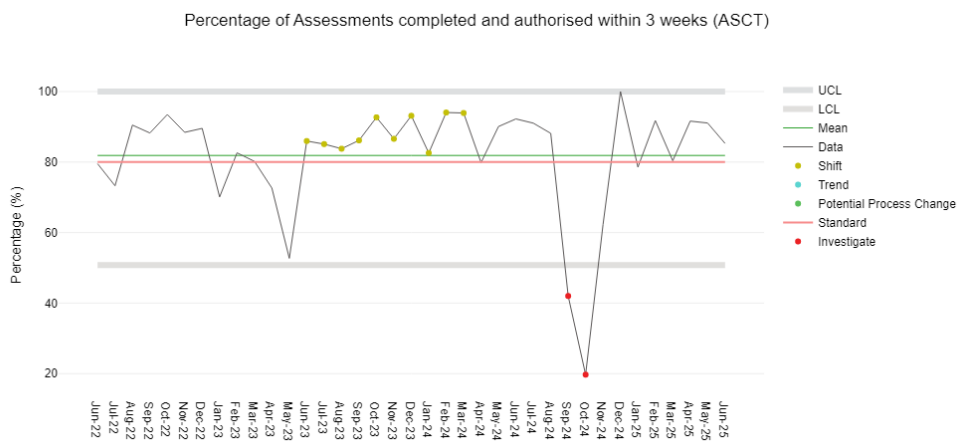



| Definition |
|---|
| The median time, in weeks, between receipt of a Request for Service (RFS) and the start of a SANA assessment. This measure includes only accepted RFS that progress to a SANA assessment. |

| Data Source | Standard Source |
|---|---|
| Community services electronic client record system (Care Partner) | TBC |

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

| Latest value | Standard | Mean |
|---|---|---|
| 85.3 % | >=80% | 81.9 % |




| Definition |
|---|
| The percentage of FACE Support Plan and Budget Summary assessments opened and closed within the reporting month that were completed and authorised within 3 weeks (21 days) of the assessment start date. Calculation: (Number of FACE Support Plan and Budget Summary assessments opened and closed within the reporting month with a duration of 3 weeks or less ÷ Total number of FACE Support Plan and Budget Summary assessments opened and closed within the reporting month) × 100 |

| Data Source | Standard Source |
|---|---|
| Community services electronic client record system (Care Partner) | Generated based on historic performance |

# Social Care Quarterly Indicators

| Indicator | 2024-Q3 | 2024-Q4 | 2025-Q1 | 2025-Q2 |
|---|---|---|---|---|
| % of service users who say the service made them feel safe and secure | | | 59.68% | 54.35% |
| % of service users who agree that the care and support they received during their visit has made things better for them | 100% | 91.67% | 100% | 85.71% |
| % of service users who agree that after their visit they find it easier to carry out everyday activities | 100% | 91.67% | 100% | 85.71% |

# Quality & Safety

## Section Owner

Medical Director / Chief Nurse

## Performance Narrative

Complaints:

In June 2025, Health and Community Jersey (HCJ) received 24 new complaints. The two identified themes for June were:

- Oral communication received by the patient / service user.

- Care concern delivery including basic clinical care and delay in treatment

Drawing on this feedback two key areas of quality improvement have been identified to support fundamental care delivery.

- Increase compliance with mandatory training - Putting Customers First training.

- Launch of a Patient Experience Survey (from 1 July) to collect anonymous feedback from all patients and service user who experience contact HCJ service to identify areas for improvement and implement changes

Compliments:

A total of 171 compliments were recorded in June. The areas receiving the most positive feedback were:

- Acute Assessment Unit (AAU)

- Jersey Talking Therapies (JTT)

- Emergency Department

This ongoing positive trend highlights HCJ's dedication to high-quality care.

Patient Advice and Liaison Service (PALS):

PALS recorded 107 interactions in June, reflecting increased engagement. The main concerns mirrored those seen in complaints and related to:

- Appointments, admissions, and discharges

- Care and treatment

- Communication

Unresolved issues are reviewed and, where appropriate, escalated to the formal complaints process for further investigation.

Pressure Ulcers - June 2025:

Deep Tissue Injury (DTI) – Present Prior to Admission

# Quality & Safety

One case of a suspected Deep Tissue Injury (DTI) was identified on admission. The injury appears to have progressed following admission; however, the precise timing and origin of the injury remain unclear. This case is currently being investigation.

Pressure Ulcers Present on Admission

A total of 26 Datix submissions were recorded for pressure ulcers identified as present on admission.

Healthcare Associated Infections

MRSA (Meticillin-Resistant Staphylococcus aureus)

There have been no hospital-acquired MRSA bloodstream infections reported since November 2021, maintaining our ongoing commitment to infection prevention and control.

Other Bacteraemia (MSSA, Klebsiella, Pseudomonas)

No cases of Meticillin-Sensitive Staphylococcus aureus (MSSA), Klebsiella, or Pseudomonas aeruginosa bacteraemia were reported in June 2025.

Clostridioides difficile (C. difficile)

Two new cases of C. difficile infection were reported in June 2025. A full root cause analysis is currently underway to determine any contributory factors and identify potential learning to support improved outcomes.

# Quality & Safety

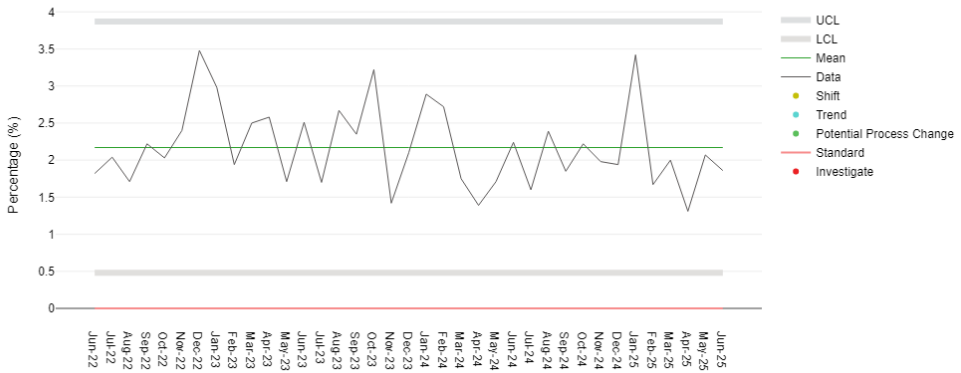
## Escalations

Nothing to escalate

# Quality & Safety

## Crude Mortality Rate (JGH, Overdale, St Ewolds and Mental Health)

| Latest value | Standard | Mean |
|---|---|---|
| 1.9 % | NA | 2.2 % |

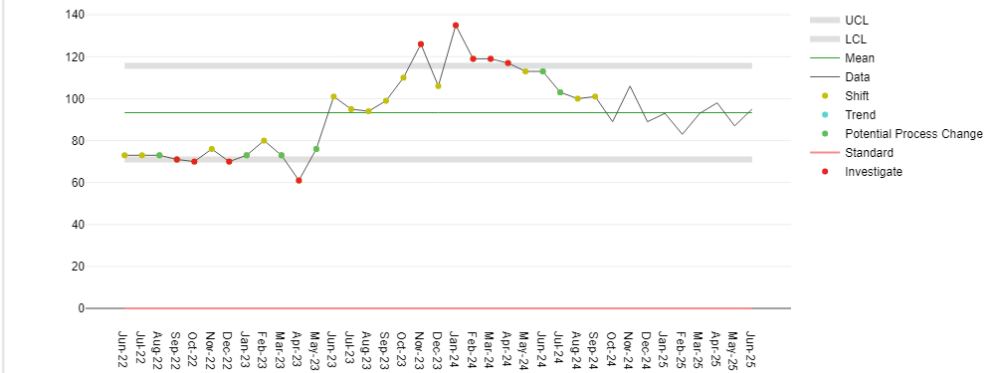



| Definition |
|---|
| A hospital's crude mortality rate looks at the number of deaths that occur in a hospital in any given period and expresses this as a proportion of the number of people admitted for care in that hospital over the same period. The crude mortality rate can then be articulated as the number of deaths for every 100 patients admitted. |

| Data Source | Standard Source |
|---|---|
| Hospital Electronic Patient Record Inpatient Discharges (TrakCare Report ATD9P & Maxims Report IP013DM) | Not Applicable |

## Patient Safety Events per 1000 bed days

| Latest value | Standard | Mean |
|---|---|---|
| 95 | NA | 93.32 |



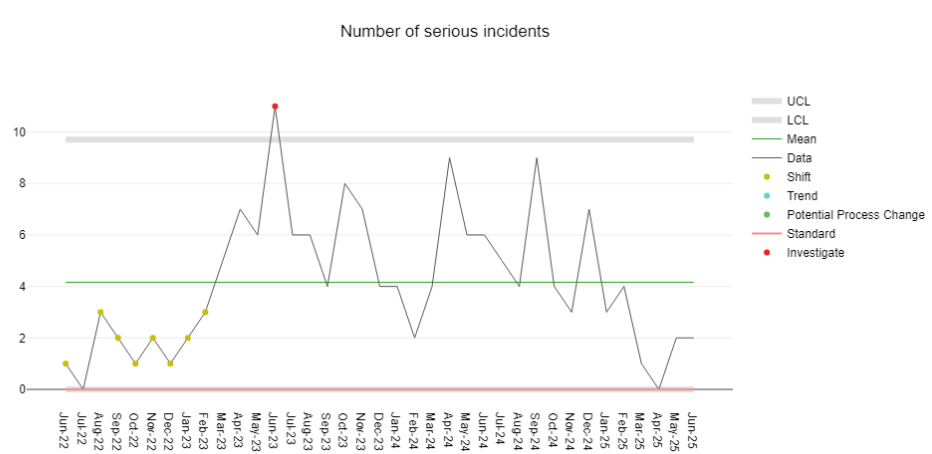

| Definition |
|---|
| Number of patient safety events reported where approval status is not "Rejected" per 1,000 bed days |

| Data Source | Standard Source |
|---|---|
| HCJ Incident Reporting System (Datix), Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM)) | Not Applicable |

# Quality & Safety

## Number of serious incidents

| Latest value | Standard | Mean |
|---|---|---|
| 2 | NA | 4.16 |

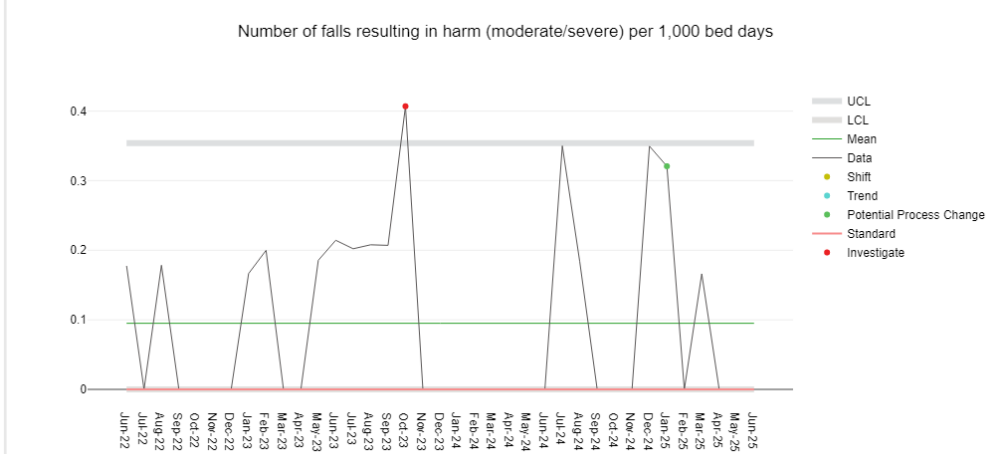



| Definition |
|---|
| Number of safety events recorded in Datix where the event is marked as a 'Serious Incident' in the period |

| Data Source | Standard Source |
|---|---|
| HCJ Incident Reporting System (Datix) | Not Applicable |

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

| Latest value | Standard | Mean |
|---|---|---|
| 0 | NA | 0.1 |



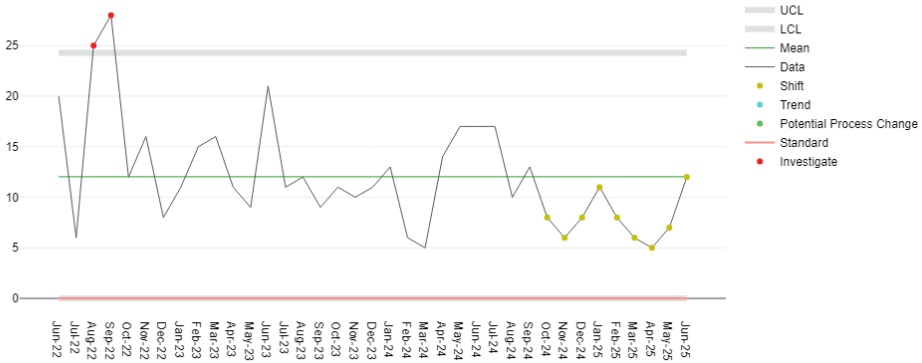

| Definition |
|---|
| Number of inpatient falls with moderate or severe harm recorded where approval status is not "Rejected" per 1000 occupied bed days |

| Data Source | Standard Source |
|---|---|
| Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM)) & Datix Safety Events Report | Not Applicable |

# Quality & Safety

## Patient safety incidents with moderate/severe harm/death

| Latest value | Standard | Mean |
|---|---|---|
| 12 | NA | 12.03 |

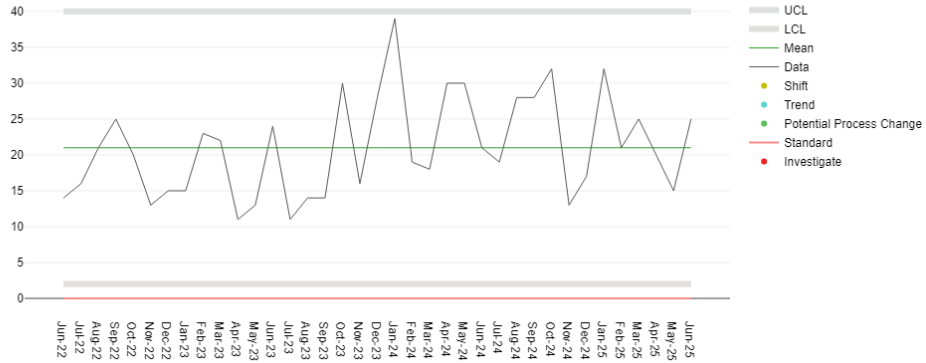



| Definition |
|---|
| Number of patient safety events recorded with moderate, severe or fatal harm recorded where approval status is not "rejected" |

| Data Source | Standard Source |
|---|---|
| HCJ Incident Reporting System (Datix) | Not Applicable |

## Number of pressure ulcers present upon inpatient admission

| Latest value | Standard | Mean |
|---|---|---|
| 25 | NA | 21 |

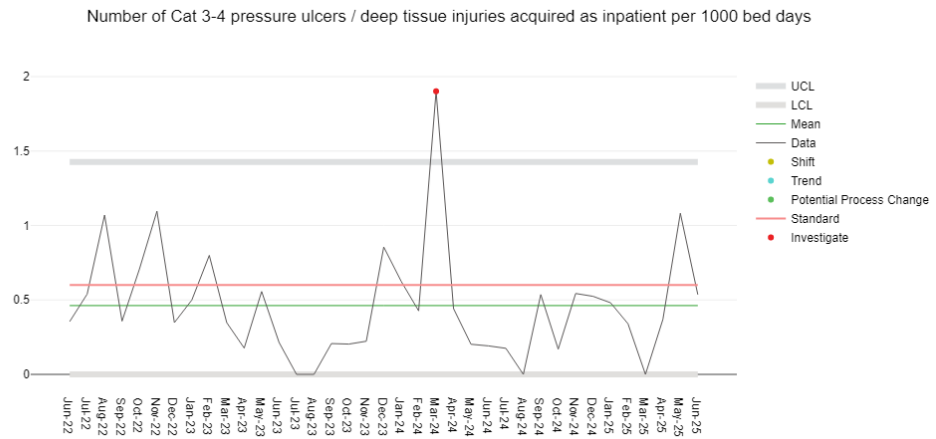



| Definition |
|---|
| Number of pressure ulcers upon inpatient admission to any HCJ inpatient unit where the approval status is not recorded as "Rejected". All pressure ulcers under sub-category "present before admission" but excluding those recorded as "present before admission from other ward". |

| Data Source | Standard Source |
|---|---|
| HCJ Incident Reporting System (Datix) | Not Applicable |

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

| Latest value | Standard | Mean |
|---|---|---|
| 0.54 | <0.60 | 0.46 |

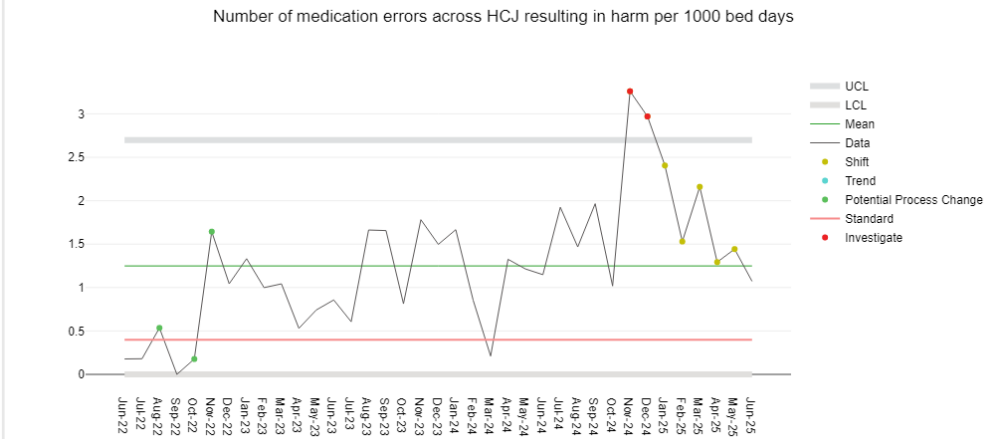



| Definition |
|---|
| Number of inpatient Cat 3 & 4 pressure ulcers where approval status is not "Rejected" per 1000 occupied bed days |

| Data Source | Standard Source |
|---|---|
| HCJ 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 HCJ resulting in harm per 1000 bed days

| Latest value | Standard | Mean |
|---|---|---|
| 1.07 | <0.40 | 1.25 |



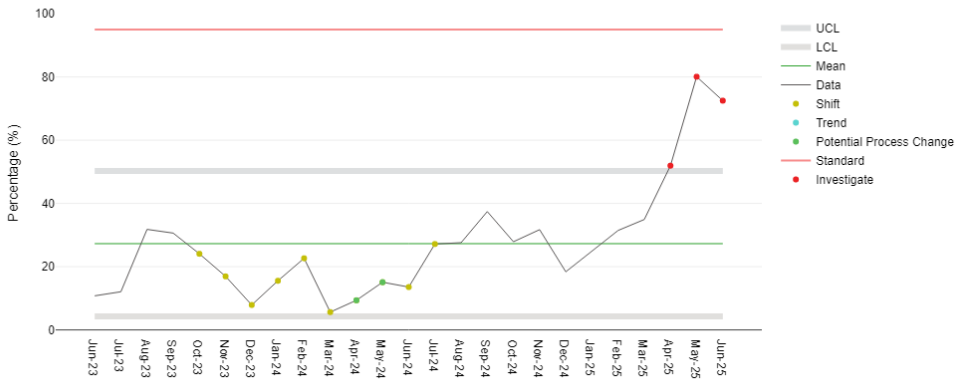

| Definition |
|---|
| Number of medication errors across HCJ (including Mental Health) resulting in harm where approval status is not "Rejected" per 1000 occupied bed days. Note that this indicator will count both inpatient and community medication errors due to recording system limitations. As reporting of community errors is infrequent and this indicator is considered valuable, this limitation is accepted. |

| Data Source | Standard Source |
|---|---|
| HCJ 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 |

# Quality & Safety

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

| Latest value | Standard | Mean |
|---|---|---|
| 72.5 % | >95% | 27.3 % |

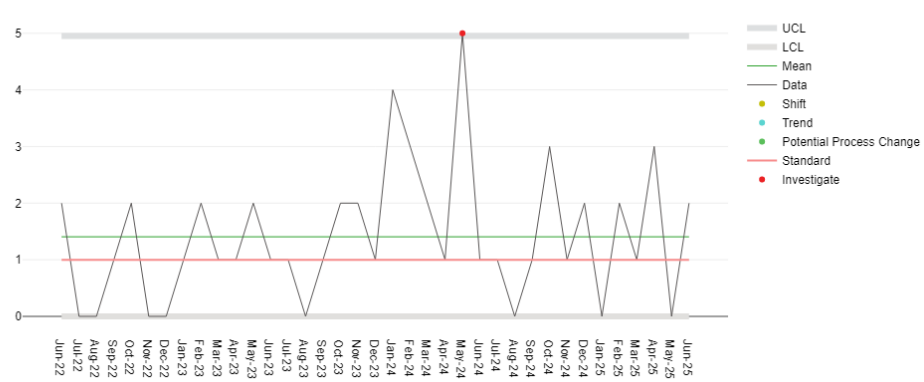



| Definition |
|---|
| Percentage of all inpatients (aged 17 and over), (excluding paediatrics, maternity, mental health, and ICU) that have a VTE assessment recorded through IMS Maxims within 24 hours of admission or before as part of pre-admission. |

| Data Source | Standard Source |
|---|---|
| Hospital Electronic Patient Record (Maxims Report IP026DM) | NHS Operational Standard |

## C-Diff Cases - Hosp

| Latest value | Standard | Mean |
|---|---|---|
| 2 | 1 | 1.41 |

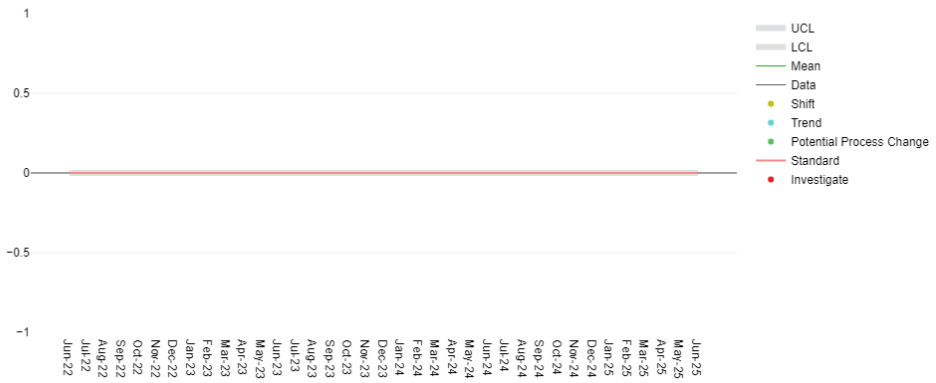



| Definition |
|---|
| Number of Clostridium Difficile (C-Diff) cases in hospital in the period, reported by the IPAC team |

| Data Source | Standard Source |
|---|---|
| Infection Prevention and Control Team Submission | Standard based on historic performance (2020) |

## MRSA Bacteraemia - Hosp

| Latest value | Standard | Mean |
|---|---|---|
| 0 | 0 | 0 |

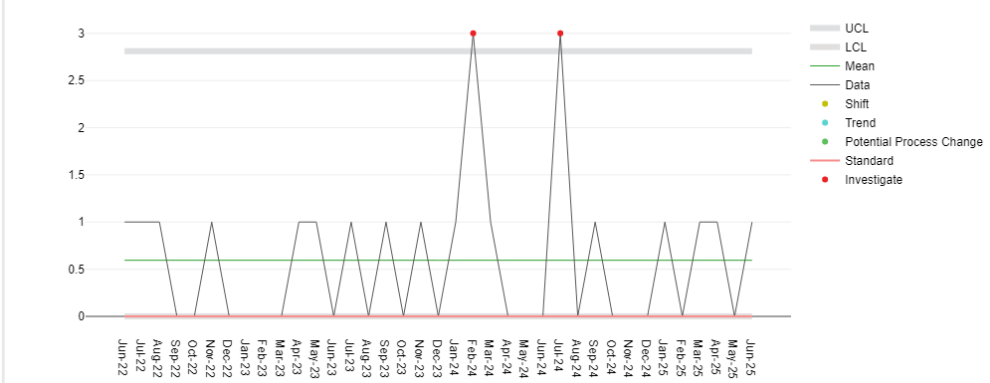



| Definition |
|---|
| Number of Methicillin Resistant Staphylococcus Aureus (MRSA) cases in hospital in the period, reported by the IPAC team |

| Data Source | Standard Source |
|---|---|
| Infection Prevention and Control Team Submission | Standard based on historic performance |

## E-Coli Bacteraemia - Hosp

| Latest value | Standard | Mean |
|---|---|---|
| 1 | 0 | 0.59 |

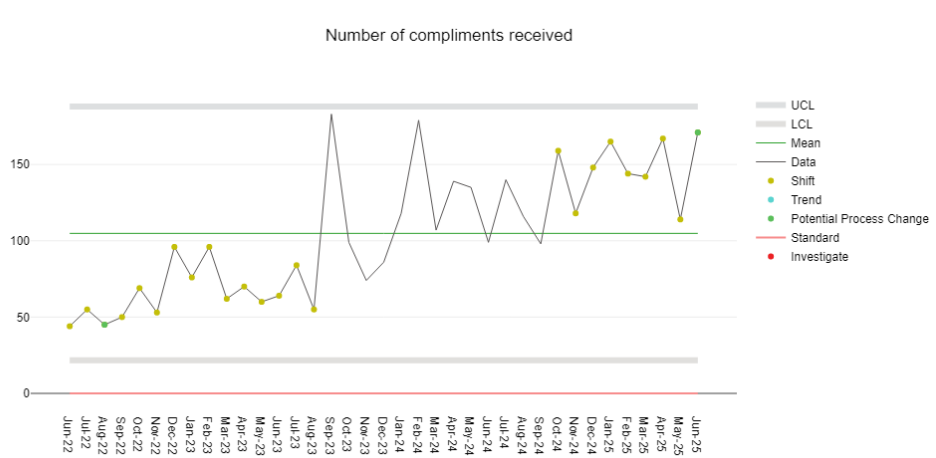



| Definition |
|---|
| Number of E. Coli bacteraemia cases in the hospital in the period, reported by the IPAC team |

| Data Source | Standard Source |
|---|---|
| Infection Prevention and Control Team Submission | Standard based on historic performance |

## Number of compliments received

| Latest value | Standard | Mean |
|---|---|---|
| 171 | NA | 104.86 |




| Definition |
|---|
| Number of compliments received in the period where the approval status is not "rejected" |

| Data Source | Standard Source |
|---|---|
| HCJ Feedback Management System (Datix) | Not Applicable |

## Number of complaints received

| Latest value | Standard | Mean |
|---|---|---|
| 24 | NA | 26.35 |


| Definition |
|---|
| Number of formal complaints received in the period where the approval status is not "Rejected" |

| Data Source | Standard Source |
|---|---|
| HCJ Feedback Management System (Datix) | Not Applicable |

| | | | |
|---|---|---|---|
| **Report to:** | Health and Care Jersey Advisory Board – Part A – Meeting in Public | | |
| **Report title:** | **Diagnostic Review** | | |
| **Date of Meeting:** | 31 July 2025 | **Agenda Item:** | **8** |

| | |
|---|---|
| **Executive Lead:** | Claire Thompon, Chief Operating Officer - Acute Services |
| **Report Author:** | Emily Hoban, Head of Access |

| | |
|---|---|
| **Purpose of Report:** | For Noting and Assurance<br>This paper provides an overview of the diagnostic services, issues and actions. |
| **Summary of Key Messages:** | The key messages arising from this report are:<br>• Health and Care Jersey (HCJ) is monitoring diagnostic performance against the NHS DM01 standard. Further development work is still required on this metric to allow meaningful benchmarking.<br>• An interim target as part of 2025 objectives has been established for access to diagnostics and is currently being achieved due to improvements in internal efficiency and additional services developed over recent years.<br>• Current diagnostic capacity will limit HCJ to provide access to diagnostics in line with the DM01 standard (99% of all patients receiving diagnostic test in 6 weeks across all modalities).<br>• Further work is required to determine additional or alternative performance standards for HCJ's diagnostic access.<br>• Ongoing continual assessment against these will determine necessary capacity to achieve these with identification of additional resources as required to meet the DM01 standard. |
| **Recommendations:** | The HCJ Advisory Board is asked to note the contents of this paper, acknowledge the progress made to date in improving diagnostic access, and provide advice and recommendations on the next steps towards establishing a Jersey standard for diagnostic access. |

| **Link to Jersey Care Commission (JCC) Domain:** | | **Link to Board Assurance Framework (BAF):** | |
|---|---|---|---|
| Safe | √ | SR 1 – Quality and Safety | √ |
| Effective | √ | SR 2 – Patient Experience | |
| Caring | | SR 3 – Operational Performance (Access) | √ |

| | | | |
|---|---|---|---|
| Responsive | | SR 4 – People and Culture | |
| Well Led | | SR 5 – Finance | |

| | |
|---|---|
| **Are any stakeholders impacted?** | No |

| | |
|---|---|
| **Are there any associated risks?** | As per the paper |

| | |
|---|---|
| **Are there any workforce implications?** | No |

| | |
|---|---|
| **Are there any financial implications?** | No |

| | |
|---|---|
| **Are there any Digital systems implications?** | No |

| | |
|---|---|
| **Next steps?** | For noting |

| **Boards / Committees / Groups where this report has been discussed previously:** | | |
|---|---|---|
| **Meeting** | **Date** | **Outcome** |
| None | | |

| **List of Appendices:** |
|---|
| Nil |

**MAIN REPORT**

## 1. Introduction

This paper presents the current situation for each diagnostic services aligned to the DM01 diagnostic management standard as defined by the NHS.

As previously reported, there are known inaccuracies in the ongoing development of the DM01 dataset. Following the detailed review of the PTL data related to each DM01 modality to support the completion of this Advisory Board report, it has been identified that there is over reporting of numbers of patients waiting for a diagnostic test. Further cleansing and validation of this data is currently happening and as such a refined diagnostic DM01 position will be published in readiness for the September Advisory Board.

A data quality assessment has been conducted on the diagnostic datasets which originate from multiple HCJ systems. This review has identified opportunities to improve the ongoing management of data quality to ensure robust waiting list information exists in the relevant systems. These opportunities will be discussed in a wider paper on data quality, to be developed by Informatics and shared with HCJ's Executive Leadership Team (ELT) in August.

Clinical investigations data is currently not reported, which prevents full reporting and comparison against the DM01 standard. Currently, there is no timeline to onboard this data due to the amount of Informatics resource required to onboard and manage this additional dataset.

Alongside cleansing of the data, work is ongoing to improve capacity and efficiency across all diagnostic modalities. This paper provides detail on actions taken to date and plans to support improved access for patients.

## 2. What is DM01 and 'Big 5' Diagnostic Measure

DM01 is a standard used by the NHS to measures the current waiting times of patients still waiting for key diagnostic tests or procedures at month end across 15 diagnostic modalities. The diagnostic operational standard is 99% of patients should wait no longer than 6 weeks (42 days) for a diagnostic test and reporting. Screening programmes are not included within this metric.

The monitoring and reporting of Jersey's diagnostic access against this NHS standard commenced in November 2023 at the first HCJ Advisory Board meeting, with the objective being, to understand the current performance against the standard and the resource required to enable HCJ to achieve. However, the reports to Advisory Board have not provided a % performance against the standard, rather, a total number of patients waiting for a procedure after 6 weeks.

Current tests reported using the DM01 standard in Jersey:

- Imaging - Magnetic Resonance Imaging
- Imaging - Computer Tomography
- Imaging - Non-obstetric ultrasound
- Imaging - DEXA Scan
- Endoscopy - Colonoscopy
- Endoscopy - Flexi sigmoidoscopy
- Endoscopy - Cystoscopy
- Endoscopy - Gastroscopy

As digital systems are developed HCJ will onboard the other DM01 modalities:

- Physiological Measurement - Audiology – Audiology Assessments
- Physiological Measurement - Cardiology - echocardiography
- Physiological Measurement - Cardiology - electrophysiology
- Physiological Measurement - Neurophysiology - peripheral neurophysiology
- Physiological Measurement - Respiratory physiology - sleep studies
- Physiological Measurement - Urodynamics - pressures and flows

A part of the Executive 'Big 5' for 2025, an interim achievement target was set to start the improvement journey to support improvement in diagnostic waiting times. This interim target is:

- 80% of all DM01 diagnostics tests to be performed within 84 days of referral by the end of Q4.

### 2.1 Monitoring against Internal 'Big 5' standard and DM01

Performance against the Executive 'Big 5' objective for each DM01 modality by month is shown below. It must be noted the reduced level of performance between 2024 and 2025 is as a direct result of an increase

in demand through the emergency department reducing available elective procedure capacity. Additionally, periodic changes to NICE pathway requirements means additional demand placed on diagnostic capacity.

All Diagnostic Tests within 84 days of Referral

| Year | 2024 | | | | | | | 2025 | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Service | June | July | August | September | October | November | December | January | February | March | April | May | June |
| CT | 86.3% | 86.9% | 87.4% | 84.0% | 81.7% | 86.6% | 85.0% | 80.6% | 79.8% | 80.3% | 84.2% | 74.7% | 73.2% |
| DEXA Scanning | 100.0% | 100.0% | | 73.3% | 13.1% | 43.0% | 88.3% | 83.0% | 85.1% | 83.8% | 46.4% | 72.3% | 28.1% |
| Endoscopy Med | 100.0% | 100.0% | 100.0% | 91.6% | 84.0% | 78.3% | 60.6% | 70.2% | 69.9% | 70.1% | 57.8% | 78.7% | 78.7% |
| Endoscopy Surg | 100.0% | 100.0% | 100.0% | 82.4% | 63.2% | 59.6% | 48.5% | 52.0% | 54.7% | 45.5% | 72.2% | 67.5% | 66.1% |
| Endoscopy Uro | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 95.8% | 95.5% | 100.0% | 92.3% | 100.0% | 87.5% |
| MRI | 79.3% | 73.8% | 73.9% | 77.4% | 78.2% | 76.7% | 73.0% | 74.7% | 77.9% | 80.5% | 81.8% | 86.1% | 80.9% |
| Ultrasound | 98.6% | 98.9% | 99.3% | 99.1% | 97.1% | 98.8% | 95.7% | 81.7% | 78.3% | 74.0% | 76.5% | 75.9% | 79.7% |
| **Total** | **90.6%** | **88.5%** | **88.5%** | **88.1%** | **82.2%** | **83.0%** | **82.7%** | **77.5%** | **77.5%** | **76.2%** | **76.4%** | **78.8%** | **74.7%** |

Jersey performance in comparison against the totality of DM01 standard is expected to in Q3.

In comparison, the data below provides the current NHS compliance against the DM01 standard:

| **Diagnostic Test** | **May 2025** |
|---|---|
| CT | 88.8% |
| DEXA | 85.6% |
| Endoscopy - All | 73.1% |
| MRI | 84.2% |
| Ultrasound – non obstetric | 79.6% |

## 3. Imaging Modalities

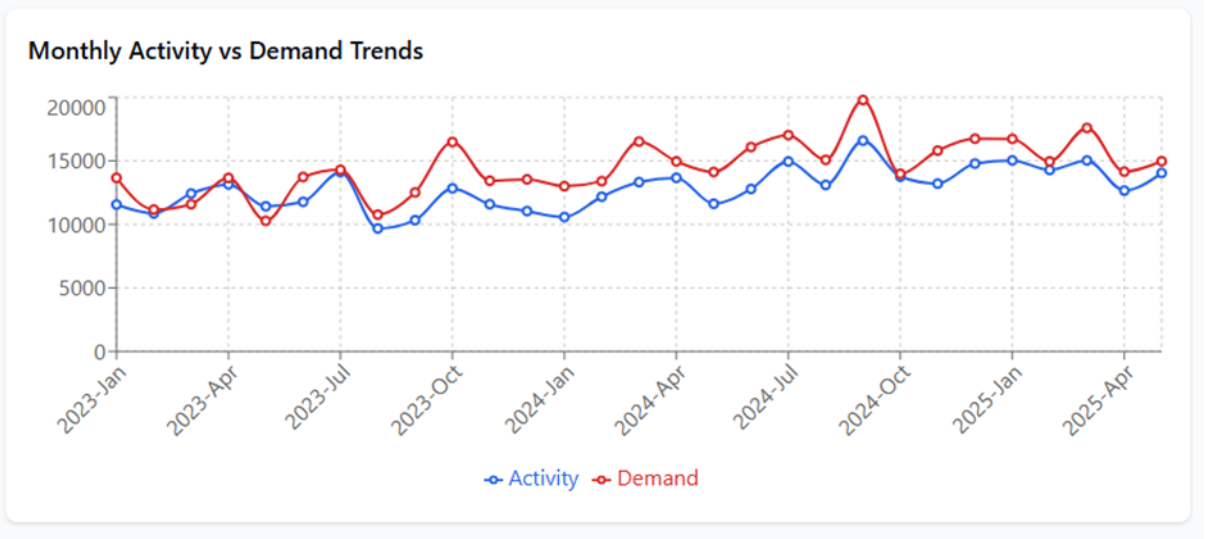
### 3.1 Capacity and Demand

Due to the requirements for the radiology service provision to remain flexible given the demands on their service from ED, inpatient beds, outpatient provision and private patients, no week is the same regarding capacity available by modality. The DM01 column on the table below is an unvalidated position. Accurate reporting will be provided in the next reporting cycle.

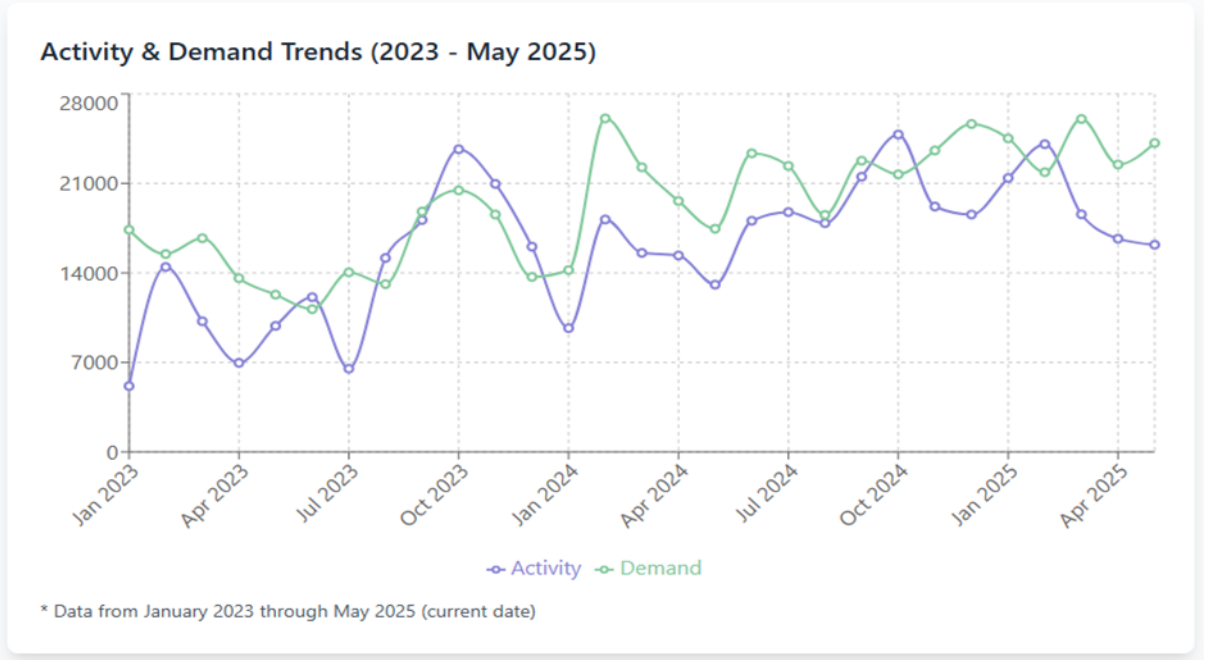
| Modality | Utilisation | Emergency / Inpatient | Outpatient (DM01) | Private |
|---|---|---|---|---|
| CT | 108% | 23% | 66% | 11% |
| MRI | 91% | 8% | 68% | 24% |
| Ultrasound | 72% | 25% | 74.6% | 0.4% |

The graphs below show the activity versus demand in minutes, rather than the traditional capacity versus demand.

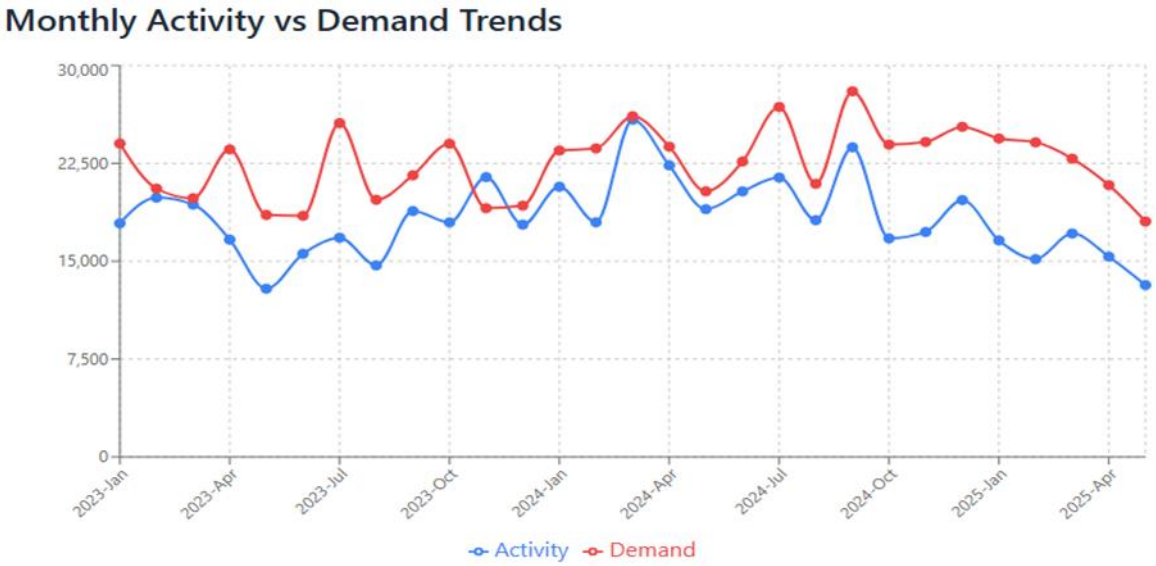
**CT**




## MRI




## Ultrasound




The divergence between activity and demand since October 2024 is due to a vacancy among the sonographer team as described in previous reports. This is also reflected in the utilisation of ultrasound capacity.

## 3.4 Areas of focussed improvement

### 3.4.1 Cardiac CT imaging (CTCA)

Capacity for CTCA continues to be a recovery focus. The Care Group have agreed and implemented a recovery plan to support additional activity across a 16-week period which is projected to result in the long waits reducing to the interim 'Big 5' objective. The initiative increases capacity from 9 to 14 patients per week on average across the 16 weeks. In addition, a third list will be added weekly, once the day has been agreed through job planning and will provide capacity for a further 6 patients per week. This further additional capacity will aim to bring the service in line with the DM01 standard. The Chief Operating Officer has requested that this service is reviewed in line with GIRFT (Getting it Right First Time) diagnostics delivery guide.

As of 24 July, the number of patients waiting for a test is shown below. Of these 137 patients waiting, all urgent cases and 30 of the longest waiting routine patients all have booked dates. This changes daily as patients are added and removed following their completed test. There are no patients waiting over 52 weeks, with the longest wait being 44 weeks. This is an improved position to Q1 2025 when 150 routine cases exceeded 12 weeks including patients waiting over 52 weeks.

**Patients waiting by service and week range**

| Service | 0 | 1 | 2 | 3 | 4 | 5 | 6-12 | 13-26 | 27-52 | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| **CT** | 6 | 9 | 7 | 8 | 8 | 6 | 26 | 32 | 35 | 137 |
| CT Cardiac angiogram coronary | 6 | 9 | 7 | 8 | 8 | 6 | 26 | 32 | 35 | 137 |
| **Total** | 6 | 9 | 7 | 8 | 8 | 6 | 26 | 32 | 35 | 137 |

### 3.4.2 Ultrasound

Ultrasound overall performance against the DM01 standard continues to improve across most specialty pathways. Of the 36 pathways within Ultrasound, there are 4 which are an improvement focus with waits currently being experienced of up to 10 months for a routine test:

- Abdomen
- Pelvis
- Neck
- Soft Tissue

A proposal to support improvement for routine tests follows a similar plan which was implemented in 2024 for MRI. Currently there are 3 ultrasound scanners operating 8.30am – 5pm Monday to Friday. There is enough demand to increase capacity to extend the time of the scanners to 12-hour days and half day on a Saturday. This will require additional investment but will continue to be reviewed with the impact of recruitment on current capacity.

### 3.4.3 Ultrasound Musculoskeletal

The pathway for musculoskeletal (MSK) ultrasound is the current focus for improvement. The existing process requires MSK ultrasound referrals to go to the imaging service and await an appointment. In many other healthcare settings, MSK ultrasound is undertaken at the time of the outpatient clinic appointment by the orthopaedic team.

For a period of 6 months, from September 2025, a specialist doctor, trained in soft tissue and MSK ultrasound, will work with the HCJ Orthopaedic team. The specialist will undertake two clinics per week, one focused on upper limb and one on lower limb. In addition to clinical duties, the doctor will provide MSK ultrasound training to two staff members. Once trained, these staff members will be able to perform ultrasounds within the orthopaedic clinic, reducing demand on Radiology and streamlining the patient pathway.

As of 16 July, the number of patients waiting for a test is shown below. Of these 243 patients waiting, 25 patients have booked dates. This changes daily as patients are added and removed following their completed test.

| Weeks Wait | 0 | 1 | 2 | 3 | 4 | 5 | 6-12 | 13-26 | 27-52 | >52 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| MSK Ultrasound | 6 | 7 | 8 | 4 | 7 | 1 | 21 | 75 | 74 | 40 | **243** |

### 3.4.3 DEXA

DEXA demand increased significantly over the last two years because of the rheumatology patient review. Demand is stabilising, however the increase in referrals has meant a delay in tests being carried out. Currently 49% of patients are waiting over 6 weeks to be seen. All patients are routine.
Capacity was increased from 2 days per week in 2024 to 3 days per week in 2025. This has had a positive impact on the waits, however further additional capacity is required in the short term and the team are working on productivity efficiencies in existing resource.

As of 22 July, the number of patients waiting for a test is shown below. Of these 256 patients waiting, all are routine patients and of these 144 have booked dates. This changes daily as patients are added and removed following their completed test.

| Patients waiting by service and week range | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Service | 0 | 1 | 2 | 3 | 4 | 5 | 6-12 | 13-26 | 27-52 | >52 | **Total** |
| DEXA Scanning | 7 | 8 | 40 | 10 | 25 | 28 | 86 | 45 | 6 | 1 | **256** |
| **Total** | 7 | 8 | 40 | 10 | 25 | 28 | 86 | 45 | 6 | 1 | 256 |

## 3.5 Actions previously taken to reduce waits

- **MRI Project – Waiting List Initiative and Business Case Approval (April 2024):** Following the successful implementation of the MRI Waiting List Initiative (WLI), a comprehensive business case was developed and approved in April 2024. The initiative demonstrated a clear demand and provided evidence of the potential for additional income generation to support increased resources. As a result of the project, not only has additional income been secured, but both public and private waiting times have been significantly reduced.

- **CT Scanner Funding – Second Scanner and Staffing**: Funding for a second CT scanner was secured in 2023, with the increased staffing approved through the budget-setting process to ensure the new scanner is fully operational.

- **Improved Staffing Levels – Radiographers and Sonographers:** Staffing levels have significantly improved over the last 2 years, reducing vacancies from over 10 positions to just one.

- **Introduction of Tele radiology**: Tele radiology was initially implemented to provide on-call reporting coverage from 10 pm to improve compliance to NICE guidance of the management of head injuries. It has since been expanded to include elective reporting, enhancing overall reporting capacity and allowing HCJ to utilise clinical expertise of our radiologists for completion of diagnostic tests that require physical presence rather than reporting.

## 3.6 Challenges

- Insufficient Reporting Capacity which builds a greater reliance on tele radiology (cost: £90k in 2024; projected £130k for 2025). This also causes delays in reporting attributed to third-party turnaround times and lack of system integration.
- MRI is at full capacity on both scanners and workforce. There are limited options for expansion without further capital investment.
- CT staffing constraints, additional time on the scanner is available, but staffing remains a limiting factor.
- Annual Leave Coverage Gaps - Service capacity drops significantly during periods of annual leave. Lack of backfill or funding results in activity being reduced.
- An increase in ED activity drives an increase in diagnostic requirements. For example, imaging experienced a 400% increase in CT head scans in 2024. This impacts the ability to deliver elective CT activity.
- NICE frequently changes its guidelines such as adjusting scan frequencies for cancer follow-up or the threshold for trauma imaging which impacts on capacity with no additional resource.

## 3.7 Further improvement actions planned

1. Comprehensive Review of Reporting Pathways
    - Map existing workflows to determine optimal allocation between Radiographers, Radiologists, and Tele radiology providers.
    - Develop standard operating procedures (SOPs) and contract services for faster triage and prioritisation of urgent cases.
    - Assess potential for in-house reporting expansion vs. continued outsourcing.

2. Reporting Workforce Investment Plan
    - Consider additional recruitment of advanced practitioner roles (e.g., Reporting Radiographers).

3. Establish clear KPIs and standardised data collection methods for accurately tracking and reporting Turnaround Time (TAT) internally and externally (Tele Radiology)

4. Implement standardised procedures for consistently recording cancel and rebook, and DNAs across all modalities.

## 4.Endoscopy

There have been long standing capacity constraints across gastroenterology and endoscopy services which are well documented. Inability to recruit to all substantive consultant posts in previous years, a reduction in capacity during winter months as clinicians support emergency admissions and inpatient beds together with an increase in demand from various screening programme initiatives has meant an inability to meet the DM01 standard across all scope tests, except cystoscopy.

Within colonoscopy, sigmoidoscopy and gastroscopy, current capacity is only providing enough to meet urgent and suspected cancer referrals with an average wait of approximately 17 weeks. Scoping for patients triaged as routine are experiencing long waits, over 52 weeks, for their procedures. A proposal for recovery capacity will be presented to SLT to address performance in urgent category patients.

In 2023 and 2024, HCJ contracted an outsourcing company to support an endoscopy waiting list initiative. This proved successful in reducing the back log at the time. However, as no new capacity was provided following the initiative, the waiting list has once again increased. It is clear endoscopy demand will continue to grow as a result to changing demographics and changes to the bowel screening programme. The changes to the bowel screening programme will ultimately support a healthier Jersey through earlier cancer diagnosis, but the current increase in demand has meant the inability to see, diagnose and treat routine patients as quickly as required.

Current cancer detection rates are up as a direct result of the changes to the screening programme and introduction of the FIT test.

### Screening Programme Changes

Bowel Screening was set up in 2013 using flexible sigmoidoscopy as the primary screen. All islanders aged 60 were invited to endoscopy for a left sided look at the bowel, they self-administered enemas at home and came to endoscopy. If they were found to have a large polyp over 1cm or over 3 adenomas they were invited back for a full colonoscopy. The cohorts depended on the population that year but in general we invited around 1200 people. With a 60% uptake 720 who had a flexible sigmoidoscopy, the conversion to a

full colonoscopy was around 3- 5% which would be an extra 36 full colonoscopies, in addition – we saw 10 people on each flexible sigmoidoscopy list, and it was a walk-in walk out service as sedation was not offered.

Since November 2021 we have moved to FIT as the primary test. We have now nearly finished the current age expansion to inviting Islanders aged 55-65 every 2 years – we are just completing the 1970 cohort. In 2024 we sent 9680 Home Kits with a 73% uptake. We have a 2.1% positivity rate 129 colonoscopy – we have 4 people on a theatre list in endoscopy for these cases as they are likely to have pathology.

We are therefore now screening Islanders every 2 years with a home test KIT over a 10-year period aged between 55-65 with a conversion rate of 2.1 percent to colonoscopy with a 73% uptake.

**4.1 Capacity Management**

Endoscopy service split activity at an approximate rate of 75% public and 25% private:

| | Consultant 1 | Consultant 2 | Consultant 3 | Average Private Patient Ratio |
|---|---|---|---|---|
| Jan-March | 22% | 30% | 25% | **26%** |
| April - June | 23% | 22% | 26% | **24%** |

Endoscopy capacity utilisation is extremely good:

| | Available Points | Points Used | Capacity Usage |
|---|---|---|---|
| Jan | 398 | 411 | 103% |
| February | 317 | 388 | 122% |
| March | 456 | 486 | 107% |
| April | 397 | 392 | 99% |
| June | 372 | 385 | 103% |
| **Average Capacity Usage** | | | **107%** |

**Endoscopy schedule.** Inpatients are booked onto lists in addition to the activity for outpatients and private patients.

Endoscopy lists are booked using a points-based system; depending on the test required determine the number of points allocated. All half day sessions are booked to approximately 12 points, so each session could have a different number of patients booked depending on the procedure length.

Maximum capacity currently is 444 points per week to cover all inpatient, outpatient (new and follow-up), surveillance, emergency and urgent referrals. This could mean that we have availability for between 111 and 222 patients per week depending on the procedure required. With approximately 60-70 new outpatient referrals per week, together with all the other patients waiting on follow-up, surveillance and inpatients, capacity does not meet the demand required.

Prioritisation of patients means that routine referrals wait the longest as they have the lowest risk attached. However, over time, the urgency may change and as such the harm review process would be followed with patients being reprioritised as necessary. The endoscopy service does keep in touch with patients on the waiting list and will escalate as necessary.

**4.2 Actions in place for improvement**

#### 4.2.1 Short term plans up to December 2025

- An additional middle grade doctor has been allocated to support endoscopy for 2 sessions per week for 6 months, this will provide additional capacity for up to 12 patients per week.
- Additional Friday PM and weekend scope session are commencing September 2025 will provide additional capacity for 30 patients per week.
- Additional gastroscopy sessions provided by nurse endoscopist.
- Review of GP referrals to identify which patients would be suitable to send screening FIT tests to rather than straight to scope.

#### 4.2.2 Medium term plans, across the next 12 month:

- The third consultant interviews took place in July, with a start date planned for January 2026. This will provide additional outpatient and scoping sessions for up to 18 patient capacity per week.
- Review of capacity and demand and endoscopy pathways following new consultant commencement.
- Development of case of need for an additional nurse endoscopist
- Development of a new gastroscopy technique which has the potential to increase activity through clinic.

#### 4.2.3 Longer term plans:

- Remodelling the gastro and endoscopy pathways to incorporate primary care provision and support the screening programme.
- Further development of nurse endoscopy provision
- Further development of new techniques to support increase throughput and outcomes.

**Discussion:**

The existing capacity does not meet the diagnostic demand across all modalities. As a healthcare provider, HCJ can continue to report against the DM01 standard and will allow consideration for additional resource requirements needed to meet this. A consideration should take place about the development of specific timelines based on urgency criteria within some or all modalities. NICE and other e.g. GIRFT guidelines are a key contributor to demands on diagnostic tests. Service modelling work with recommendations and forecasts around capacity improvements for a long-term view can be undertaken in line with system wide diagnostic service development.

**END OF REPORT**

| | | | |
|---|---|---|---|
| **Report to:** | Health and Care Jersey Advisory Board – Part A – Meeting in Public | | |
| **Report title:** | **Patient, Service User and Community Participation** | | |
| **Date of Meeting:** | 31 July 2025 | **Agenda Item:** | **9** |

| | |
|---|---|
| **Executive Lead:** | Jessie Marshall, Chief Nurse |
| **Report Author:** | Jenna Whitling, Head of Patient Experience<br>Carl Walker, Health and Care Jersey Patients and Users Panel Co-ordinator<br>Andy Weir, Director of Mental Health, Social Care and Community Services |

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|---|---|
| **Purpose of Report:** | For Discussion and Action<br>An outline of proposals to strengthen patient and public engagement across Health Care Jersey (HCJ), beyond the current scope of the Patients' and Users Public Engagement Panel. It considers how other organisations approach patient involvement, explores co-production opportunities in acute settings, and provides ideas for better engagement with children and young people. |
| **Summary of Key Messages:** | Good patient involvement requires structured, continuous collaboration between patients and professionals, moving beyond consultation into co-design and shared decision-making.<br><br>While Mental Health services have taken steps to embed user participation in service design and development – supported by a jointly agreed co-production framework - similar approaches could be developed for acute and elective care pathways.<br><br>The Patients' and Users Panel has the potential to become more representative by expanding its membership and further developing its integration with service design.<br><br>In addition, further work will be undertaken to ensure that the "seldom heard" group of patients and users are actively engaged.<br><br>Engaging children and young people meaningfully in their care requires a variety of options including youth advisory boards, digital platforms, and creative engagement tools. |
| **Recommendations:** | The Advisory Board is asked to:<br>1. Support the enhancement of the existing Patients' and Users panel to include diversity to match our Jersey population, and the development of alternative methods of engagement and involvement across our services e.g. "seldom heard" group.<br>2. Include children and young people within the engagement process of existing patients and user panel. |

| Link to Jersey Care Commission (JCC) Domain: | | Link to Board Assurance Framework (BAF): | |
|---|---|---|---|
| Safe | | SR 1 – Quality and Safety | x |
| Effective | | SR 2 – Patient Experience | x |
| Caring | √ | SR 3 – Operational Performance (Access) | x |
| Responsive | √ | SR 4 – People and Culture | x |
| Well Led | | SR 5 – Finance | x |

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| **Are any stakeholders impacted?** | Yes. Patients, carers, staff, and partner organisations will be directly involved in developing and implementing new engagement methods. |

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| **Are there any associated risks?** | There is a risk of engagement fatigue if patients are over-consulted without seeing results. This can be mitigated by ensuring feedback loops are closed and involvement is meaningful. |

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| **Are there any workforce implications?** | Staff will need time and training to support co-production processes. This will involve recognising service users and carers as equal participants rather than passive recipients of care and treatment. |

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| **Are there any financial implications?** | Some investment may be needed to support facilitation for participants, e.g. carers support and car parking |

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| **Are there any Digital systems implications?** | Nil. |

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|---|---|
| **Next steps?** | Review the existing terms of reference for the Patients' and Users panel by the end of Q3 2025.<br><br>Develop youth involvement proposals for review in Q4 2025.<br><br>Pilot co-production forums in selected acute service areas in early 2026.<br><br>Continue to develop service user and carer involvement approaches across mental health and social care services. |

| **Boards / Committees / Groups where this report has been discussed previously:** | | |
|---|---|---|
| **Meeting** | **Date** | **Outcome** |
| Nil | | |

| **List of Appendices:** |
|---|
| Nil |

**MAIN REPORT**

## Introduction

Health and Care Jersey (HCJ) has made a commitment to ensuring patients are at the centre of health service planning and delivery. Actively involving patients and service users is not only a strategic priority for HCJ, but also a fundamental element of the Jersey Care Commission's (JCC) Single Assessment Framework (SAF). This approach ensures that care is shaped by those who use it, fostering a more responsive, inclusive, and person-centred health system.

Central to this approach is the recognition that some groups - including those with disabilities, language barriers, financial hardship, or limited digital access - are often underrepresented in traditional engagement processes. This report outlines strategies to ensure that these seldom-heard voices are actively included, respected, and empowered in shaping services.

## What Good Patient Involvement Looks Like

Effective patient involvement is defined by meaningful, consistent, and inclusive engagement. It goes beyond collecting feedback to involve patients as equal partners in the co-design, governance, and evaluation of services e.g. *ladder of involvement model.*

Key characteristics include:

- **Transparency** – Clear communication about how patient input is used in decision-making.
- **Accessibility** – Engagement methods that accommodate diverse needs, including reasonable adjustments for disability, translated materials, and non-digital options.
- **Inclusivity** – Proactive efforts to involve groups who are often excluded, such as those with communication difficulties, children and young people, people with lived experience of poverty, and those from minority ethnic backgrounds.
- **Feedback Loops** – Systems that ensure patients are informed about how their contributions have influenced outcomes.
- **Equity of Voice** – Ensuring that the voices of patients themselves, not just parents, carers, or advocates are heard and prioritised wherever possible.

## Enhancing the current Patients' and Users Panel

The existing panel can evolve into a more inclusive forum through the development of future engagement options by:

- Expanding its diversity to reflect Jersey's population.
- Creating subgroups focused on specific services (e.g. maternity, children and young people, elective care).
- Offering training and guidance to empower participants.

In addition to the current Patients and Users Panel, mental health services have developed a number of specific initiatives to ensure service user and carer involvement in the planning, review and delivery of mental health services. These include ensuring service user feedback and involvement in both service developments and service reviews; the establishment of a monthly Expert by Experience user and carer group (since 2022); and the development and publishing of a Co-Production framework to be used. This work is now being extended across the Social Care services, including in the current review of community learning disability services, and in the development of key Government strategies (such as the Neuro-Inclusive Strategy and the current refresh of the Mental Health Strategy).

**Involving and Listening to Children and Young People**
Children and young people have different needs and deserve meaningful opportunities to shape the care they receive. Children and young people are often overlooked in patient feedback. To ensure their voices are heard, proposed suggestions include:

- Create safe, confidential spaces for young people to express their views independently.
- Use age-appropriate, creative engagement tools such as drawings, storytelling or digital platforms.
- Build a relationship with the School Council Network to ensure a range of children's voices are being heard from across the social spectrum.
- Communicate changes 'You said, We Did' - Outcomes of changes to be written in school platforms, social media to show young people changes have been made.

**Prioritising the patients voice over Parental Interpretation**
While parents and carers are vital partners in the care journey, it is essential that the voice of the child or young person is heard, respected, and prioritised. In alignment with safeguarding principles, and guided by Gillick competence and Fraser guidelines, HCJ is committed to empowering children and young people to express their views and opinion. This is an area which requires further co-production and the need to be able to evidence that as an organisation we have listened and acted on the voices of children and young people (where it may differ from parental or organisational perspective).

**Capturing "Seldom Heard" Voices in Patient Experience**
To deliver truly person-centred care, it is essential to ensure that all patients, particularly those from seldomly heard or marginalised groups, are meaningfully included in feedback and service design processes. There is currently a HCJ reasonable adjustments policy being developed which commits to ensuring that all patients including those with disabilities, sensory impairments, or neurodivergent conditions can participate meaningfully in shaping their care and the services they use. This policy is underpinned by the principles of equity, accessibility, and non-discrimination, in full alignment with the Discrimination (Jersey) Law 2013.

HCJ recognises patients requiring reasonable adjustments often face barriers to engagement, including inaccessible communication formats, environments that do not meet sensory needs, or a lack of tailored support. To address this, HCJ are currently implementing the following:

- **Provide accessible formats for feedback and engagement**, including Easy Read, large print, audio, and British Sign Language (BSL), ensuring that all patients can understand and contribute.
- **Ensure staff are trained in inclusive communication and the legal duty to make reasonable adjustments**, equipping them to recognise and respond to individual needs.
- **Involve advocates or carers where appropriate**, while always prioritising the patient's own voice and preferences wherever possible, in line with safeguarding and consent frameworks. This work remains in its infancy.

**Addressing Language Barriers**
Minority ethnic groups tend to be under-represented in feedback and engagement processes and need particular attention to be paid to support this. Patients who speak little or no English, or who come from diverse cultural backgrounds, may struggle to engage with standard feedback mechanisms. HCJ will actively:

- Use professional interpreters rather than relying on family members.

- Translate key materials and surveys into commonly spoken community languages.
- Work with community leaders and diversity networks such as REACH to build trust and co-design engagement approaches.

**Engaging Financially Deprived and Digitally Excluded Groups**
Socioeconomic disadvantage and digital exclusion can significantly impact a person's ability to engage with health services and participate in feedback. These barriers may include lack of internet access, limit digital literacy, competing priorities such as caring responsibilities or financial constraints.

To ensure equity of voice, the following solutions are recommended:

- **Offer multiple engagement formats**:
  Provide paper-based surveys, telephone discussions, and face-to-face in either HCJ buildings or outreach into community settings such as Parish Halls, libraries and GP surgeries.
- **Remove logistical and financial barriers**:
  Offer travel / parking vouchers or refreshments to enable participation in focus groups or engagement events may need to be considered.
- **Use plain language and culturally sensitive materials**:
  Ensure all written communication materials (leaflets etc) are written in plain English and translated into key community languages.
  Avoid medical jargon and use visual aids where required and where possible to support understanding.

**Next Steps**

To ensure the ideas and models outlined in this report are not only implemented but embedded in HCJ, the following next steps are recommended:

1. Continue to monitor progress and ensure accountability with regular reports to HCJ ELT and the Quality, Safety and Improvement Committee.
2. Expand the patients and service user panel by Q4 2025 and continue to build on other engagement initiatives relevant to specific care groups and across our services.
3. Engage with patients and carers with lived experiences of HCJ services, ensuring diversity, age and background to reflect Jerseys population more accurately. Commence engagement by Q3 and complete by Q4 with view to commence revised Patient Panel in Q1 2026.

**Conclusion**

The recommendations in this report provide a clear, practical roadmap for increasing patient and service user involvement. By learning from well-established methods and expanding co-production across all services, HCJ can embed the patient voice deeply and meaningfully into the future of care delivery in Jersey.

**Recommendation**

The Board is asked to note and support the content of the report.

**END OF REPORT**

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|---|---|---|---|
| **Report to:** | Health and Care Jersey Advisory Board | | |
| **Report title:** | **Follow-up report:**<br><br>**Harm Review – Patient Tracking List Management Process** | | |
| **Date of Meeting:** | 31 July 2025 | **Agenda Item:** | **10** |

| | |
|---|---|
| **Executive Lead:** | Claire Thompson, Chief Operating Officer – Acute Services |
| **Report Author:** | Emily Hoban, Head of Access |

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|---|---|
| **Purpose of Report:** | For Assurance |
| | This paper provides an update following the report presented at the HCJ Advisory Board on 28th November 2024 which described the process for harm review for patients with extended waits. Since December 2024, further roll out of the harm review process has taken place. |
| **Summary of Key Messages:** | The key messages arising from this report are:<br><br>• Patients continue to experience increased waits for a routine appointment and elective procedures across a minority of specialties.<br><br>• An administration process remains in place to actively monitor all patients waiting over 52 weeks for either a first outpatient appointment or an elective inpatient procedure.<br><br>• During the administrative validation, escalation to clinicians is undertaken as required. Clinical validation takes place in certain specialties.<br><br>• This approach is adapted from NHS guidance on harm review as part of national elective access policy.<br><br>• HCJ's outpatient waiting lists are reducing, waiting times in some specialities for routine inpatient treatment have not.<br><br>• The waiting list which remains a concern is endoscopy. Further work is being undertaken to enhance the processes to support patients waiting for their procedure.<br><br>• Since the last report in November, there have been no patients identified on the waiting lists through administrative validation where escalation has been required. |
| **Recommendations:** | The Advisory Board is asked to note the content of this report. |

| Link to Jersey Care Commission (JCC) Domain: | | Link to Board Assurance Framework (BAF): | |
|---|---|---|---|
| Safe | x | SR 1 – Quality and Safety | x |
| Effective | | SR 2 – Patient Experience | x |
| Caring | | SR 3 – Operational Performance (Access) | x |
| Responsive | x | SR 4 – People and Culture | |
| Well Led | x | SR 5 – Finance | |

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|---|---|
| **Are any stakeholders impacted?**<br>*If so, an impact analysis must be included.* | No |

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| **Are there any associated risks?** | Yes – associated with extended waits for routine patients over 52 weeks for either an outpatient appointment or elective inpatient procedure. Risks are logged on the risk register and serious incidents are investigated as HCJ protocol. |

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| **Are there any workforce implications?** | No |

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|---|---|
| **Are there any financial implications?** | No |

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|---|---|
| **Are there any Digital systems implications?** | No |

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|---|---|
| **Next steps?** | For noting. |

| **Boards / Committees / Groups where this report has been discussed previously:** | | |
|---|---|---|
| **Meeting** | **Date** | **Outcome** |
| Senior Leadership Team | 10 July 2025 | The SLT received a verbal update on the harm review process for patients on waiting lists. Recommendations include adopting a prioritisation model for clinical validation, improving patient communication and empowerment, and exploring digital tools to support risk stratification. A final paper, including these recommendations and next steps, will be presented to ELT on 21st July ahead of Advisory Board on 31 July. |

| **List of Appendices:** |
|---|

Nil

**MAIN REPORT**

- Patients continue to experience increased waits for routine outpatient appointments and routine elective inpatient procedures within some specialties due to multiple factors:
    - Lack of capacity due to clinician availability (e.g. cancelled clinics due to emergency demand through ED)
    - Vacancies in key specialties
    - Increase in referral demand
    - Increase in case complexity and urgency due to demographic changes
    - Inability to make up the capacity shortfall following Covid.

- The process as defined in the paper to Advisory Board in November 2024 remains in place. This process actively monitors patients who experience long waits, through administrative and in some specialties, clinical validation. This process has been adapted from across the NHS (Coronavirus » Clinical validation of surgical waiting lists: framework and support tools)[1].

- The difference between the NHS harm process and the Jersey harm process is the timescale when review is undertaken. The NHS process commences from 12 weeks following a delay in next step in pathway, Jersey currently undertakes harm review on patient who have waited over 52 weeks.

- The 52-week timescale was determined as part of quality performance reporting to the new Advisory Board for monitoring over 52 week waits from January 2024.

- Additional oversight of long waiting times commenced in January 2025 following the Executive 'Big 5' objective setting process.

**Outpatients**

- Specialties where routine outpatients are waiting over 52 weeks as of 21st July 2025:

| Service | No of patients waiting over 52 weeks for first outpatient appointment | Number of patients who have an appointment date within the next 6 weeks | Patient cohort outcome of review |
|---|---|---|---|
| **ENT** | 131 | 44 | Minor ENT complaints<br>No escalations |
| **Ophthalmology** | 21 | 20 | All referred in for cataract surgery<br>No escalations |

[1] Coronavirus » Clinical validation of surgical waiting lists: framework and support tools

| | | | |
|---|---|---|---|
| **Orthopaedics** | 99 | 20 | Majority referred for orthopaedic spinal assessment by off Island provider<br>No escalations |
| **Gastroenterology** | 277 | 87 | All are either IBD or IBS patients<br>No escalations |
| **Neurology** | 37 | 27 | Patients reviewed and booked appropriately |
| **Endocrinology** | 55 | 3 | Clinical review has commenced |

- The waiting list harm review process is used across all patient tracking lists, regardless of length of waits as good practice, but is prioritised against our longest waiting patients over 52 weeks.

- All patient referrals receive clinical triage and are categorised as suspected cancer, urgent, soon or routine to ensure those who are the most urgent are seen in a timely way. The introduction of suspected cancer as a distinct triage category in 2025 is to provide greater visibility and swifter access in accordance with this referral approach.

- Patients triaged as suspected cancer or urgent will be prioritised for an outpatient appointment with a target timescale of 28 days with monitoring of this target occurring daily.

- The 28-day timescale is happening in most specialties except for endoscopy where capacity does not meet demand and is registered as a risk on the Datix system. This was identified through the harm review process. The senior leadership team within medicine are now responding to provide robust oversight and improvement plans within this specialty will be presented to SLT.

- Patients triaged as routine are classed as low risk in terms of patient safety, however the process of continuous validation supports harm free care as patients wait for an appointment.

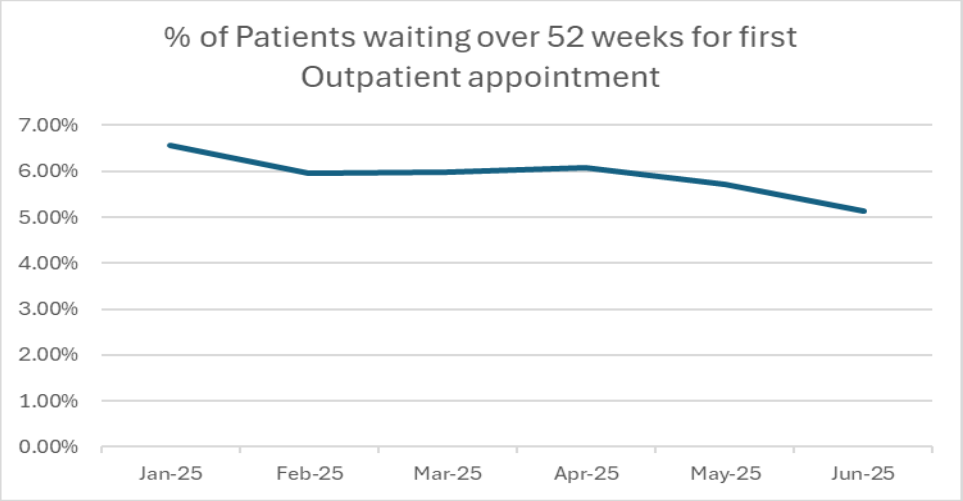
- In addition to administrative and clinical validation, additional sources of oversight and information allow escalation e.g. GP expedite of referrals and a patient contacting HCJ.

- When patients are identified as requiring an appointment sooner than currently booked, patients will be placed into a clinic at an appropriate timescale. The consultant can change the urgency type of the patient to ensure this is captured within the patient record.

- Should it be deemed that the patient should be reprioritised as urgent, patients will be seen within 28 days in accordance with Big 5 objectives standard.

- Administrative validation includes:
    - Review of patient detail, pathway and timescales on Maxims
    - Writing to the patient to confirm if they need to remain on the waiting list. In some circumstances the original complaint has resolved, or the patient may have received private treatment.
    - Calling the patient to discuss their wait and condition
    - All contacts are logged for audit purposes

- Improvements in clinic utilisation, capacity and demand management and reduced DNAs have supported the continued reduction of patients waiting over 52 weeks across outpatients.




## Elective Inpatients

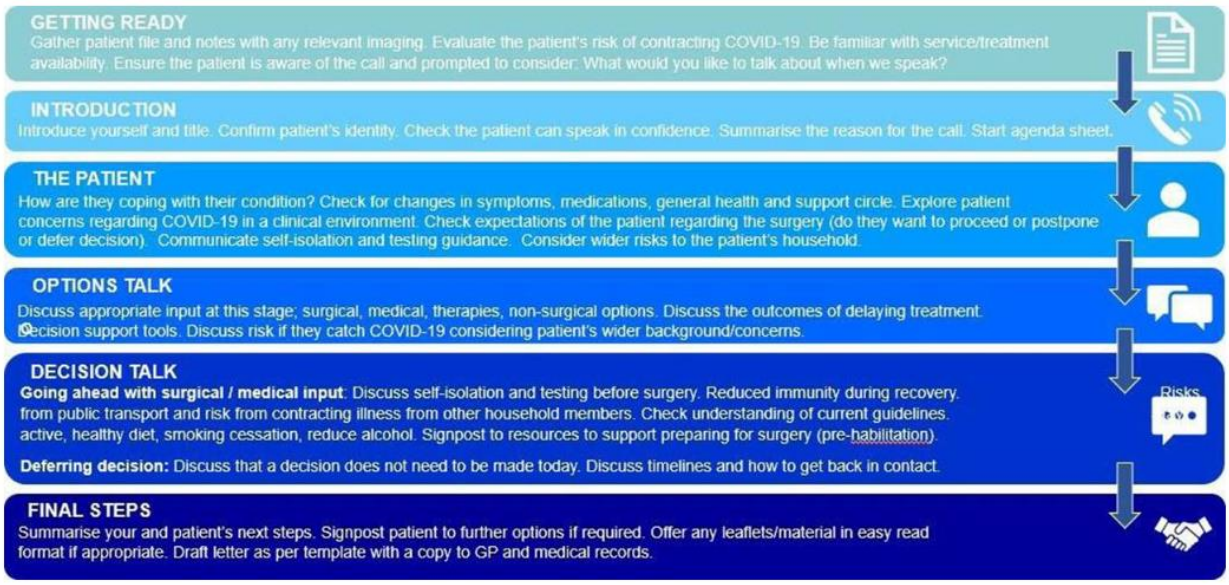
- Patients who are waiting for a routine procedure within theatres continue to experience extended waits mainly in the following specialties:
    - ENT
    - General Surgery
    - Orthopaedic
    - Gynaecology
    - Bariatric Surgery

Patients waiting over 52 weeks as of 22nd July 2025.

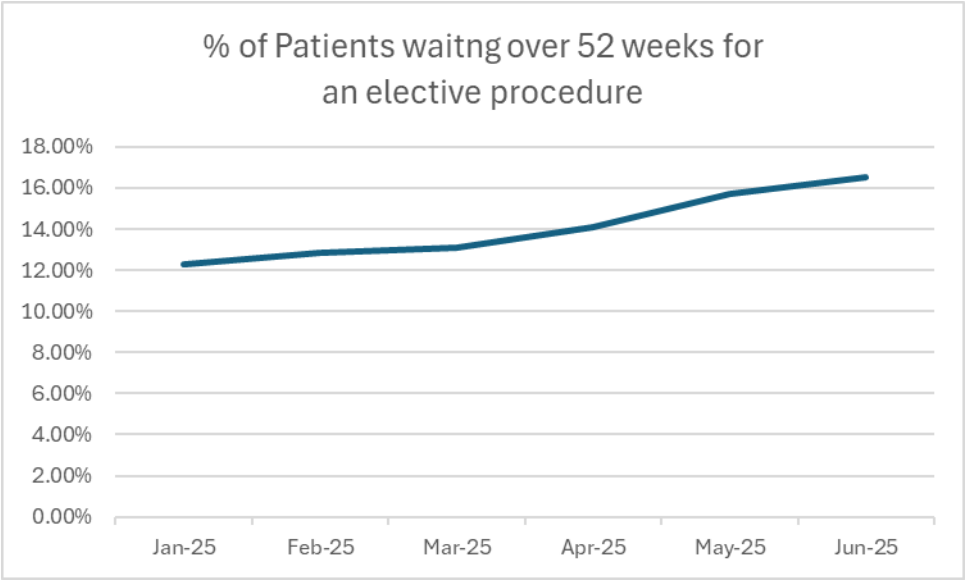
| Service | Patients waiting over 52 weeks | Those with a procedure date | Unfit/deferred | Waiting Date for procedure |
|---|---|---|---|---|
| Orthopaedics | 176 | 28 | 74 | 74 |
| General Surgery | 185 | 14 | 26 | 145 |
| Ophthalmology | 41 | 9 | 11 | 21 |
| Bariatric Surgery | 59 | 0 | 0 | 59 |
| Others | 33 | 7 | 13 | 14 |
| | **494** | **58** | **124** | **313** |

- The steps below are taken from the guidance and followed for our long waiting list elective inpatients.

# Overview (for patients on surgical waiting lists)




- Due to restricted theatre capacity, breakdown in equipment last year and the increase in demand for treating urgent and cancer cases, the waits for routine elective procedures have increased over the last 6 months. As an example, one of the general surgeons is only operating on cancer patients and as such, routine patients are experiencing longer delays.




**Recommendations for enhancing the process**

HCJ currently undertakes the minimum aspect of harm review, as described previously, for long wait patients which provides an intervention to reduce patient safety risk, however enhancements to the process could include:

- Full adoption of NHS guidance on harm review which includes a review of patients waiting longer than 12 weeks of their required date. This would require additional administrative and clinical resource.
- Continue with the current process, however, focus more effort and resource on those areas of increased risk, for example, endoscopy.

- Expedite the implementation of PKB patient portal (Patient Knows Best) which will support patient communications and enhances the ability for patients to raise concerns if their condition worsens.
- Develop a standardised Jersey model for the approach of conducting a waiting list harm review and embed across all services.
- Encourage, through website, GPs and other communication methods for patients to contact HCJ should they have any concerns about their waiting times – a process that makes people feel empowered to contact.
- Ongoing implementation of HCJs Private Patient strategy.
- Care groups to report on their harm reviews at their monthly performance meetings with the Executive team to provide assurance of process.

**Conclusion**

A process of clinical triage followed by harm review is undertaken across all specialty PTLs to reduce the risk of patient harm.

The current process of harm review is in the main effective in reducing risk, however, patients waiting longer on lists than deemed appropriate is not without risk. The only effective way to further reduce potential harm to patients waiting extended periods of time is to increase clinical capacity and enable patients to be seen earlier.

HCJ has increased activity and treated more patients thus supporting the demand placed upon the services. It must also be noted, HCJ is receiving an increase in urgent referrals which impacts on ability to see routine patients in a timely way.

| Time Period | Outpatient Activity | Elective Inpatient Activity (theatre/day surgery) |
|---|---|---|
| Oct 23 – Mar 24 | 65,569 | 2812 |
| Oct 24 – Mar 25 | 72,750 | 3020 |

Whilst further gains will be delivered through ongoing improvement work, ultimately additional clinical capacity to support the additional demand and reduce patients waiting long periods of time of waiting lists is subject to additional investment.

The process followed by HCJ to reduce risks to patients on a waiting list is in keeping with most western health services. Prioritisation to manage the most clinically urgent patients followed by less urgent and routine patients aligns with all other worldwide healthcare provision.

**END OF REPORT**

| | | | |
|---|---|---|---|
| **Report to:** | Health and Care Jersey Advisory Board – Part A – Meeting in Public | | |
| **Report title:** | **Winter Plan 2025** | | |
| **Date of Meeting:** | 31 July 2025 | **Agenda Item:** | **11** |

| | |
|---|---|
| **Executive Lead:** | Claire Thompson, Chief Operating Officer, Acute Services |
| **Report Authors:** | Claire Thompson, Chief Operating Officer, Acute Services<br>James Basilio-Mason, Head of Operational Resilience<br>Emily Hoban, Head of Access |

| | | | | |
|---|---|---|---|---|
| **Purpose of Report:** | Approval ☐ | Assurance ☐ | Information √ | Discussion ☐ |
| | This paper describes the impact of the steps taken to respond to the anticipated bed capacity pressures inherent in winter 2024/25 and sets out areas of focus for the winter plan 2025/2026. | | | |
| **Summary of Key Messages:** | The winter period for 2024/25 saw around 5,000 more Emergency Department (ED) attendances and emergency admissions in medicine and surgery were higher (401) when compared to 2023/2024 activity.<br><br>However, actions and planning were able to minimise impact to the elective programme. In fact, HCJ delivered 208 more inpatient procedures than the previous winter period.<br><br>HCJ mobilised additional capacity across acute and community services to support the response. This included increased enhanced care area capacity to support with higher acuity demand.<br><br>ED performance improved slightly across Q1 2025 for 4-hour standard. There was significant challenge to improving performance against the 12-hour standard before additional capacity was opened in January.<br><br>Staff vaccination rates for COVID (35.6%) and influenza (20.3%) have been identified as an area for improvement for future winter periods.<br><br>Lessons learnt from winter 2024/25 will be incorporated into winter planning for 2025/26 and include:<br><br>- **Planning –** Earlier mobilisation of plans and scheme development.<br>- **Intelligence –** Gaining greater understanding of winter trends and clinical pathway requirements.<br>- **Surge Capacity –** Increased surge capacity for acute respiratory care and increasing respiratory consultant provision.<br>- **Vaccination –** Increasing staff vaccination rates for COVID and Influenza.<br>- **Admission avoidance and ongoing care needs capacity** will continue to be important. | | | |

| | |
|---|---|
| **Recommendations:** | The HCJ Advisory Board is asked to note the report. |

| **Link to JCC Domain:** | | **Link to BAF:** | |
|---|---|---|---|
| Safe | √ | SR 1 - Quality and Safety | √ |
| Effective | | SR 2 - Patient Experience | |
| Caring | | SR 3 - Operational Performance | √ |
| Responsive | √ | SR 4 - People and Culture | |
| Well Led | √ | SR 5 - Finance | |

**Boards / Committees / Groups where this report has been discussed previously:**

| **Meeting** | **Date** | **Outcome** |
|---|---|---|
| Senior Leadership Team Meeting | 12 June 2025 | The Senior Leadership Team (SLT) received and noted the impact of winter 2024 and the preliminary Winter Plan 2025, which highlighted improved operational performance over the previous winter despite increased demand. Key outcomes included reduced delayed transfers of care, increased elective activity, and a strong clinical recommendation to establish a permanent respiratory High Dependency Unit (HDU). Forward planning priorities were identified, focusing on respiratory care, community integration, and enhanced capacity planning. |
| Finance and Performance Committee | 25 June 2025 | Despite increased winter demand in 2024–25, HCJ sustained elective and outpatient care through expanded capacity and operational improvements. Key priorities for 2025–26 include reducing admissions, improving patient flow, and ensuring sustainable services, with the new hospital expected to enhance long-term resilience. |

| **List of Appendices:** |
|---|
| Nil |

## MAIN REPORT

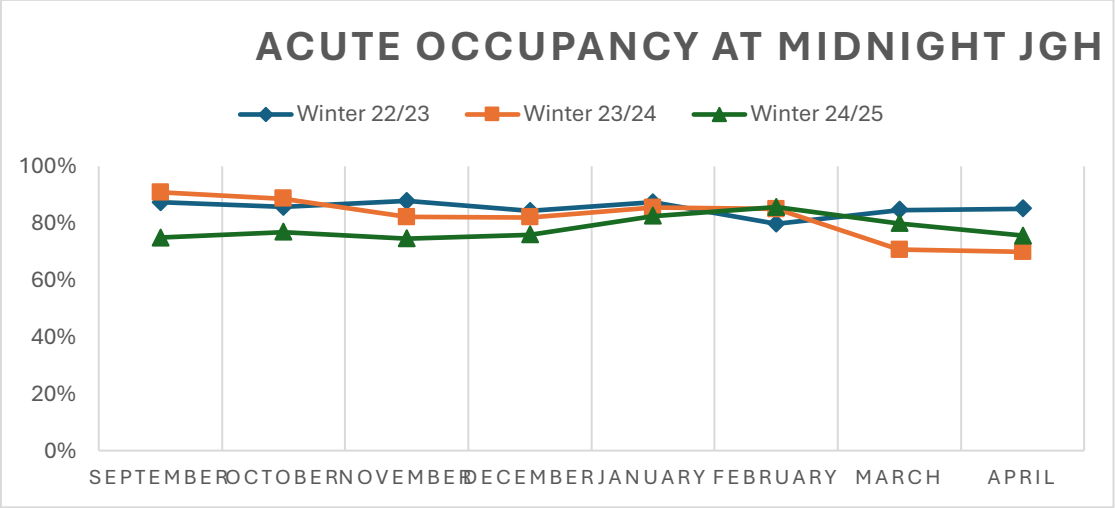
In 2024, winter planning commenced in August with engagement from public health and colleagues across physical, mental and community health teams. This identified schemes to improve patient flow and efficiency of services across the winter period. This was presented to Advisory Board in November 2024 and actions/plan endorsed. As part of the annual cycle of winter planning, an analysis of the previous winter period has now occurred, to capture learning and review the impact on performance and patient care.

The winter period for 2024/25 saw 28,473 ED attendances. Comparison to the previous winter demonstrated an increase in activity (approx. 5,000) and particularly significant in that is the increased attendance from patients in the over 65 years of age cohort (which increased by approx. 600).

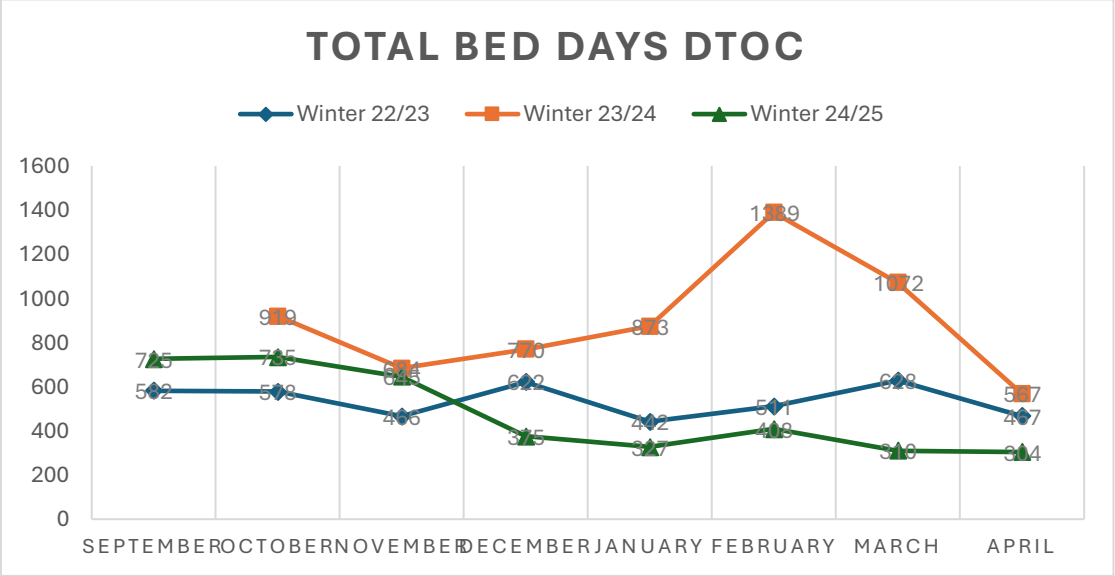
In addition to ED attendance growth, the conversion rate from this cohort is noted to increase (15% to 16%), most likely affected by patients presenting to ED with ongoing care and frailty and associated significant healthcare needs as well as higher acuity in general.

Admissions in both medicine (3,690 from 3,443) and surgery (1,176 from 1,022) grew. Whilst an increase in surgical demand was unexpected; it can be observed that there were higher severity CEPOD 1 and 2 classifications (immediate and urgent) at the time of theatre booking in this period. Demand for paediatric admission was comparable, as was our birth rate when comparing October to March 23/24 with 24/25 data.

The overall hospital occupancy for winter 2024/25 was maintained below previous levels of occupancy during the winter period. This averaged at 78%, against best practice occupancy levels of 80%. On completion of refurbishment works on Bartlett Ward, this medical capacity was opened as well as additional community capacity at Sandybrook and Samares Rehab Unit. Whilst a lower overall acute bed base occupancy was achieved, this was predominantly generated from bed availability within the trauma and orthopaedic bed base whilst a higher level of occupancy was occurring across the medical bed base.

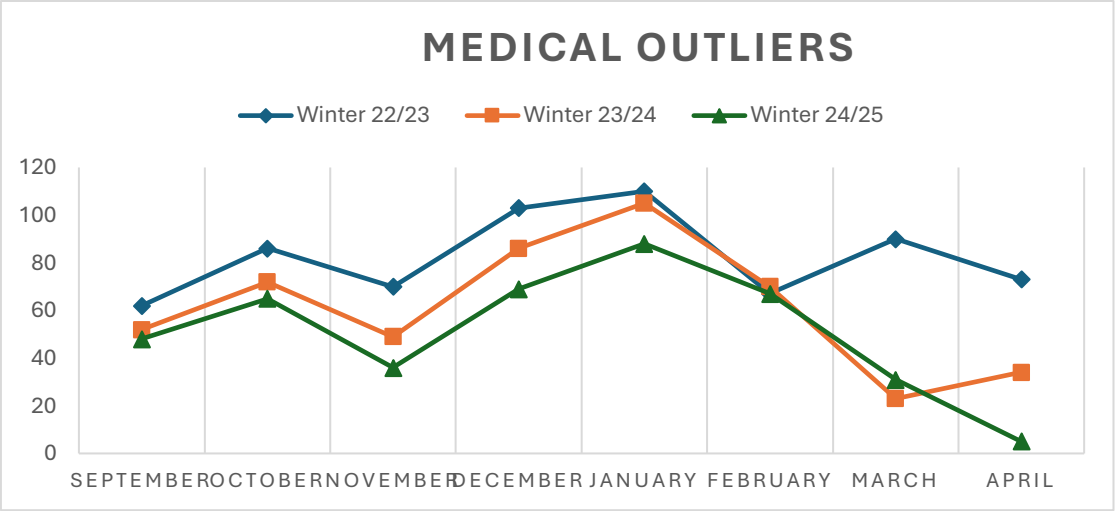



The number of bed days where patients were delayed in being discharged from hospital was a significantly improved position in comparison to previous winter periods, as demonstrated below. The monthly average total bed days DTOC (delayed transfers of care) average reduced from 835 to 466. Weekly executive-led delay review meetings were established pre-winter and maintained throughout, ensuring executive oversight and supportive challenge of any delays to patient discharge.

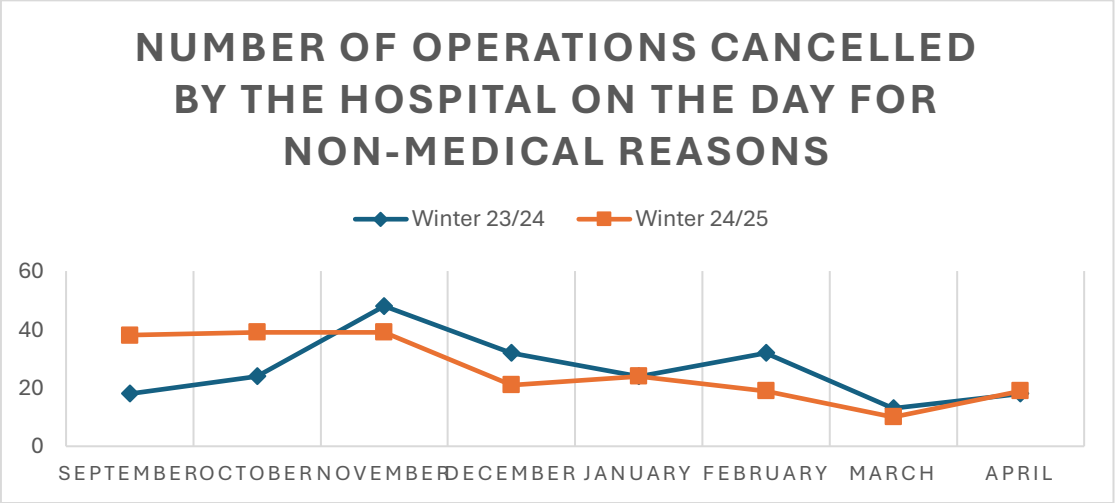



The HCJ surge and escalation plan was utilised across the winter period to manage influx of admissions or when capacity did not meet demand. The below chart outlines the number of medical outliers per week across the winter period. Analysis has identified that there were lower levels of medical outliers than had occurred in previous years. Whilst this is lower than previous years, the number of outliers did have a significant impact to surgical bed availability including emergency surgical placement and elective access,

especially January to March. Throughout Q1 the Surgical Floor was predominantly occupied by medical patients. Surgical bed capacity totals 67 inclusive of private capacity.




Assessment of the elective care programme identified that there were fewer cancellations on the day due to lack of bed availability. In addition, 2,812 elective admissions increased to 3,020 being performed at this time. Higher outpatient activity can be observed with 49,066 appointments compared to 39,963 the year before. The percentage of patients being listed for surgery as urgent ran at 20% with high months of 22%, compared to 23/24 winter average 16%. Therefore, in conclusion higher inpatient and day surgery surgical elective activity was delivered, for those with greatest need. More analysis is required of day surgery and inpatient activity alongside triage at listing.



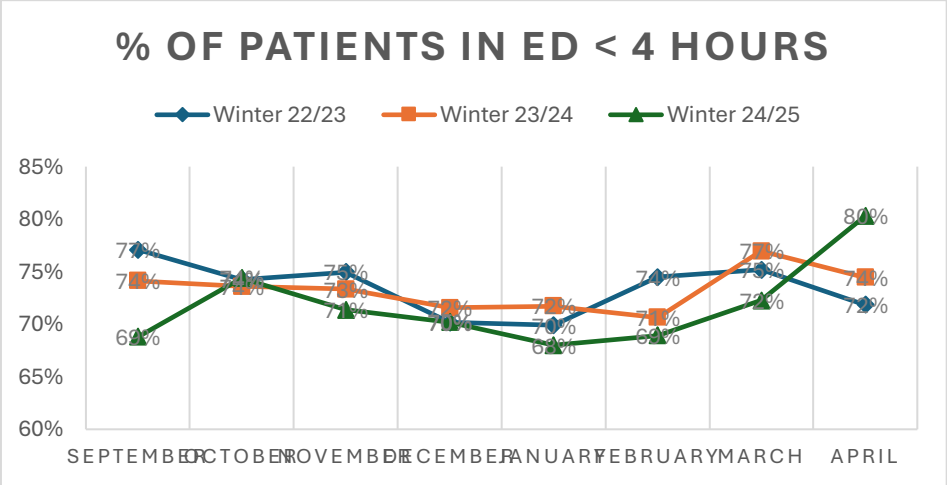

| | September | October | November | December | January | February | March | April |
|---|---|---|---|---|---|---|---|---|
| Winter 23/24 | 18 | 24 | 48 | 32 | 24 | 32 | 13 | 18 |
| Winter 24/25 | 38 | 39 | 39 | 21 | 24 | 19 | 10 | 19 |

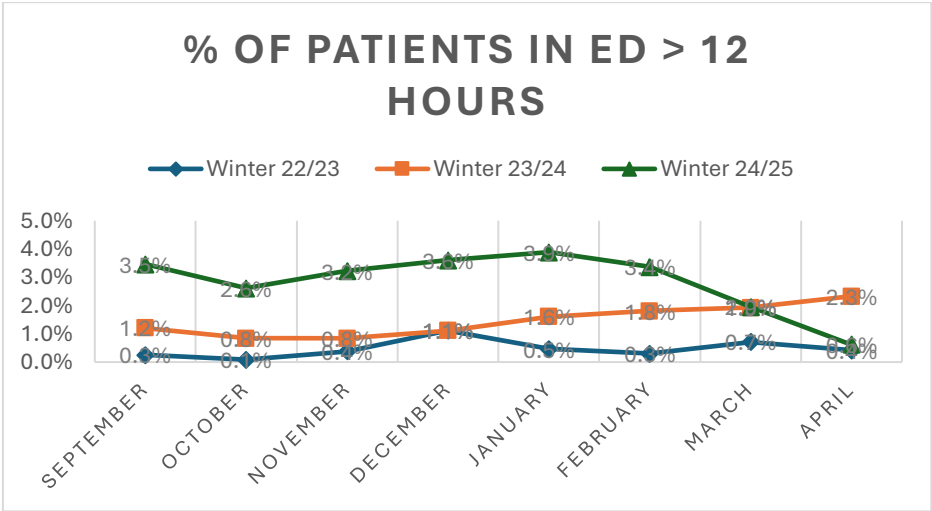
A standard operating policy for Critical Care allows for a planned approach to manage the need for critical care surge. This was minimal this winter, however, the need for surge capacity for Enhanced Care Area (ECA) beds increased in 2024/25. As part of winter preparedness, additional capacity had been planned but, on several occasions, demand outweighed all available ECA capacity and therefore additional demand was directed to the Critical Care Unit. The decision to surge ECA capacity with discussions around safe

staffing levels and balancing the need for CCU capacity were discussed and required escalation to Executive team to support actions to mitigate risk as part of bed management policy.

In 2024, Bartlett ward was refurbished to deliver required estate health and safety upgrades as well as improved patient experience through environment change. This included estate works to enable higher acuity respiratory care to be delivered as needed. It is being considered, in preparation for winter 2025/26, how this service, alongside ECA and CCU capacity can be best developed to reduce pressure. This would require additional staffing and a training programme for those staff who will work within this area which will be delivered by the new practice development nurse soon to be in post.

ED performance deteriorated in Q4 of 2024 for both standards. Root cause analysis demonstrated higher ED attendance, specific bed placement requirements e.g. Infection Prevention and Control, ECA and higher admissions. An improvement in ED performance in Q1 of 2025 can be noted. This improvement is most likely due to additional capacity, also improved data quality in the ED data set alongside some improvements in flow as activity was higher.




The COVID and Influenza vaccination programme is a key feature of the winter plan to protect patients and staff, ensuring resilience across HCJ services. The staff Influenza vaccination rate was 35.6% and staff COVID vaccination rate was 20.3%. Whilst these are below the target of 75% in patient-facing staff groups, a decline in performance was observed across the UK, with vaccination fatigue identified as a contributory factor since the COVID-19 pandemic. HCJ does recognise the need for progress in this area.

As part of the winter plan for 2024/25 several initiatives were identified. The table below identifies the implementation status and performance of each initiative.

| Initiative | Status | Impact |
|---|---|---|
| ED – Senior Patient Assessment and Treatment Room | Development – | The area has had estate modification, service model is being developed |
| SDEC – Surgical | Active | The service commenced pre-winter, the service has reduced the number of surgical patients requiring overnight admission through treatment in a same day setting |
| SDEC – Medical | Development – | Clinical pathway design stage and senior external leader supporting development in July and August |
| Frailty | Development – | Recruitment ongoing to recruit to a frailty consultant to lead the service |
| Cardiac and Respiratory Nurse ED Admission Avoidance | Development – | Clinical pathway design stage although in reach occurred Winter |
| Delayed patient review Meetings | Active | Weekly executive-led review meetings were undertaken throughout winter and remain in operation. 2024/25 winter saw lower levels of delayed patients in comparison to previous winter periods |
| Samares Rehab Unit capacity increase | Active | The Samares rehab unit increased capacity to 14 beds across the winter period, in addition to support timely access to rehab capacity the unit surged capacity to 17 beds to meet demand |
| Sandybrook Nursing Home Capacity | Active | Capacity increased from 20 to 25 beds |
| Beech Ward Increased Capacity | Development – Not active | Scheduled to open in Q2 2025 |
| Bridging Service for care package delays | Suspended | Service decommissioned pre-Winter. DTOC weekly reviewed demonstrated improved position for domiciliary care |
| Red Cross support to once daily care packages | Suspended | Service decommissioned pre-winter |
| Implementation of Choice Policy for patients awaiting placement | Development – Not active | Policy Development ongoing |

**Lessons Learned and Recommendations**

Following assessment of the local response to winter 2024/25 the below lessons have been identified:

- **Planning** - Whilst some winter planning schemes were successfully implemented and supported the response to winter, some remained in the development stage. Some of this was

due to conscious management decision based on data i.e. not required. Others are limited due to clinical and service capacity e.g. frailty. Commencing the annual winter planning process earlier could support timely implementation of schemes particularly those that will require more complex planning admission avoidance, system wide work.

- **Intelligence** – A lack of access to coding data does not enable detailed analysis of clinical pathways to identify potential high impact initiatives that may be implemented to support patient care and treatment. Increasing coding provision to ensure timely access to healthcare intelligence will support scheme development. Recruitment for additional team members has commenced.
- **Surge Capacity** – Whilst there was less requirement for Critical Care surge beds in winter 2024/25, increased demand was placed on the unit due to respiratory activity. Further development of what is the ECA and respiratory model is underway. Refurbishment of Bartlett ward has provided an environment for delivery of this service, with ongoing recruitment for an additional respiratory consultant in 2025. Whilst additional capacity was opened in January 2025, if demand grows or is maintained for next winter and if improvements are required to routine elective access, the need to maintain medical capacity at the surged status would be required. Further impact however would be made to demand through admission avoidance pathways, further productivity internally but demand due to demographic change will continue.
- **Vaccination –** Vaccination rates across HCJ were low, an increase in staff vaccination will support both patient care and as well as increasing service resilience.

Therefore overall, Winter 2024/25 saw increased activity in the ED with higher demand for emergency admissions in medicine and surgery while paediatrics and obstetrics were stable. Surgery delivered more elective inpatient care episodes for patients requiring the most urgent surgery. The overall increase in elective outpatient activity delivered and the urgent surgery required over the winter months will be contributing to the longer waits for routine patients as winter period was exited unfortunately. Proactive identification of schemes to support winter management which were implemented by HCJ to manage the increase demand across the period ensured safe delivery of clinical services. Additional capacity which was mobilised across both community and acute supported with patient access metrics.

The cycle of winter planning has identified learning which will be implemented as part of winter planning for 2025/26 which has commenced, with the final plan being prepared for September 2025. Pivotal to next year's plan are the following areas:

- Respiratory pathway management (pre and post admission)
- Capacity for higher acuity care including respiratory
- Frailty pathway including admission avoidance and inpatient geriatrician input
- Requirement for General Inpatient capacity opened in 2025
- Ongoing improvements in options for those with ongoing care needs (social, domiciliary, nursing home care)
- Increasing vaccination rates

**END OF REPORT**

| | | | |
|---|---|---|---|
| **Report to:** | Health and Care Jersey Advisory Board – Part A – Meeting in Public | | |
| **Report title:** | **Workforce Metrics – Month 6** | | |
| **Date of Meeting:** | 31 July 2025 | **Agenda Item:** | **12** |

| | |
|---|---|
| **Executive Lead:** | Stephen James, Director of Workforce |
| **Report Author:** | Stephen James, Director of Workforce |

| | |
|---|---|
| **Purpose of Report:** | For Assurance<br>This paper provides the Board with regular information on the status of the workforce. |
| | The key messages arising from this report are:<br><br>We are working with Government of Jersey (GOJ) People Services and HCJ Informatics teams to enhance and data cleanse these reports.<br><br>Despite the ongoing data challenges, which we are addressing, the following conclusions can be drawn (with the usual caveats regarding data compilation from multiple sources):<br><br>• **Turnover** has decreased by 0.2% compared to the same period last year. Of particular note, 21 employees left before completing 12 months of service—an area that will be closely monitored, as early turnover may indicate issues with onboarding or departmental challenges.<br><br>• **Sickness** levels remain a concern, currently 22.93% higher than the same period last year. This increase may reflect both improved reporting and a genuine rise in absences. The data now includes both short- and long-term sickness.<br><br>• Between 31 July 2024 and 30 June 2025, an average of 6.5% of working days were lost due to sickness absence. This compares to 5.1% in NHS England (March 2024–February 2025), and 6.2% in both NHS Scotland (calendar year 2024) and NHS Wales (October 2023–September 2024).<br><br>• Between 31 July 2024 and 30 June 2025, coughs, colds, and flu accounted for 25.6% of all sickness absences, followed by gastrointestinal issues at 14.2% and anxiety or stress at 12.3%.<br><br>• Between 31 July 2024 and 30 June 2025, there were 148 instances of **long-term absence** due to anxiety or stress, 61 due to surgical procedures, and 30 related to injury or fracture. |

| | |
|---|---|
| | • Between 31 July 2024 and 30 June 2025, there were 1,751 instances of **short-term absence** due to coughs, colds, and flu; 971 due to gastrointestinal issues; and 696 related to anxiety or stress.<br><br>• To help address sickness absence, a dedicated lead will be appointed to work with care groups, ensuring consistent application of policy and targeted action in hotspot areas.<br><br>• **Recruitment:** In June, there were 187 open vacancies—a figure that has remained stable since February (average 184 per month). The recruitment team has now transitioned from the GOJ People Services team. To improve efficiency and reduce time-to-hire, recruitment KPIs have been introduced, and a new online WEAR vacancy approval form has been developed. Additionally, managers have been provided with simple steps to help accelerate the recruitment process.<br><br>• **Connected Performance:** HCJ set an 80% target for Connected Performance, in line with other healthcare organisations. As of the end of June, 73.8% of staff had set objectives, and 37.7% had completed their mid-year reviews.<br><br>Board members will note that the report does not yet provide the necessary assurance on staffing. Further work is required to equip the Board and its committees (as well as the departments and teams in HCJ) with the data needed to effectively manage the workforce. |
| **Recommendations:** | The HCJ Advisory Board is asked to note the report and the actions taken to improve recruitment timelines and to reduce sickness absence. |

| **Link to Jersey Care Commission (JCC) Domain:** | | **Link to Board Assurance Framework (BAF):** | |
|---|---|---|---|
| Safe | √ | SR 1 – Quality and Safety | |
| Effective | | SR 2 – Patient Experience | |
| Caring | | SR 3 – Operational Performance (Access) | |
| Responsive | | SR 4 – People and Culture | √ |
| Well Led | √ | SR 5 – Finance | |

| | |
|---|---|
| **Are any stakeholders impacted?** | N/A |

| | |
|---|---|
| **Are there any associated risks?** | Financial risks linked to sickness, delays in recruitment and turnover. |

| | |
|---|---|
| **Are there any workforce implications?** | Workforce implications are identified as part of the report. |

| | |
|---|---|
| **Are there any financial implications?** | As described above. |

| | |
|---|---|
| **Are there any Digital systems implications?** | No |

| | |
|---|---|
| **Next steps?** | The Director of Workforce will undertake detailed reviews into sickness absence and will monitor the changes in recruitment processes to ensure a streamlined recruitment and selection process for HCJ. |

| **Boards / Committees / Groups where this report has been discussed previously:** | | |
|---|---|---|
| **Meeting** | **Date** | **Outcome** |
| Senior Leadership Team Meeting | 10 July 2025 | The SLT received the HCJ Workforce Report and expanded Operational People Dashboard. Key actions are underway to improve sickness absence management, including a pilot programme and recruitment of a dedicated role, with targeted interventions planned for high-impact areas such as the ambulance service. |

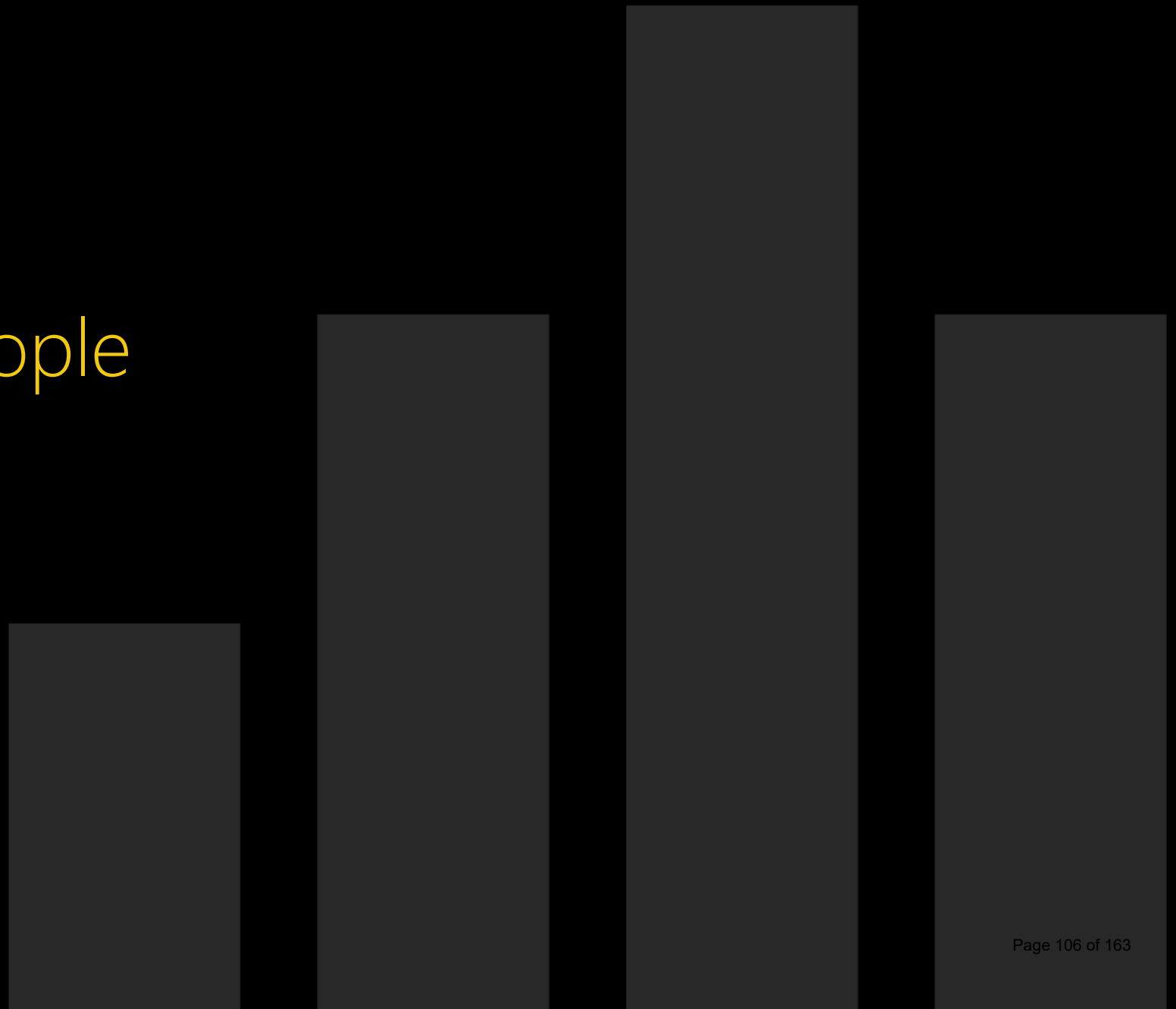
| **List of Appendices:** |
|---|
| Appendix 1: Operational People Dashboard |

**END OF REPORT**

Microsoft | Power BI

# Operational People Dashboard

View in Power BI



**Last data refresh:**
02/07/2025 09:45:36 UTC

**Downloaded at:**
02/07/2025 10:11:50 UTC

# PLEASE NOTE THE BELOW BEFORE USING THE PEOPLE DASHBOARD

## Methodologies and Pre-Filters:

The data in this dashboard includes all permanent and fixed-term employees, as well as employees on variable contracts.

The data exclude any employee or staff with a pay group of 'non-payroll' (such as contingent workers, interims and agency staff) and 'non-states workers' (such as States Members and staff in JOIC and Jersey Overseas Aid).

With the exception of the Zero Hour page, the data also excludes employees who are solely on zero hour / bank contracts.

Metric specific methodologies are shown on each page as applicable.

The Overview page uses a snapshot of the metrics from the pages that follow. Specific methodologies for each of those figures are shown on the applicable page(s).

**Vacancies:**

Live Vacancies in Recruitment' is different to 'vacant posts' in Connect People and Establishment. There may be several budgeted posts currently not being recruited for, and as such are not included in these figures. Vacancy figures are only displayed from July 2024, when the Talent Acquisition (TA) module in Connect was fully live and previously used systems closed down.

Figures are taken as a snap-shot in time; the last day of each month. Therefore, they do not include any vacancies which were hired or which closed down earlier in the month. Figures exclude Evergreen campaigns.

**THIS DASHBOARD IS FOR INTERNAL USE ONLY.** If you wish to use and / or publish any content from this dashboard externally, explicit approval from Data Quality & People Analytics (and where applicable the People Services DPGO), is required.

# Overview

June 2025

## Workforce Profile

### Actual FTE

**2,657.1** !

Same Period Last Year: 2,471.1 (+185.98 +7.53%)

### Actual H/C

**2,808** !

Same Period Last Year: 2,624 (+184 +7.01%)

### Starters in Last 12 Months

**388** ✓

Same Period Last Year: 416 (-6.73%)

## Turnover

### Leavers in Last 12 Months

**196** !

Same Period Last Year: 189 (+3.7%)

### Turnover %

**7.2%** ✓

Same Period Last Year: 7.4% (-0.2%)

| Leaver Category | Leavers | Turnover | Same Period Last Year |
|---|---|---|---|
| Compulsory Redundancy | | ↓ | 0.2% |
| Retirement | 16 | 0.6% ↓ | 0.8% |
| Involuntary | 29 | 1.1% ↓ | 1.5% |
| Voluntary | 151 | 5.5% ↑ | 4.9% |
| **Total** | **196** | **7.2%** ↓ | **7.4%** |

## Sickness

### Sickness Days in Last 12 Months

**37,932.0** ✓

Same Period Last Year: 30,857.74 (+22.93%)

### Av. Days Sick Per Employee

**13.9** !

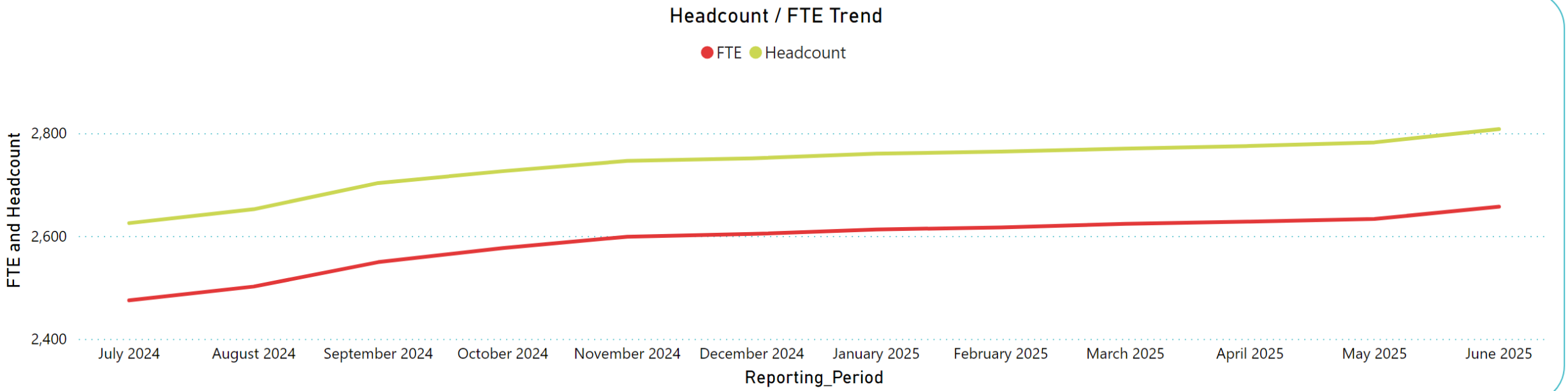
Same Period Last Year: 12.1 (+1.8)

### Main Reasons for Absence

| Absence_Reason_Description | % |
|---|---|
| Cold, Cough, Flu - Influenza | 25.6% |
| Gastrointestinal problems incl. D&V | 14.2% |
| Anxiety/Stress | 12.3% |
| Headache / migraine | 7.0% |
| Chest & respiratory problems | 4.9% |
| Surgical Procedure | 4.5% |

# Headcount

June 2025




| Business_Unit | H/C | FTE |
|---|---|---|
| **Health and Care Jersey** | **2,808** | **2,657.05** |
| Chief Nurse | 61 | 55.47 |
| Health Policy | 4 | 3.81 |
| Hospital and Community Services | 2,526 | 2,383.93 |
| Improvement & Innovation | 34 | 33.32 |
| Medical Director | 141 | 136.11 |
| Medical Officer of Health | 47 | 44.41 |
| **Total** | **2,808** | **2,657.05** |

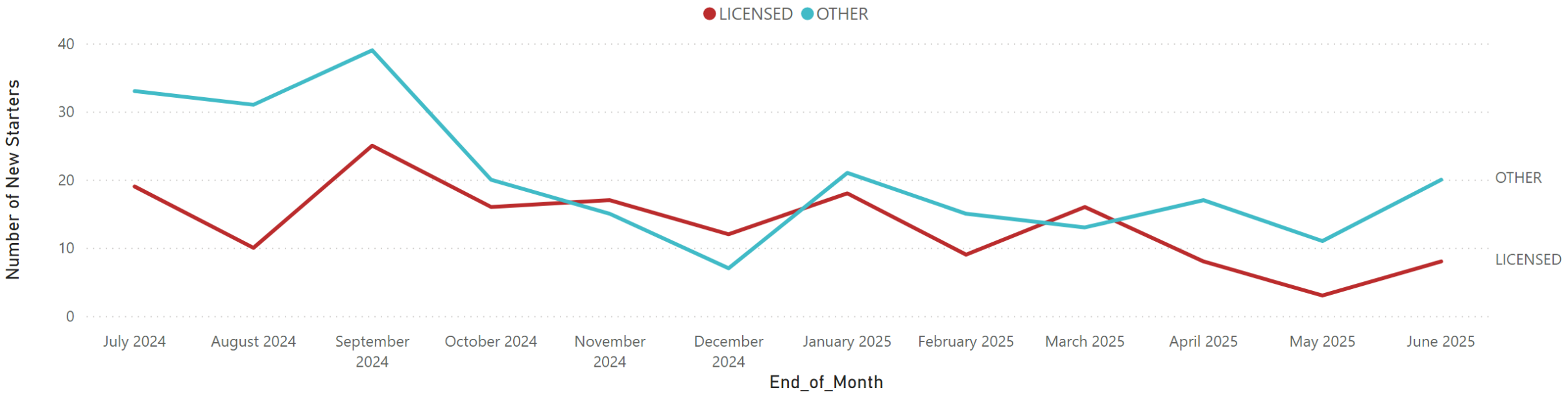
Methodology:

Total headcount includes all permanent and fixed-term employees, as well as employees on variable contracts. The data excludes employees who are solely on zero hour / bank contracts, as well as any staff showing as 'non-payroll' (such as contingent workers, interims and agency staff) and 'non-states workers' (such as those in JOIC and Jersey Overseas Aid).

Each employee is counted once, per department they work in. If an employee holds multiple roles (other than zero hour contracts) they are counted once per area they work in. The employees total Full-Time Equivalent (FTE), for all roles held in any area, are counted in the FTE column.

# New Starters

June 2025




| Business_Unit | LICENSED | OTHER | **Total** |
|---|---|---|---|
| **Health and Care Jersey** | **161** | **241** | **388** |
| Chief Nurse | 5 | 4 | **9** |
| Hospital and Community Services | 147 | 200 | **333** |
| Improvement & Innovation | | 2 | **2** |
| Medical Director | 9 | 31 | **40** |
| Medical Officer of Health | 1 | 4 | **5** |
| **Total** | **161** | **241** | **388** |

Methodology:

Starters are split to highlight the number of Licensed employees who have joined in the last 12 months, compared to those with other Jersey Residency Statuses.

Data is based on Continuous Service Start Dates in Connect People. If an employee joins one area, and subsequently moves to another within the 12 months period, they are counted once per area with the grand total only counting them once.

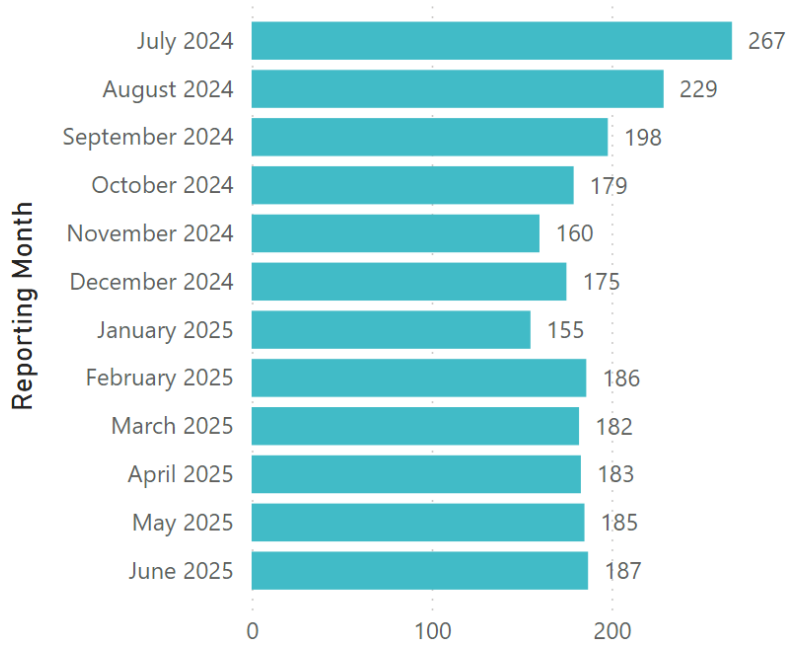
# Recruitment

June 2025

## Open Vacancies

| Business_Unit | No Stage | Shortlisting | Interview | Offer and Contract | Clearances | Total |
|---|---|---|---|---|---|---|
| **Health and Care Jersey** | **34** | **5** | **41** | **50** | **57** | **187** |
| Chief Nurse | | | 1 | 1 | 1 | **3** |
| Hospital and Community Services | 32 | 4 | 36 | 47 | 53 | **172** |
| Medical Director | 2 | 1 | 3 | 2 | 3 | **11** |
| Medical Officer of Health | | | 1 | | | **1** |
| **Total** | **34** | **5** | **41** | **50** | **57** | **187** |

## Open Vacancies by Month




## Live Advertisements

| Business_Unit | Total |
|---|---|
| **Health and Care Jersey** | **17** |
| Hospital and Community Services | 16 |
| Medical Officer of Health | 1 |
| **Total** | **17** |

As from 5th August 2024, a recruitment freeze for non-essential roles was implemented at the Government of Jersey.

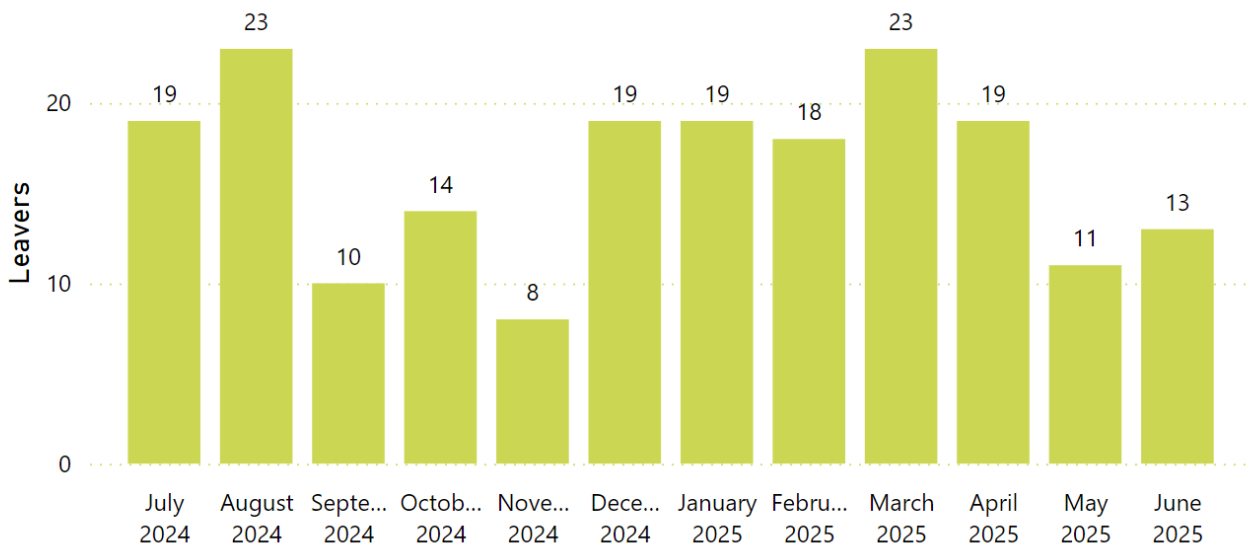
Any vacancy that went live over 6 months ago, with no progress status (i.e. it has been left sitting in the system without the hiring manager progressing it), and hasn't been advertised for the last 6 months has been removed from the above table, as a new WEAR is required to be completed in order to re-advertise the position.

'Open Vacancies' refer to those roles in Talent Acquisition which are currently going through the recruitment process, and are shown by the applicable candidate stage they are at.

'Live Advertisements' show the number of roles currently being advertised on our internal and external careers sites, as at the dashboard date.

# Turnover

June 2025




Methodology:

Turnover % is calculated as Permanent, Fixed-Term of Variable Contract Employees who leave Government employment as a whole. It does not include those who leaves one department for another, i.e. an internal transfer. It does not include employees who leave a substantive post but retains or moves to a zero hour / bank position, as they are still in Government employment.

Metrics for internal movers and substantive -> zero hour role movers are in development.

| Business_Unit | Involuntary | Retirement | Voluntary | **Total** |
|---|---|---|---|---|
| **Health and Care Jersey** | **29** | **16** | **151** | **196** |
| Chief Nurse | 1 | | 2 | **3** |
| Hospital and Community Services | 18 | 16 | 130 | **164** |
| Improvement & Innovation | | | 1 | **1** |
| Medical Director | 10 | | 18 | **28** |
| Medical Officer of Health | | | 1 | **1** |
| **Total** | **29** | **16** | **151** | **196** |

Permanent leavers with less than 12 months continuous service

| Business_Unit | Leavers |
|---|---|
| Health and Care Jersey | 21 |
| **Total** | **21** |

| Leaver Category | Leavers | Turnover | Same Period Last Year |
|---|---|---|---|
| Compulsory Redundancy | | ↓ | 0.2% |
| Retirement | 16 | 0.6% ↓ | 0.8% |
| Involuntary | 29 | 1.1% ↓ | 1.5% |
| Voluntary | 151 | 5.5% ↑ | 4.9% |
| **Total** | **196** | **7.2%** ↓ | **7.4%** |

Sickness Term

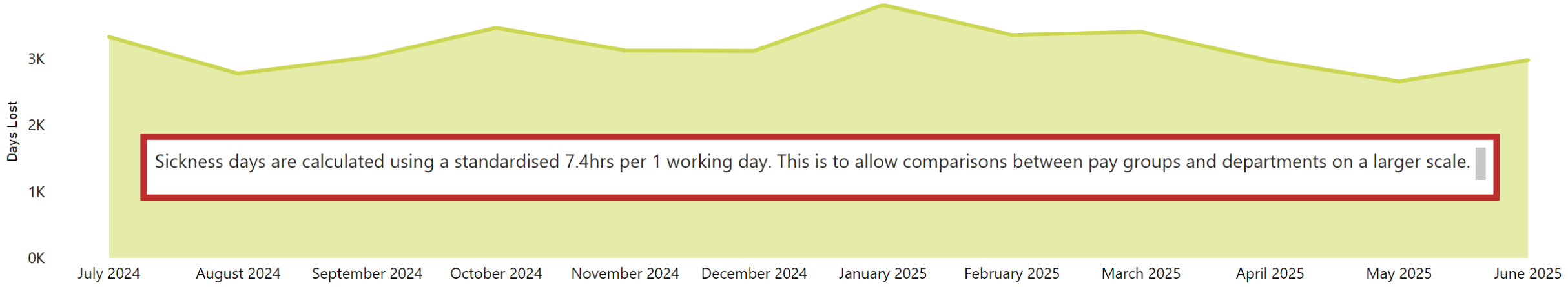
All

Mental Health Related

# Sickness

Last 12 months

June 2025




Sickness days are calculated using a standardised 7.4hrs per 1 working day. This is to allow comparisons between pay groups and departments on a larger scale.

## Sickness Analysis - Jul-24 - Jun-25

| Business Unit | Sickness Hours | Days | Instances | % Working Days Lost | Av. Days Sick Per Employee* | Av. Days Same Period Last Year |
|---|---|---|---|---|---|---|
| **Health and Care Jersey** | **280,697.0** | **37,932.0** | **6,858** | **6.5%** | **13.9** ↑ | **12.1** |
| Chief Nurse | 6,515.8 | 880.5 | 82 | 6.8% | 14.1 ↑ | 7.8 |
| Health Policy | 717.8 | 97.0 | 7 | 11.5% | 24.8 ↑ | |
| Hospital and Community Services | 262,852.4 | 35,520.6 | 6,447 | 6.8% | 14.4 ↑ | 12.6 |
| Improvement & Innovation | 1,134.3 | 153.3 | 40 | 2.1% | 4.7 ↓ | 6.4 |
| Medical Director | 7,312.7 | 988.2 | 240 | 3.3% | 7.3 ↓ | 8.3 |
| Medical Officer of Health | 2,164.1 | 292.4 | 47 | 3.1% | 6.5 ↑ | 5.0 |
| **Total** | **280,697.0** | **37,932.0** | **6,858** | **6.5%** | **13.9** ↑ | **12.1** |

*Compared to same period last year

| Absence_Reason_Description | Number of instances |
|---|---|
| Cold, Cough, Flu - Influenza | 1,759 |
| Gastrointestinal problems incl. D&V | 977 |
| Anxiety/Stress | 844 |
| Headache / migraine | 482 |
| Chest & respiratory problems | 337 |
| Surgical Procedure | 312 |
| Musculoskeletal prob excl back incl neck | 282 |
| Back Problems | 261 |
| Coronavirus | 240 |
| Injury, fracture incl bruising/cuts | 219 |
| Benign and malignant tumours, cancers | 216 |
| Genitourinary & gynaecological disorders | 152 |
| Ear, nose, throat (ENT) | 131 |
| Heart, cardiac & circulatory problems | 82 |
| Dental and oral problems | 72 |
| Unknown/Unspecified (Migrated from | 68 |
| **Total** | **6,858** |

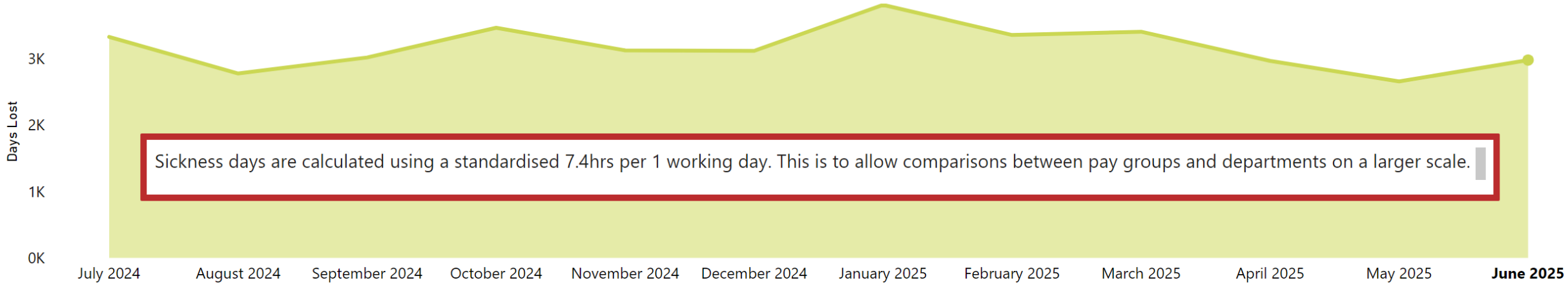
Sickness Term

All

Mental Health Related

# Sickness

June 2025




Sickness days are calculated using a standardised 7.4hrs per 1 working day. This is to allow comparisons between pay groups and departments on a larger scale.

## Sickness Analysis - Jun-25

| Business Unit | Sickness Hours | Days | Instances | % Working Days Lost | Av. Days Sick Per Employee* | Av. Days Same Period Last Year |
|---|---|---|---|---|---|---|
| **Health and Care Jersey** | **22,004.0** | **2,973.5** | **623** | **0.5%** | **1.1** ↓ | **12.1** |
| Chief Nurse | 401.4 | 54.2 | 12 | 0.4% | 0.9 ↓ | 7.8 |
| Health Policy | 155.4 | 21.0 | 1 | 2.5% | 5.4 ↑ | |
| Hospital and Community Services | 21,003.3 | 2,838.3 | 587 | 0.5% | 1.2 ↓ | 12.6 |
| Improvement & Innovation | 47.6 | 6.4 | 3 | 0.1% | 0.2 ↓ | 6.4 |
| Medical Director | 336.7 | 45.5 | 16 | 0.2% | 0.3 ↓ | 8.3 |
| Medical Officer of Health | 59.6 | 8.1 | 4 | 0.1% | 0.2 ↓ | 5.0 |
| **Total** | **22,004.0** | **2,973.5** | **623** | **0.5%** | **1.1** ↓ | **12.1** |

*Compared to same period last year

| Absence_Reason_Description | Number of instances |
|---|---|
| Cold, Cough, Flu - Influenza | 104 |
| Anxiety/Stress | 101 |
| Gastrointestinal problems incl. D&V | 83 |
| Headache / migraine | 51 |
| Injury, fracture incl bruising/cuts | 41 |
| Surgical Procedure | 39 |
| Back Problems | 37 |
| Musculoskeletal prob excl back incl neck | 33 |
| Benign and malignant tumours, cancers | 19 |
| Chest & respiratory problems | 19 |
| Genitourinary & gynaecological disorders | 16 |
| Coronavirus | 14 |
| Depression/other psych | 10 |
| Ear, nose, throat (ENT) | 10 |
| Pregnancy related disorders | 9 |
| Dental and oral problems | 7 |
| **Total** | **623** |

Sickness Term

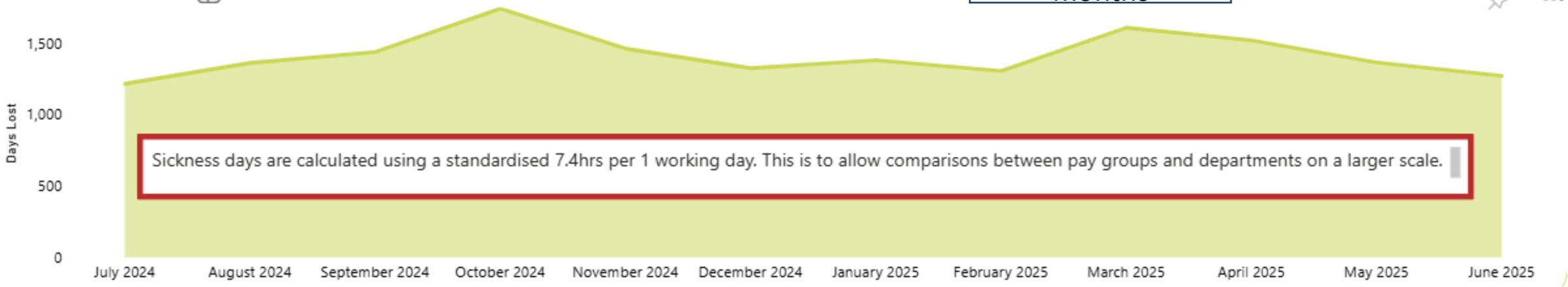
Long Term

Mental Health Related

# Sickness

Long term sickness past 12 months

June 2025




## Sickness Analysis - Jul-24 - Jun-25

| Business Unit | Sickness Hours | Days | Instances | % Working Days Lost | Av. Days Sick Per Employee* | Av. Days Same Period Last Year |
|---|---|---|---|---|---|---|
| **Health and Care Jersey** | **125,661.1** | **16,981.2** | **376** | **2.9%** | **6.2** ↓ | **12.1** |
| Chief Nurse | 4,475.5 | 604.8 | 13 | 4.6% | 9.7 ↑ | 7.8 |
| Health Policy | 170.2 | 23.0 | 1 | 2.7% | 5.9 ↑ | |
| Hospital and Community Services | 116,761.2 | 15,778.5 | 346 | 3.0% | 6.4 ↓ | 12.6 |
| Improvement & Innovation | 315.0 | 42.6 | 3 | 0.6% | 1.3 ↓ | 6.4 |
| Medical Director | 2,622.3 | 354.4 | 12 | 1.2% | 2.6 ↓ | 8.3 |
| Medical Officer of Health | 1,316.9 | 178.0 | 5 | 1.9% | 4.0 ↓ | 5.0 |
| **Total** | **125,661.1** | **16,981.2** | **376** | **2.9%** | **6.2** ↓ | **12.1** |

*Compared to same period last year

| Absence_Reason_Description | Number of instances |
|---|---|
| Anxiety/Stress | 148 |
| Surgical Procedure | 61 |
| Injury, fracture incl bruising/cuts | 30 |
| Benign and malignant tumours, cancers | 29 |
| Musculoskeletal prob excl back incl neck | 26 |
| Chest & respiratory problems | 19 |
| Depression/other psych | 15 |
| Back Problems | 14 |
| Genitourinary & gynaecological disorders | 10 |
| Cold, Cough, Flu - Influenza | 8 |
| Pregnancy related disorders | 7 |
| Gastrointestinal problems incl. D&V | 6 |
| Heart, cardiac & circulatory problems | 6 |
| Nervous system disorders - excl headache | 6 |
| Blood disorders (e.g. anaemia) | 3 |
| Endocrine/glandular problems | 3 |
| **Total** | **376** |

Sickness Term

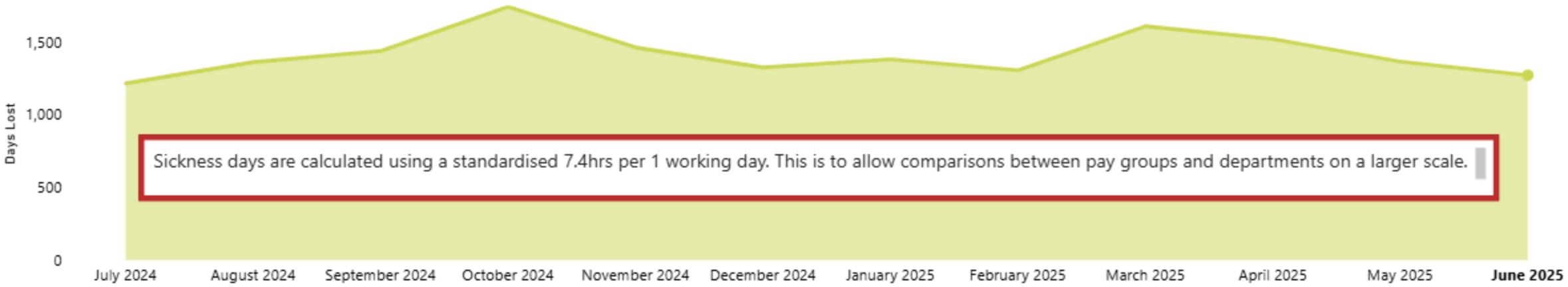
Long Term

Mental Health Related

# Sickness

Long term sickness June

June 2025




## Sickness Analysis - Jul-24 - Jun-25

| Business Unit | Sickness Hours | Days | Instances | % Working Days Lost | Av. Days Sick Per Employee* | Av. Days Same Period Last Year |
|---|---|---|---|---|---|---|
| **Health and Care Jersey** | **9,400.3** | **1,270.3** | **80** | **0.2%** | **0.5** ↓ | **12.1** |
| Chief Nurse | 303.4 | 41.0 | 2 | 0.3% | 0.7 ↓ | 7.8 |
| Health Policy | 155.4 | 21.0 | 1 | 2.5% | 5.4 ↑ | |
| Hospital and Community Services | 8,941.5 | 1,208.3 | 77 | 0.2% | 0.5 ↓ | 12.6 |
| Improvement & Innovation | | | | | ↓ | 6.4 |
| Medical Director | | | | | ↓ | 8.3 |
| Medical Officer of Health | | | | | ↓ | 5.0 |
| **Total** | **9,400.3** | **1,270.3** | **80** | **0.2%** | **0.5** ↓ | **12.1** |

*Compared to same period last year

| Absence_Reason_Description | Number of instances |
|---|---|
| Anxiety/Stress | 28 |
| Injury, fracture incl bruising/cuts | 8 |
| Musculoskeletal prob excl back incl neck | 8 |
| Surgical Procedure | 8 |
| Benign and malignant tumours, cancers | 6 |
| Chest & respiratory problems | 6 |
| Depression/other psych | 5 |
| Back Problems | 2 |
| Genitourinary & gynaecological disorders | 2 |
| Pregnancy related disorders | 2 |
| Cold, Cough, Flu - Influenza | 1 |
| Eye problems | 1 |
| Gastrointestinal problems incl. D&V | 1 |
| Heart, cardiac & circulatory problems | 1 |
| Nervous system disorders - excl headache | 1 |
| **Total** | **80** |

Sickness Term

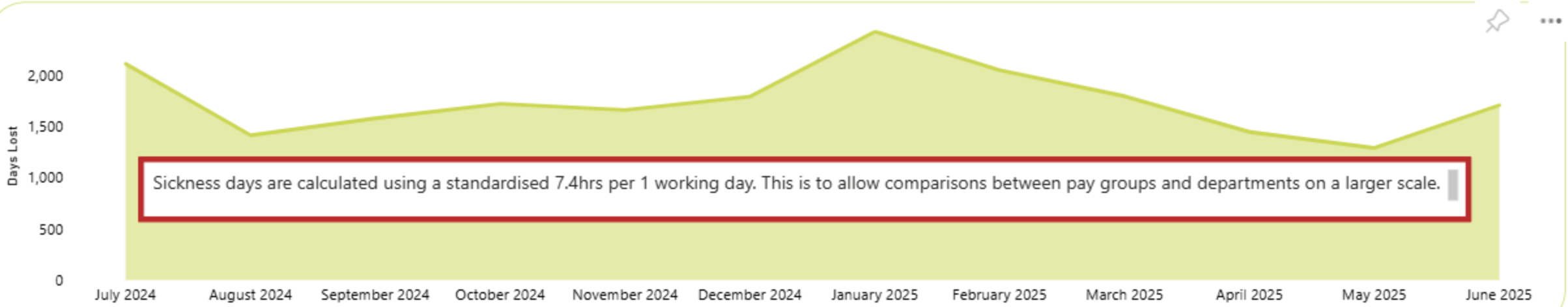
Short Term

Mental Health Related

# Sickness

Short term past 12 months

June 2025




## Sickness Analysis - Jul-24 - Jun-25

| Business Unit | Sickness Hours | Days | Instances | % Working Days Lost | Av. Days Sick Per Employee* | Av. Days Same Period Last Year |
|---|---|---|---|---|---|---|
| **Health and Care Jersey** | **155,035.9** | **20,950.8** | **6,482** | **3.6%** | **7.7** ↓ | **12.1** |
| Chief Nurse | 2,040.3 | 275.7 | 69 | 2.1% | 4.4 ↓ | 7.8 |
| Health Policy | 547.6 | 74.0 | 6 | 8.8% | 18.9 ↑ | |
| Hospital and Community Services | 146,091.2 | 19,742.1 | 6,101 | 3.8% | 8.0 ↓ | 12.6 |
| Improvement & Innovation | 819.3 | 110.7 | 37 | 1.5% | 3.4 ↓ | 6.4 |
| Medical Director | 4,690.4 | 633.8 | 228 | 2.1% | 4.7 ↓ | 8.3 |
| Medical Officer of Health | 847.2 | 114.5 | 42 | 1.2% | 2.5 ↓ | 5.0 |
| **Total** | **155,035.9** | **20,950.8** | **6,482** | **3.6%** | **7.7** ↓ | **12.1** |

*Compared to same period last year

| Absence_Reason_Description | Number of instances |
|---|---|
| Cold, Cough, Flu - Influenza | 1,751 |
| Gastrointestinal problems incl. D&V | 971 |
| Anxiety/Stress | 696 |
| Headache / migraine | 479 |
| Chest & respiratory problems | 318 |
| Musculoskeletal prob excl back incl neck | 256 |
| Surgical Procedure | 251 |
| Back Problems | 247 |
| Coronavirus | 239 |
| Injury, fracture incl bruising/cuts | 189 |
| Benign and malignant tumours, cancers | 187 |
| Genitourinary & gynaecological disorders | 142 |
| Ear, nose, throat (ENT) | 130 |
| Heart, cardiac & circulatory problems | 76 |
| Dental and oral problems | 71 |
| Unknown/Unspecified (Migrated from | 66 |
| **Total** | **6,482** |

Sickness Term

Short Term

Mental Health Related

# Sickness

Short term sickness
June

June 2025


## Sickness Analysis - Jul-24 - Jun-25

| Business Unit | Sickness Hours | Days | Instances | % Working Days Lost | Av. Days Sick Per Employee* | Av. Days Same Period Last Year |
|---|---|---|---|---|---|---|
| **Health and Care Jersey** | **12,603.7** | **1,703.2** | **543** | **0.3%** | **0.6** ↓ | **12.1** |
| Chief Nurse | 98.0 | 13.2 | 10 | 0.1% | 0.2 ↓ | 7.8 |
| Hospital and Community Services | 12,061.8 | 1,630.0 | 510 | 0.3% | 0.7 ↓ | 12.6 |
| Improvement & Innovation | 47.6 | 6.4 | 3 | 0.1% | 0.2 ↓ | 6.4 |
| Medical Director | 336.7 | 45.5 | 16 | 0.2% | 0.3 ↓ | 8.3 |
| Medical Officer of Health | 59.6 | 8.1 | 4 | 0.1% | 0.2 ↓ | 5.0 |
| **Total** | **12,603.7** | **1,703.2** | **543** | **0.3%** | **0.6** ↓ | **12.1** |

*Compared to same period last year

| Absence_Reason_Description | Number of instances |
|---|---|
| Cold, Cough, Flu - Influenza | 103 |
| Gastrointestinal problems incl. D&V | 82 |
| Anxiety/Stress | 73 |
| Headache / migraine | 51 |
| Back Problems | 35 |
| Injury, fracture incl bruising/cuts | 33 |
| Surgical Procedure | 31 |
| Musculoskeletal prob excl back incl neck | 25 |
| Coronavirus | 14 |
| Genitourinary & gynaecological disorders | 14 |
| Benign and malignant tumours, cancers | 13 |
| Chest & respiratory problems | 13 |
| Ear, nose, throat (ENT) | 10 |
| Dental and oral problems | 7 |
| Pregnancy related disorders | 7 |
| Depression/other psych | 5 |
| **Total** | **543** |

# 2025 Connected Performance

17th July Data

June 2025

| 73.8% | 37.7% | 21.4% | (Blank) | (Blank) |
|---|---|---|---|---|
| Objectives Set, Ready for Mid Year Self-Review | Mid Year Self-Review Complete, Ready for Mid Year Manager Review | Mid Year Manager Review Complete, Ready for Year End Self-Review | Year End Self-Review Complete, Ready for Year End Manager Review | Connected Performance Complete |

## Connect Performance

| Business_Unit | Objective Setting | Mid Year Self-Review | Mid Year Manager Review | Year End Self Review | Total |
|---|---|---|---|---|---|
| **Health and Care Jersey** | **531** | **730** | **330** | **434** | **2,025** |
| **Chief Nurse** | **20** | **14** | **13** | **11** | **58** |
| **Health Policy** | | **1** | **3** | | **4** |
| **Hospital and Community Services** | **463** | **679** | **267** | **393** | **1,802** |
| **Improvement & Innovation** | **1** | **11** | **4** | **18** | **34** |
| **Medical Director** | **48** | **22** | **14** | **4** | **88** |
| **Medical Officer of Health** | **1** | **4** | **29** | **8** | **42** |
| **Total** | **531** | **730** | **330** | **434** | **2,025** |

The total column shows the number of forms that have been issued for each area, as not all Government of Jersey employees are enrolled on to the Connect Performance appraisal programme.

app

| | | | |
|---|---|---|---|
| **Report to:** | Health and Care Jersey Advisory Board – Part A – Meeting in Public | | |
| **Report title:** | **Finance Report Month 6** | | |
| **Date of Meeting:** | 31 July 2025 | **Agenda Item:** | **13** |

| | |
|---|---|
| **Executive Lead:** | Tom Walker, Chief Officer, Health and Care Jersey |
| **Report Author:** | Mark Queree, Deputy Head of Finance Business Partnering |

| | | | | |
|---|---|---|---|---|
| **Purpose of Report:** | Approval ☐ | Assurance ☒ | Information ☒ | Discussion ☒ |
| | • To provide an update on the Month 6 Financial position for 2025.<br>• To discuss the financial position at M6, noting the risks and mitigations, forecast trends, and recommendations. | | | |
| **Summary of Key Messages:** | The key messages arising from this report are:<br>• The M6 Financial position is a £0.1m deficit and Year-to-date £6.2m deficit, giving a headline average monthly run-rate of £1.0m. Adjusting for one-off items and non-recurrent costs the underlying run-rate is £1.0m.<br>• FRP savings delivery for the year to M5 is £4.3m vs £6.8m plan (M6 delivery figures still to be confirmed). The planned FRP savings for the year are £17.1m.<br>• Additional Cobra actions are planned to deliver £10.6m of 'stretch' savings and funding/cost-recovery schemes.<br>• Year-end forecast has improved to a deficit of £11.7m, from £18.3m deficit previously reported. Budget pressures account for £9.7m of the deficit, FRP savings slippage £1.8m, and Cobra Actions £5.2m made-up of high-risk additional 'stretch' savings and funding/cost-recovery schemes required to balance the budget. The £11.7m forecast includes utilisation of the remaining reserves balance of £5.0m. There were £2.7m of actions agreed to be delivered in 2025 following an ELT meeting on 30th June, and these improvements are reflected in this forecast.<br>• The key risks are rising costs of social care and mental health packages against the 'no growth' budget assumption, development and implementation of demand management policies for tertiary care contracts, and the need for specialised ring-fenced funding for high-cost drugs and treatments. Other areas of focus include completion of job planning and roster implementation, reducing recruitment time-to-hire, the high cost of additional beds to support patient flow, generating additional surgical private patient income enabled by ring-fenced beds, and completion of systems work for pathology income/cost recovery.<br>• Mitigations for the above identified risks are being worked on and led by the ELT Cobra team. | | | |

| | |
|---|---|
| | • The Capital Programme is being closely monitored monthly and the risks identified are being worked on for mitigations. |
| **Recommendations:** | The HCJ Advisory Board is invited to discuss the financial position at M6 and FY25 forecast noting the risks and mitigations and recommendations. |

| **Link to JCC Domain:** | | **Link to BAF:** | |
|---|---|---|---|
| Safe | | SR 1 - Quality and Safety | |
| Effective | | SR 2 - Patient Experience | |
| Caring | | SR 3 - Operational Performance | |
| Responsive | | SR 4 - People and Culture | |
| Well Led | √ | SR 5 – Finance | √ |

| **Boards / Committees / Groups where this report has been discussed previously:** | | |
|---|---|---|
| **Meeting** | **Date** | **Outcome** |
| Senior Leadership Team Meeting | 10 July 2025 | The improving position noted. |

| **List of Appendices:** |
|---|
| **Appendix 1 - Monthly Run-rate trend (June)** |
| **Appendix 2 - Financial Position by Care Group/Directorate** |
| **Appendix 3 - Detail of Variances by Expenditure type – All Care Groups** |
| **Appendix 4 - Pay Position** |
| **Appendix 5 – Non- Pay Position** |
| **Appendix 6 – Income Position** |

## MAIN REPORT

### Financial Performance

### FY25 Month 6 Finance Position

| | Current Month | | Year-to-Date | | | Full Year | | | Full Year | Full Year |
|---|---|---|---|---|---|---|---|---|---|---|
| HCS Categorisation | Budget (£'000) | Actual (£'000) | Budget (£'000) | Actual (£'000) | Variance (£'000) | Budget (£'000) | Forecast (£'000) | Variance (£'000) | % Variance | % Variance |
| Staff Costs | 23,034 | 22,553 | 124,331 | 123,339 | 992 | 245,599 | 246,353 | (754) | 0.8% | (0.3%) |
| Non Pay | 11,164 | 11,269 | 64,548 | 69,642 | (5,094) | 123,852 | 129,047 | (5,195) | (7.9%) | (4.2%) |
| Income | (3,379) | (2,870) | (17,620) | (15,507) | (2,113) | (29,248) | (23,482) | (5,766) | (12.0%) | (19.7%) |
| **Grand Total** | **30,819** | **30,952** | **171,259** | **177,474** | **(6,215)** | **340,203** | **351,919** | **(11,716)** | **(3.6%)** | **(3.4%)** |

- The 2025 M6 Financial position is a £6.2m deficit vs budget giving a headline run-rate of £1.0m.

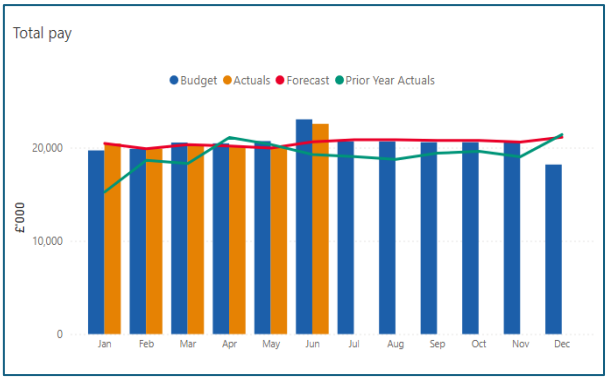
### Underlying position and Run-rate

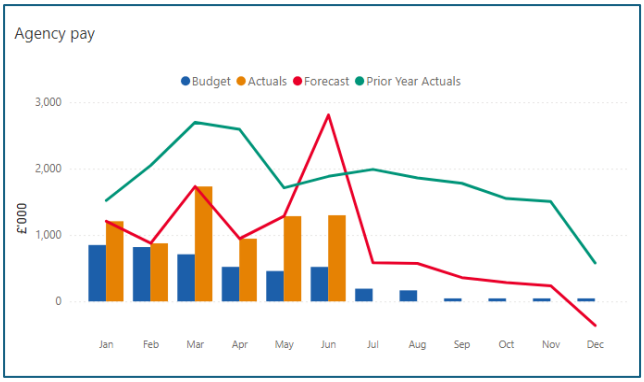
- Adjusting for one-off items and non-recurrent costs the underlying run-rate is £1.0m. See Appendix 1 for monthly run-rate trend.

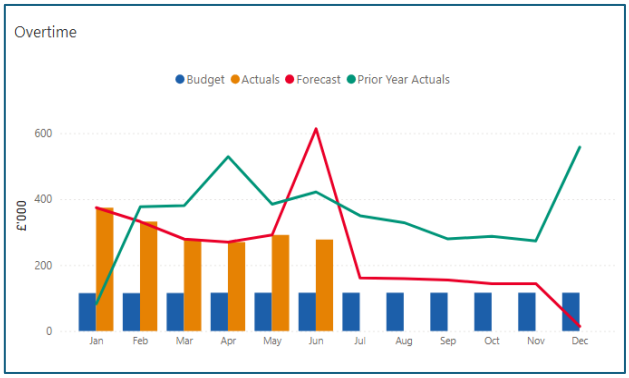
### The key drivers are:

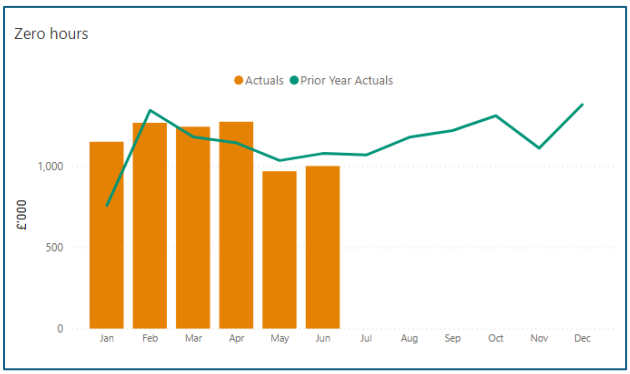
- **Staff Costs – M6 underspend £0.5m, YTD £1.0m underspend** made up of an agency overspend of £3.5m (no. of agency staff as at end of June: 86 – 32 doctors, 24 Nurses, 30 AHPs and other), an overtime overspend of £1.1m, offset by a substantive underspend of £5.6m (vacancies at end of June: 449 FTE).

  The following graphs show the staff cost trend comparing actual vs budget to June, forecast, and last year.






The overspend variances are detailed as follows:

- Medical Services £1.3 m overspend due to:
    - Bed pressures requiring opening beds capacity in Bartlett ward costing c £0.2m per month (YTD £1.3m)
    - General Medicine £0.3m due to agency cover and internal locum cover of vacant Consultant roles, including roles supporting Bartlett Ward
    - Acute Medicine £0.2m due to agency cover and internal locum cover of vacant roles.
    - Pathology £0.2m due to increased demand for tests and cover of vacancies
    - ED Nursing agency £0.1m and Medical £0.2m. To be mitigated by recruitment to substantive.
    - Underspends of £1.0m across other cost centres in the Care Group.
- Mental Health £0.2m overspend on agency due to activity pressures, with wards running at 120% of capacity, and delays in time-to-hire to replace agency psychiatrists (candidates withdrawing during recruitment/on-boarding process), which has led to extending agency staff at premium cost. Main cost centres with overspends are Crisis Assessment and Home Treatment teams, and Beech, Orchard and Cedar Wards.
- Patient Access and Clinical Administration £0.1m, with pressures due to zero hours staffing usage in Medical Secretaries and Outpatients.
- Chief Officer's Department £0.1m, due to costs of agency contractors and redeployment of staff.
- These cost pressures are offset by underspends driven by vacancies in other areas totalling £2.8m.

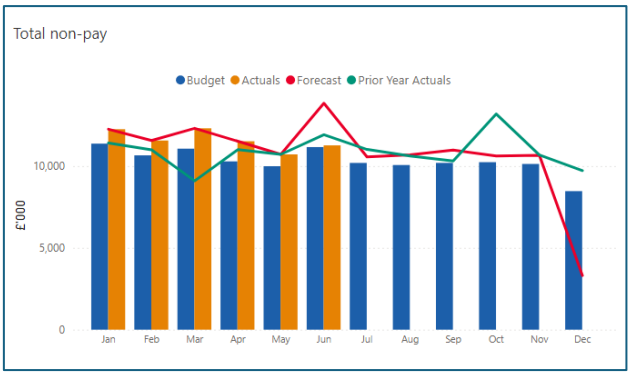
- **Non-Pay – M6 is £0.1m and YTD £5.1m overspend** made-up of:
    - Tertiary Care £2.2m overspend due to 10.0% activity growth, last year impact of accruals, a price increase by one tertiary provider, which is being challenged, with a possibility of a refund, under the agreement between the UK and Jersey stipulating NHS tariffs to be charged, and a contractually allowed retrospective rate increase applied by another tertiary provider. To control this rising trend, demand management schemes are in development, which will require policy changes with Ministerial approval before implementation.
    - Finance Directorate £1.2m overspend in relation to negative budget of £2.5m full year in relation to hard-to-achieve ELT COBRA actions.
    - Mental Health £1.0m relates to UK Placements, with £0.6m of this figure relating to invoices presented by a supplier in relation to additional observation costs for 2024.
    - Surgical Services £0.8m relates to higher consumables spend in Theatres due to increased public activity levels.
    - Medical Services £0.5m is due to high-cost drugs expenditure with no allowance for a specialised ring-fenced funding to manage these variations.

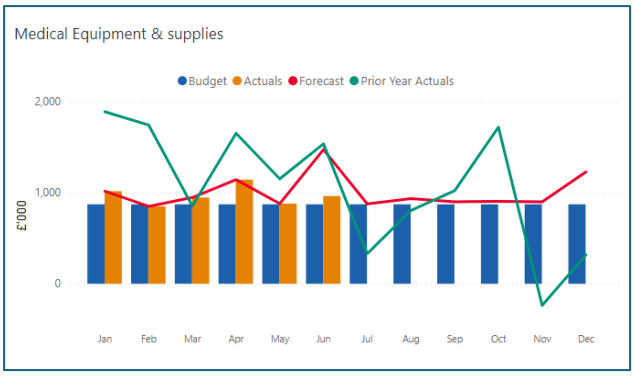
- Social Care £0.5m relates to Domiciliary Care Packages, Respite, and ongoing financial support of Les Amis learning disabilities support services.
- Patient Access £0.4m relates to Patient Travel Service costs due to increased referral numbers and price inflation.
- Medical Director £0.4m relates to insurance settlements for which there is no budget allocation, higher than planned costs of completing medical appraisals, and Operation Crocus costs for which funding has now been confirmed by Treasury.

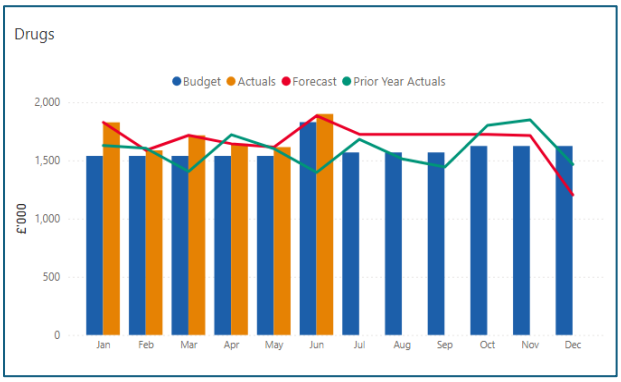
Offset by key underspends:

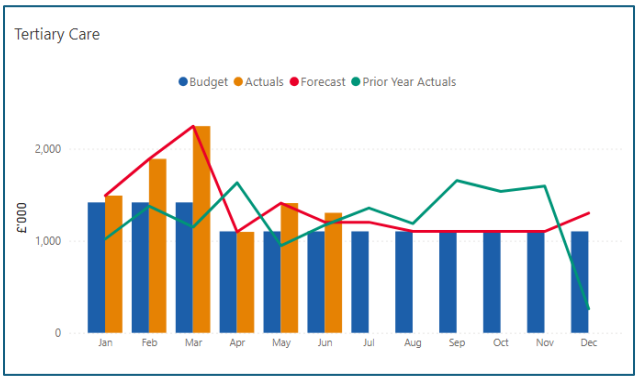
- Improvement & Innovation £0.5m in relation to commissioning contracts and End of Life Strategy funding.
- Women & Children £0.3m mainly in relation to Assisted Reproduction Unit funding.

The following graphs show the non-pay trend comparing actual vs budget, forecast, and last year:

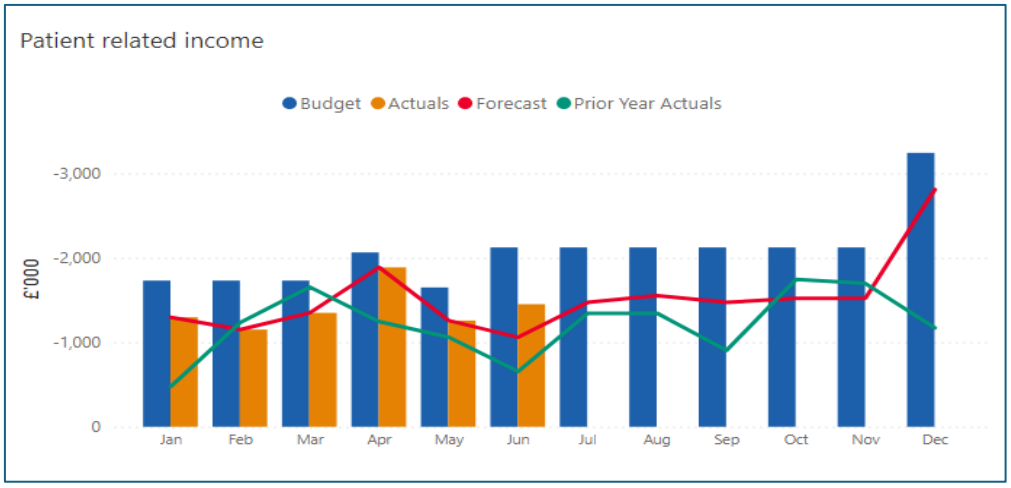


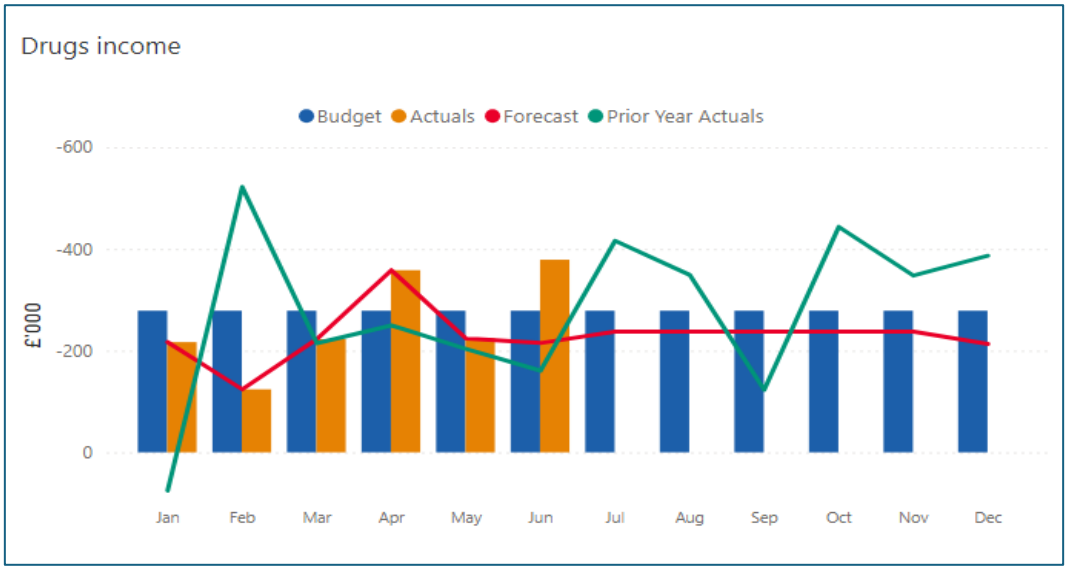



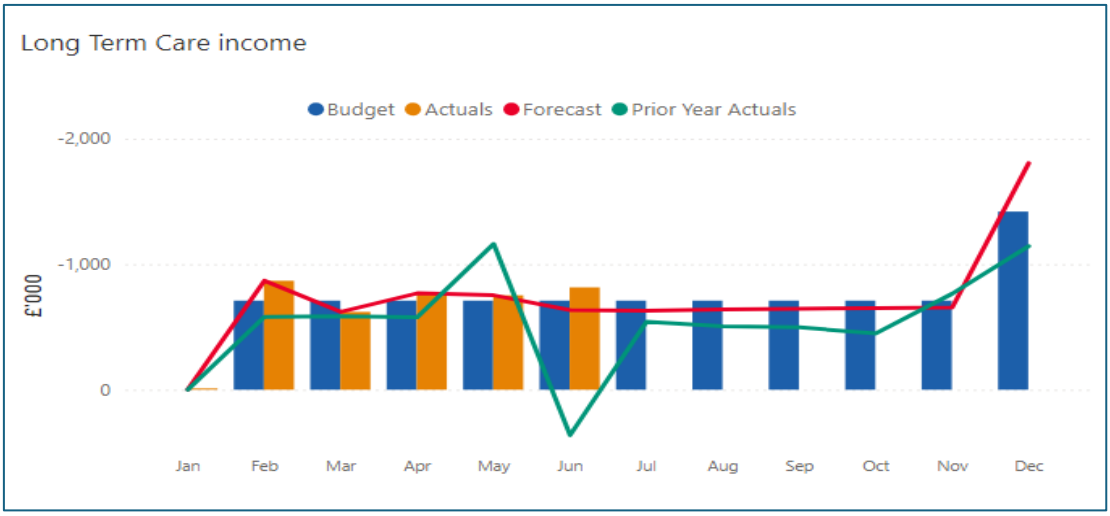

- **Income – M6 £0.5m under-achievement, YTD £2.1m** due to:
  - Surgical Services income shortfall, £1.8m, mainly in Main Theatres (£1.2m) and DSU (£0.5m) vs target, partly driven by a lack of surgical beds that are occupied by medical outliers and displacing income generation activity. Investment in keeping Barlett Ward open to enable beds to be ring-fenced for private activity has been prioritised, and Surgical Services are working to deliver improved delivery of private patient income over the remainder of 2025.




- Medical Services £0.7m shortfall includes under-recovery of £0.1m in Oncology for private patient drugs, and a £0.8m underachievement in Pathology, where increased cost recovery is not delivering to the levels budgeted, despite increasing numbers of tests performed. Offset by an over-delivery of income against target in Gastroenterology £0.2m.




- Long Term Care Benefit £0.3m shows over-achievement across Community Services, Mental Health and Social Care.




- Medical Director over-achievement of £0.3m relates to Pharmacy rebate for cystic fibrosis drugs £0.2m exceeded budgeted levels.

  See Appendices 2 and 6 for Financial Position by Care Group, variances by expenditure type, Pay, Non-Pay, and Income detail.

**FY25 Year-end Forecast:**

- The year-end forecast has shown an improvement from £18.3m forecast deficit at May to an £11.7m forecast deficit at the end of June.
- The year-end forecast is £11.7m deficit after releasing the remaining £5.0m of reserves. Budget pressures account for £9.7m of the deficit, FRP savings slippage £1.8m and Cobra Actions £5.3m made-up of high-risk additional 'stretch' savings and funding/cost-recovery schemes required to balance the budget. This position includes utilisation of remaining Reserves balances of £5.0m. See table below.

| | £m | |
|---|---|---|
| **Budget Pressures and Underspends** | **-9.7** | |
| | | |
| Budget Pressures - Bartlett | -2.5 | |
| Budget Pressures - Legal Settlements | -0.5 | |
| Budget Pressures - Medicine Drugs | -1.8 | |
| Budget Pressures - No growth in care packages | -1.5 | |
| Budget Pressures - Utilities | -0.2 | |
| Budget Pressures - Les Amis | -0.5 | |
| Budget Pressures - Pathology demand increasing non-pay costs | -0.1 | |
| Budget Pressures - off island travel and accommodation demand increase | -0.6 | |
| Budget Pressures Surgery under delivery DSU & Accom | -1.8 | |
| Budget Pressures Elective demand mgmt | -1.3 | |
| Budget Pressures - Medicine – A&E Medical Staff Locum shifts | -0.3 | |
| Budget Pressures - Tertiary Care 2024 Underaccrual | -2.5 | |
| Underspends across the Department | 3.9 | |
| | | |
| | | |
| **Financial Recovery Programme** | **-1.8** | Includes impact of £2.25m actions from ELT 30th June |
| | | |
| **COBRA Actions** | **-5.3** | Includes £0.15m action re HIF income from ELT 30th June |
| | | |
| **Position before allocation of Reserves** | **-16.7** | |
| | | |
| **Reserves** | **5.0** | **Remaining balance of the original £5.7m** |
| | | |
| **Net Forecast Positon** | **-11.7** | |

The key factors driving the year-end position, of which several also account for the YTD M6 results, are:

- **Staff Costs is a forecast overspend of £0.8m** due to:
    - Medical Services cost pressures £3.1m, including Bartlett Ward additional beds (£2.3m), under-delivery of vacancy factor, activity and staffing pressures in A&E medical staffing, A&E nursing, Acute Medicine staffing, and Pathology staffing, Obs & Gynae, CAMHS, and Paediatrics as well as SCBU.
    - Mental Health cost pressure of £0.4m due to capacity pressures in ward areas from enhanced patient support needs, and in the Crisis & Assessment and Home Treatment teams, and recruitment delays.
    - Patient Access and Clinical Administration £0.3m.
    - Underspends on staffing of £2.9m across other services.
- **Non-Pay is a forecast overspend of £5.2m** due to:
    - Tertiary Care £2.5m, due to a significant increase in off-island referrals including high-cost treatments, cost uplifts applied by some NHS trusts which are being challenged, and timescale for planned implementation of mitigating demand management schemes for off-island referrals. Includes £0.9m assumption around demand management initiatives.
    - Surgical Services medical supplies/theatres consumables due to increased surgical activity £2.3m
    - Medical Services £1.3m, including £1.4m on drug expenditure including high-cost patients in Respiratory, General Medicine and Oncology, and Pathology due to increased demand for tests from GP referrals.
    - Mental Health £1.3m, including overspend on UK placements.
    - Social Care £0.8m due to growth in number of domiciliary care packages vs ‘no growth’ budget planning assumption to balance the 2025 budget, and social care rates inflation.
    - Litigation settlements (no budget provision) and medical appraisal costs £0.5m
    - Patient travel costs due to increased off-island referrals, and price inflation £0.4m-includes estimated reduction for demand management.
    - COBRA initiatives deemed unachievable, held centrally, £2.5m
    - Centrally held reserves to offset pressures £5.0m
- **Income is a forecast under-achievement of £5.8m** due to:
    - £2.6m under-delivery of Pathology cost recovery that is part of the ‘stretch’ target savings under Cobra Actions, which requires enabling systems work to be completed before delivery can commence and is now estimated to be by next year.
    - £2.6m mainly related to Theatres and DSU private patient income delivery
    - £1.2m further income target applied to Medical Services to balance the budget which is currently not forecast to be achieved until deliverable schemes are identified.
    - Private Oncology income £0.5m
    - Mitigation by £0.9m income over-achievement Social Care, Medical Director, and in Gastroenterology in Medical Services.

**FRP savings delivery**

- FRP savings delivery for YTD M5 is £4.3m vs £6.8m plan. The FRP savings plan for the year is £17.1m (including additional stretch savings) vs £8m per Gov Plan 25. Confirmation of

achievement to M6 is still pending.

**FRP Savings Plan by Workstream**

| Workstreams | Projects | Scheme RAG | 2023 Actual Saving | 2024 Actual Saving | 2025 Planned Savings | 2025 YTD Plan | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | 2025 YTD Actual | 2025 YTD Actual Variance | 2025 FYE Forecast | FYE In-Year Forecast 2023-2024 | FYE In-Year Forecast 2025 | 2025 FYE Forecast Variance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Delivery Tracker | | | | | | | Actual | | | | | | | | Forecast | | | | | | | | | |
| Clinical Productivity | Theatres Efficiency | | - | - | 955 | 398 | 201 | 68 | 77 | 87 | 82 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 514 | 116 | 1,071 | - | 1,071 | 116 |
| Workforce | Clinical - Medical | | - | 991 | 3,329 | 1,002 | 174 | 167 | 167 | 158 | 167 | 113 | 97 | 79 | 76 | 243 | 283 | 194 | 833 | -168 | 1,919 | 1,131 | 787 | -1,410 |
| | Clinical - AHPs | | - | 81 | 695 | 289 | 14 | 34 | 22 | 20 | 24 | 43 | 43 | 43 | 43 | 43 | 43 | 43 | 114 | -176 | 415 | -0 | 415 | -279 |
| | Clinical - Nursing | | - | 712 | 1,458 | 882 | 126 | 101 | 70 | 73 | 68 | 144 | 143 | 95 | 72 | 51 | 40 | 32 | 438 | -444 | 1,014 | 813 | 201 | -444 |
| | Workforce Savings | | - | 1,315 | 991 | 799 | 142 | 160 | 186 | 171 | 77 | 128 | 97 | 97 | 9 | 35 | 30 | 36 | 736 | -64 | 1,168 | 1,168 | - | 177 |
| | Pay Controls (WCP) | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Non-Pay and Procurement | Non-Pay Controls (NPCP) | | - | 8 | 152 | 67 | 19 | 12 | 2 | 11 | 11 | 13 | 13 | 13 | 11 | 11 | 11 | 11 | 56 | -11 | 141 | 16 | 125 | -11 |
| | Centralised Buying Function | | - | 361 | 1,024 | 218 | 2 | 2 | 2 | -0 | -6 | 75 | 106 | 77 | 79 | 81 | 77 | 77 | -0 | -219 | 570 | 553 | 17 | -453 |
| | Commissioned Services Governance & Contracting | | - | 160 | 291 | 140 | 19 | 20 | 18 | 23 | 36 | 28 | 28 | 28 | 17 | 17 | 17 | 17 | 116 | -24 | 267 | 101 | 166 | -24 |
| | Procurement | | 585 | 881 | 101 | 84 | 17 | 17 | 17 | 17 | 17 | 17 | - | - | - | - | - | - | 84 | -0 | 101 | 101 | - | -0 |
| | Medicines Management | | 65 | 727 | 101 | 165 | 76 | 70 | 78 | 66 | 47 | 40 | 45 | 31 | 28 | 26 | 28 | 30 | 336 | 171 | 564 | 564 | - | 464 |
| | Other Non-Pay | | - | 15 | 26 | 10 | 2 | 2 | 2 | - | - | - | 2 | 2 | 2 | 2 | 2 | 2 | 5 | -5 | 19 | 5 | 14 | -7 |
| Income | Other Income Opportunities | | 163 | 560 | 792 | 382 | 41 | 34 | 37 | 28 | 32 | 90 | 85 | 73 | 69 | 79 | 74 | 80 | 173 | -209 | 723 | 102 | 621 | -69 |
| | Private Patients | | 242 | 1,030 | 1,695 | 857 | 190 | 108 | 246 | 165 | 223 | 187 | 84 | 149 | 86 | 83 | 112 | 143 | 932 | 76 | 1,776 | 772 | 1,005 | 81 |
| Care Groups and Non-Clinical Directorate schemes | £3m in 3 months | | 1,914 | - | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Total schemes currently in delivery | | | 2,969 | 6,842 | 11,609 | 5,292 | 1,022 | 795 | 923 | 819 | 777 | 957 | 823 | 768 | 572 | 750 | 797 | 745 | 4,336 | -955 | 9,749 | 5,327 | 4,423 | -1,860 |
| Development Tracker | | | | | | | | | | | | | | | | | | | | | | | | |
| Workforce | Clinical - Medical | | | | 1,302 | 322 | - | - | - | - | - | 16 | 130 | 130 | 140 | 140 | 140 | 140 | - | -322 | 835 | - | 835 | -466 |
| | Clinical - Nursing | | | | 57 | 3 | - | - | - | - | - | - | 6 | 6 | 9 | 9 | 9 | 12 | - | -3 | 51 | - | 51 | -6 |
| | Workforce Savings | | | | 231 | 63 | - | - | - | - | - | 16 | 16 | 16 | 26 | 26 | 26 | 26 | - | -63 | 149 | - | 149 | -83 |
| Non-Pay and Procurement | Centralised Buying Function | | | | 150 | 33 | - | - | - | - | - | - | 17 | 17 | 17 | 17 | 17 | 17 | - | -33 | 100 | - | 100 | -50 |
| | Commissioned Services Governance & Contracting | | | | 1,237 | 396 | - | - | - | - | - | 110 | 118 | 118 | 118 | 118 | 118 | 118 | - | -396 | 819 | - | 819 | -418 |
| Income | Other Income Opportunities | | | | 669 | 279 | - | - | - | - | - | 56 | 56 | 56 | 56 | 56 | 56 | 56 | - | -279 | 390 | - | 390 | -279 |
| | Private Patients | | | | 1,795 | 442 | - | - | - | - | - | 44 | 44 | 165 | 182 | 182 | 192 | 192 | - | -442 | 1,001 | - | 1,001 | -794 |
| Total Schemes being prepared for delivery | | | | | 5,440 | 1,537 | - | - | - | - | - | 240 | 386 | 507 | 547 | 547 | 557 | 560 | - | -1,537 | 3,345 | - | 3,345 | -2,095 |
| TOTAL FRP SCHEME SAVINGS | | | 2,969 | 6,842 | 17,050 | 6,829 | 1,022 | 795 | 923 | 819 | 777 | 1,197 | 1,209 | 1,275 | 1,119 | 1,298 | 1,355 | 1,305 | 4,336 | -2,493 | 13,094 | 5,327 | 7,768 | -3,955 |

## Risks and Mitigations

- Additional 'stretch' savings and Cobra Actions include complex schemes such as demand management, with dependencies on policy changes, structural funding changes, cost recovery (Pathology income), and systems work, which require collaboration and agreement across departments, and resources to complete. Work continues to progress these led by the Executive Team.
- Improving patient flow due to shortage of care home beds leading to opening of high-cost additional beds capacity in Bartlett ward. Mitigation is driving additional private patients income using ring-fenced surgical beds from early April, enabled by additional beds capacity.
- Development of policies to implement demand management of tertiary care contracts continues at pace.
- Delays in reducing recruitment time-to-hire leading to slippage in FRP savings delivery. Proposal for HCJ to acquire its own recruitment resources developed last year and is under further discussion to tackle this ongoing issue.
- Social care and Mental health budgets have not allowed any growth to balance the budget against the reality of rising costs, which remains a significant risk.
- Proposal for specialised ring-fenced funding for high-cost drugs and treatments is currently being worked on.

## Reserves Position

The earmarked reserves balance is £5.42m (after draw-down of £2.64m). This is made-up of Maintaining healthcare standards £4.10m, Parental leave funding £0.39m, Infrastructure investment £0.07m, Pay awards £0.51m, and Cobra surplus £0.35m.

## Capital Programme

1. Specialist accommodation – Learning difficulties

- As of 2024 there was a total spend of £3.4m on this Major Project. There was no scheduled budget in 2025 for this programme with budget re-profiled into 2026 following a capital programme restructuring exercise in 2024 to help with strategic reserves. £0.67m is carried forward from underspend of last year's budget. Full year forecast for the year is £1.20m, an overspend of £0.50m.

2. HCS Equipment Replacement Assets

   - Capital equipment replacement - The Gov Plan budget for the year is £2.25m including additional income relating to the Gift Fund for the Interventional Radiology machines. The current forecast is £3.71m or £0.2m over budget. Discussion with Strategic Finance is underway re bringing forward budget from 2026 to cover the short fall.
   - Revenue equipment replacement - The budget was reduced from £566k to £316k in 2025 due to overall budget pressures creating a significant cost pressure as previous years have been over £500k p.a. At this time this budget is forecast to remain within budget through following a prioritisation exercise and exploring the use of Charitable Funds where appropriate.

3. Health Services Improvements Programme

   - Back-Log Maintenance (BLM) – The current forecast is in line with the £5m budget for the year. The full budget has been utilised in recent years and with an ageing HCJ estate it is expected that this will continue in 2025.

4. Digital Care Strategy – Digital Health Project

   - Capital funding - In addition to the Gov Plan 2025 in year budget of £1.8m, a £1.4m underspend was carried forward from 2024, giving total funding available for the project in 2025 of £3.4m. The sub projects include Hospital EPR project, and it sub projects, Maternity project, GUM – sexual health project and Cervical Cancer screening.
   - Of the £2.2m forecast in 2025 £1.3m of this is made up of staffing which was previously funded by revenue money associated with the original project. A decision was made to move this into the project which has caused issues to the delivery of the project and the need to descope its sub projects.
   - Revenue funding - As part of the 2025 to 2028 Gov Plan funding, a revenue element was added to the budget for recurring revenue costs when the sub-projects go live and become BAU on-going costs. However, with the projects such as Maternity, Cervical cancer screening and Sexual health still to complete and on-going licences and support contracts yet to be agreed and entered into, this is likely to result in an on-going revenue cost pressure to HCJ once the capital money and project ends. This is a future risk from 2026 onwards.

5. General Hospital Wi-Fi Upgrade

   - The £1.2m is to expand the connectivity around the main hospital block which will enable the EPR functions within the Digital Health Programme to run correctly. Testing of 2024 tactical Wi-Fi improvements across 10 prioritised wards in JGH has been successfully completed and signed off by the EPR Programme. Current forecast on this project in 2025 is £0.9m, a possible underspend of £0.3m.

6. Digital Systems Improvements – ECR

   - ECR Mental Health project - The current funding of this project is split over 4 years

in the Government Plan. The full year forecast of £1.6m for 2025 is based on the requested funding profile which shows the project completing in 2026. Contract negotiations with the preferred supplier are now underway, and delivery of the project expected over 18 months. This is an overspend of £0.8m against the available budget in 2025 and will need to be discussed further with Strategic Finance around bringing funds forward from future years.

**Conclusion**

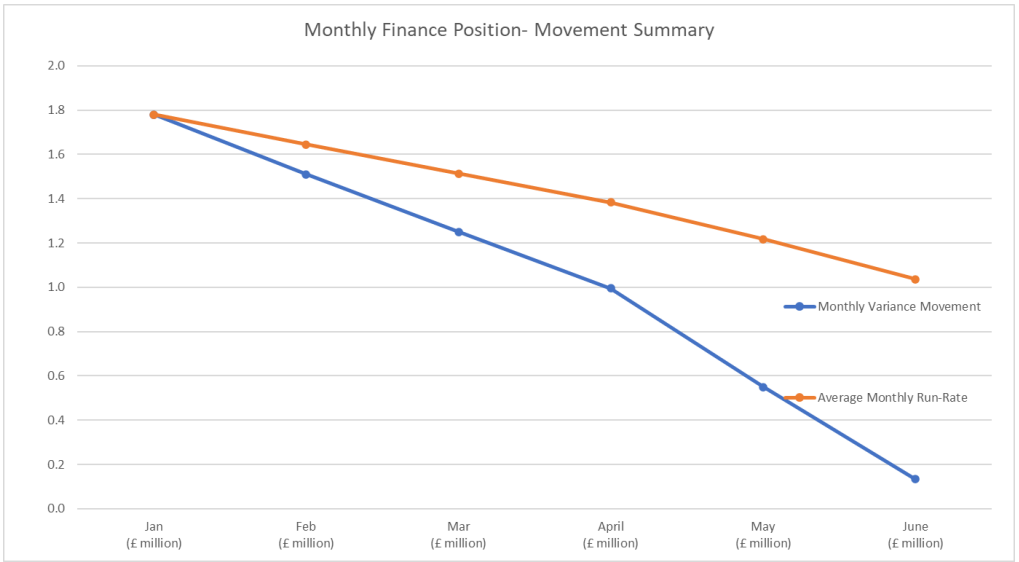
- FY25 M6 outturn is an overspend of £6.2m. Adjusting for one-off items and non-recurrent costs the underlying monthly run-rate is £1.0m.
- The FY25 year-end forecast is currently for an overspend of £11.7m, after releasing the remaining reserves balance of £5.0m.
- FRP savings delivery for the year to M5 is £4.3m vs £6.8m plan. The planned FRP savings for the year are £17.1m. M6 figures are still to be confirmed.
- Additional ‘stretch’ savings are planned to deliver £10.6m of savings and funding/cost-recovery schemes.
- Mitigations for the above identified risks are being worked on and led by the ELT Cobra team.
- The Capital Programme is being closely monitored on a monthly basis and the risks identified are being worked on for mitigations.

# Appendices

## Appendix 1 - Monthly Run-rate trend (June)

**Review of monthly year-to-date run-rate**

| Monthly Finance Position | 2025 Actual Jan (£ million) | Actual Feb (£ million) | Actual Mar (£ million) | Actual April (£ million) | Actual May (£ million) | Actual June (£ million) | Forecast July (£ million) | Forecast August (£ million) | Forecast September (£ million) | Forecast October (£ million) | Forecast November (£ million) | Forecast Dec (£ million) | Year-to-date (£ million) | Full Year 2025 (£ million) | Explanation |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Monthly Budget** | 28.92 | 27.49 | 28.66 | 27.56 | 27.82 | 30.82 | | | | | | | 171.26 | | |
| **Monthly Actuals** | 30.70 | 29.00 | 29.91 | 28.55 | 28.37 | 30.95 | | | | | | | 177.48 | | |
| **Monthly variance** | (1.78) | (1.51) | (1.25) | (1.00) | (0.55) | (0.13) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | (6.22) | | |
| ***Operating Variance*** | | | | | | | | | | | | | 0.00 | | |
| *Pay* | *(0.75)* | *(0.01)* | *0.22* | *0.30* | *0.74* | *0.48* | | | | | | | *0.99* | | -Medical Services £1.3 m overspend due to:<br>•Bed pressures requiring opening beds capacity in Bartlett ward costing c £0.2m per month (YTD £1.3m)<br>•General Medicine £0.3m due to agency cover and internal locum cover of vacant Consultant roles, including roles supporting Bartlett Ward<br>•Acute Medicine £0.2m due to agency cover and internal locum cover of vacant roles<br>•Pathology £0.2m due to increased demand for tests and cover of vacancies<br>•A&E Nursing agency £0.1m and Medical £0.2m. To be mitigated by recruitment to substantive.<br>•Underspends of £1.0m across other cost centres in the Care Group<br>-Mental Health £0.2m overspend on agency due to activity pressures, with wards running at 120% of capacity, and delays in time-to-hire to replace agency psychiatrists (candidates withdrawing during recruitment/on-boarding process), which has led to extending agency staff at premium cost. Main cost centres with overspends are Crisis Assessment and Home Treatment teams, and Beech, Orchard and Cedar Wards.<br>-Patient Access and Clinical Administration £0.1m, with pressures due to zero hours staffing usage in Medical Secretaries and Outpatients.<br>-Chief Officer's Department £0.1m, due to costs of agency contractors and unbudgeted redeployment of staff for HR reasons<br>-These cost pressures are offset by underspends driven by vacancies in other areas totalling £2.8m. |
| *Non-Pay* | *(0.88)* | *(0.91)* | *(1.24)* | *(1.23)* | *(0.72)* | *(0.11)* | | | | | | | *(5.09)* | | -Tertiary Care £2.2m overspend due to 10.0% activity growth, last year impact of accruals, Oxford University Hospital price increase, which is being challenged, with a possibility of a refund, under the Reciprocal Health Agreement (RHA) between the UK and Jersey stipulating NHS tariffs to be charged, and a contractually allowed retrospective rate increase applied by Cambridge University Hospital. To control this rising trend, demand management schemes are in development, which will require policy changes with Ministerial approval before implementation.<br>-Finance Directorate £1.2m overspend in relation to negative budget of £2.5m full year in relation to hard-to-achieve ELT COBRA actions (JDOC contract to HIF, Access policy, and LTCB top-ups). These schemes are yet to have any delivery logged against them.<br>-Mental Health £1.0m relates to UK Placements, with £0.6m of this figure relating to invoices presented by a supplier in relation to additional observation costs for 2024.<br>-Surgical Services £0.8m relates to higher consumables spend in Theatres due to increased public activity levels.<br>-Medical Services £0.5m is due to high cost drugs expenditure with no allowance for a specialised ring-fenced funding to manage these variations.<br>-Social Care £0.5m relates to Domiciliary Care Packages, Respite, and ongoing financial support of Les Amis learning disabilities support services.<br>-Patient Access £0.4m relates to Patient Travel Service costs due to increased referral numbers and price inflation.<br>-Medical Director £0.4m relates to insurance settlements for which there is no budget allocation, higher than planned costs of completing medical appraisals, and operation Crocus costs for which funding has now been confirmed by Treasury.<br>Offset by key underspends:<br>-Improvement & Innovation £0.5m in relation to commissioning contracts and End of Life Strategy funding<br>-Women & Children £0.3m mainly in relation to Assisted Reproduction Unit funding from an amendment in Budget 2025 |
| *Income* | *(0.15)* | *(0.59)* | *(0.22)* | *(0.06)* | *(0.57)* | *(0.51)* | | | | | | | *(2.11)* | | -Surgical Services income shortfall, £1.8m, mainly in Main Theatres (£1.2m) and DSU (£0.5m) vs target, partly driven by a lack of surgical beds that are occupied by medical outliers and displacing income generation activity. Investment in keeping Barlett Ward open to enable beds to be ring-fenced for private activity has been prioritised, and Surgical Services are working to deliver improved delivery of private patient income over the remainder of 2025.<br>-Medical Services £0.7m shortfall includes under-recovery of £0.1m in Oncology for private patient drugs, and a £0.8m underachievement in Pathology, where increased income from the HIF is not being delivered to the levels budgeted, despite increasing numbers of tests performed. Offset by an over-delivery of income against target in Gastroenterology £0.2m.<br>-Long Term Care Benefit £0.3m shows over-achievement across Community Services, Mental Health and Social Care.<br>-Medical Director over-achievement of £0.3m relates to Pharmacy rebate for cystic fibrosis drugs £0.2m exceeded budgeted levels. |
| *Other* | | | | | | | | | | | | | | | |
| *FRP Delivery Variance* | | | | | | | | | | | | | 0.00 | | |
| **Average Monthly Run-Rate** | (1.78) | (1.65) | (1.51) | (1.38) | (1.22) | (1.04) | (0.89) | (0.78) | (0.69) | (0.62) | (0.57) | (0.37) | (1.04) | | |
| | | | | | | | | | | | | | | | |
| **Exceptional / One-Off Costs** | | | | | | | | | | | | | | | |
| Medical Staffing Backpay | 0.20 | | | | | | | | | | | | 0.20 | | Estimate of backpay element to Anaesthetists and 3 other Consultants (queried with Payroll) |
| Mental Health prior year impact | 0.27 | (0.12) | | 0.38 | | | | | | | | | 0.53 | | Invoices identified as relating to 2024. Credit in February of c £0.12m to correct duplicated invoices. April impact relates to Elysium |
| Social Care prior year impact | 0.17 | | | | | | | | | | | | 0.17 | | Invoices identified as relating to 2024 |
| Medical Director- legal claim settlements | 0.07 | 0.21 | | (0.13) | | | | | | | | | 0.15 | | Unbudgeted legal claim expenses. Reimbursement from Insurance Fund in April |
| Tertiary Care- prior year impact | | 0.20 | 0.31 | | | | | | | | | | 0.51 | | |
| Medical Director- medical appraisal costs | 0.08 | | | | | | | | | | | | 0.08 | | Appraisal costs have exceeded available budget |
| Medical Director- Operation Crocus unbudgeted | 0.09 | 0.07 | (0.16) | | | | | | | | | | 0.00 | | Funding due to be allocated, £1m full year 2025 |
| Medical Director- 2024/25 income exceeded accrual | | | (0.20) | | | | | | | | | | (0.20) | | |
| Public Health and Health Policy YTD variance | | | | | | (0.64) | | | | | | | (0.64) | | |
| | | | | | | | | | | | | | 0.00 | | |
| **Adjustments:** | | | | | | | | | | | | | | | |
| Baby Steps income profiling (WACS)- budget reprofile required | (0.06) | 0.06 | | | | | | | | | | | (0.00) | | Budget profiling |
| Baby Steps income profiling (I&I)- budget reprofile required | (0.15) | 0.15 | | | | | | | | | | | 0.00 | | Budget profiling |
| Radiology income- understated for Jan | 0.13 | (0.13) | | | | | | | | | | | (0.00) | | Budget profiling |
| Adjustments to agency accrual | | 0.30 | | (0.30) | | | | | | | | | | | |
| GRNI adjustment | | | | | (0.30) | | | | | | | | | | |
| | | | | | | | | | | | | | 0.00 | | |
| **Adjusted Variance** | (0.99) | (0.77) | (1.30) | (1.05) | (0.85) | (0.77) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | (5.43) | (18.00) | |
| | | | | | | | | | | | | | | | |
| **Year to Date Cumulative Variance** | (0.99) | (1.76) | (3.06) | (4.11) | (4.96) | (5.73) | (5.73) | (5.73) | (5.73) | (5.73) | (5.73) | (5.73) | | (1.50) | |
| | | | | | | | | | | | | | | | |
| **Underlying run-rate** | (0.99) | (0.88) | (1.02) | (1.03) | (0.99) | (0.96) | (0.82) | (0.72) | (0.64) | (0.57) | (0.52) | (0.48) | | | |



## Appendix 2 - Financial Position by Care Group/Directorate

| | Current Month | | Year-to-date | | | Full Year | | | Year-to-date | Full Year |
|---|---|---|---|---|---|---|---|---|---|---|
| Care Groups & Directorates | Budget (£'000) | Actual (£'000) | Budget (£'000) | Actual (£'000) | Variance (£'000) | Budget (£'000) | Forecast (£'000) | Variance (£'000) | % Variance | % Variance |
| Chief Nurse | 579 | 538 | 3,453 | 3,120 | 333 | 6,887 | 6,520 | 367 | 9.7% | 5.3% |
| Chief Officer's Department | 858 | 605 | 4,929 | 4,740 | 190 | 9,608 | 9,536 | 71 | 3.9% | 0.7% |
| Community Services | 1,115 | 1,175 | 7,879 | 7,360 | 519 | 15,656 | 15,268 | 389 | 6.6% | 2.5% |
| Digital Health | 88 | 233 | 797 | 888 | (91) | 1,476 | 1,476 | 0 | (11.4%) | 0.0% |
| Estates & Hard Facilitie | 1,073 | 990 | 6,475 | 6,173 | 302 | 13,248 | 13,231 | 17 | 4.7% | 0.1% |
| Finance Directorate | (235) | (46) | (1,401) | (479) | (922) | 2,615 | 485 | 2,130 | (65.8%) | 81.5% |
| Health Policy | 272 | 310 | 272 | 310 | (39) | 543 | 640 | (97) | (14.2%) | (17.9%) |
| Improvement & Innovation | 1,818 | 1,551 | 11,315 | 10,680 | 636 | 22,222 | 21,779 | 443 | 5.6% | 2.0% |
| Medical Director | 1,216 | 1,082 | 7,067 | 6,700 | 367 | 13,873 | 12,916 | 957 | 5.2% | 6.9% |
| Medical Officer of Health | 3,270 | 2,591 | 3,270 | 2,591 | 679 | 6,868 | 6,568 | 300 | 20.8% | 4.4% |
| Medical Services | 5,319 | 5,853 | 32,689 | 35,201 | (2,512) | 62,765 | 70,925 | (8,160) | (7.7%) | (13.0%) |
| Mental Health | 3,326 | 3,203 | 20,754 | 21,843 | (1,089) | 40,708 | 41,987 | (1,279) | (5.2%) | (3.1%) |
| Non-Clinical Support Ser | 1,452 | 1,558 | 9,223 | 9,310 | (87) | 18,135 | 18,206 | (72) | (0.9%) | (0.4%) |
| Patient Access & Clinical Administration | 1,082 | 1,080 | 5,451 | 5,929 | (479) | 10,476 | 11,183 | (707) | (8.8%) | (6.8%) |
| Social Care | 2,338 | 2,482 | 14,567 | 14,682 | (115) | 27,993 | 28,222 | (229) | (0.8%) | (0.8%) |
| Surgical Services | 3,836 | 4,267 | 23,420 | 25,639 | (2,219) | 46,201 | 49,859 | (3,657) | (9.5%) | (7.9%) |
| Tertiary Care | 1,131 | 1,436 | 7,728 | 9,918 | (2,190) | 14,511 | 17,030 | (2,519) | (28.3%) | (17.4%) |
| Women Children & Family | 2,008 | 1,900 | 11,715 | 11,450 | 265 | 23,143 | 22,812 | 331 | 2.3% | 1.4% |
| Workforce Directorate | 272 | 146 | 1,655 | 1,419 | 237 | 3,275 | 3,275 | 0 | 14.3% | 0.0% |
| **Grand Total** | **30,819** | **30,952** | **171,259** | **177,474** | **(6,215)** | **340,203** | **351,919** | **(11,716)** | **(3.6%)** | **(3.4%)** |

## Appendix 3 - Detail of Variances by Expenditure type – All Care Groups

| | | Current Month | | | Year-to-Date | | | Full Year | | | Year-to-Date | Full Year |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HCS Categorisation | Subjective Category Detail | Sum of CM BUD | Sum of CM ACT | Sum of CM BUD vs ACT | Sum of YTD BUD | Sum of YTD ACT | Sum of YTD BUD vs ACT | Sum of FY BUD | Sum of FY FST | Sum of FY BUD vs FST | % Variance | % Variance |
| Staff Costs | Agency | 519,001 | 1,297,691 | (778,690) | 3,873,277 | 7,339,347 | (3,466,070) | 4,411,181 | 10,519,577 | (6,108,396) | (89.5%) | (138.5%) |
| Staff Costs | Overtime | 116,108 | 277,419 | (161,311) | 693,501 | 1,823,265 | (1,129,764) | 1,390,289 | 2,935,352 | (1,545,063) | (162.9%) | (111.1%) |
| Staff Costs | Substantive | 23,172,316 | 21,088,946 | 2,083,370 | 121,502,352 | 114,931,222 | 6,571,130 | 247,179,101 | 237,499,088 | 9,680,013 | 5.4% | 3.9% |
| Staff Costs | Unbudgeted | (773,478) | (111,495) | (661,983) | (1,738,522) | (754,837) | (983,685) | (7,381,404) | (4,600,867) | (2,780,537) | (56.6%) | (37.7%) |
| **Staff Costs Total** | | **23,033,947** | **22,552,561** | **481,386** | **124,330,608** | **123,338,996** | **991,612** | **245,599,167** | **246,353,151** | **(753,984)** | **0.8%** | **(0.3%)** |
| Non Pay | Administrative Expenses | 38,911 | 37,683 | 1,228 | 231,474 | 188,055 | 43,419 | 462,907 | 323,184 | 139,723 | 18.8% | 30.2% |
| Non Pay | Clinical supplies | 217,490 | 108,057 | 109,433 | 1,304,940 | 1,163,520 | 141,420 | 2,609,832 | 2,403,146 | 206,686 | 10.8% | 7.9% |
| Non Pay | Drugs & Vaccinations | 1,829,259 | 1,899,560 | (70,301) | 9,523,554 | 10,287,366 | (763,812) | 19,102,283 | 20,087,746 | (985,463) | (8.0%) | (5.2%) |
| Non Pay | Financial Adjustments & Write- | 11,167 | 4,914 | 6,253 | 67,002 | 2,747 | 64,255 | 134,000 | 108,122 | 25,878 | 95.9% | 19.3% |
| Non Pay | Other Fees | | 2,082 | (2,082) | | (34,131) | 34,131 | | (36,592) | 36,592 | | |
| Non Pay | Premises & Maintenance | 546,687 | 454,200 | 92,487 | 3,337,222 | 3,291,073 | 46,149 | 6,617,801 | 6,949,128 | (331,327) | 1.4% | (5.0%) |
| Non Pay | Social Benefit Payment | 3,333 | | 3,333 | 19,998 | 793 | 19,205 | 39,996 | 48,507 | (8,511) | 96.0% | (21.3%) |
| Non Pay | Supplies and Services | 8,702,867 | 8,762,555 | (59,688) | 51,177,808 | 54,742,681 | (3,564,873) | 99,589,941 | 106,527,567 | (6,937,626) | (7.0%) | (7.0%) |
| Non Pay | Unbudgeted | (185,469) | | (185,469) | (1,113,814) | 0 | (1,113,814) | (4,704,927) | (7,363,628) | 2,658,701 | (100.0%) | 56.5% |
| **Non Pay Total** | | **11,164,245** | **11,269,051** | **(104,806)** | **64,548,184** | **69,642,104** | **(5,093,920)** | **123,851,833** | **129,047,180** | **(5,195,347)** | **(7.9%)** | **(4.2%)** |
| Income | Course Fees | 1,302 | (7,541) | 8,843 | 7,812 | (52,243) | 60,055 | 15,620 | (73,109) | 88,729 | 768.8% | 568.0% |
| Income | Fees and fines | (3,500) | (12,729) | 9,229 | (21,000) | (35,257) | 14,257 | (42,000) | (50,399) | 8,399 | 67.9% | 20.0% |
| Income | Other Fees | (17,250) | (23,943) | 6,693 | (103,500) | (148,766) | 45,266 | (207,000) | (234,980) | 27,980 | 43.7% | 13.5% |
| Income | Other Income | (210,880) | (371,315) | 160,435 | (1,342,270) | (1,893,204) | 550,934 | 7,821,349 | 7,231,621 | 589,728 | 41.0% | 7.5% |
| Income | Patient Charges | (46,343) | (1,358) | (44,985) | (204,558) | (34,271) | (170,287) | (402,611) | (416,120) | 13,509 | (83.2%) | 3.4% |
| Income | Sale of Goods | (16,667) | (19,810) | 3,143 | (100,002) | (104,782) | 4,780 | (200,000) | (188,961) | (11,039) | 4.8% | (5.5%) |
| Income | Sale of Services | (3,085,692) | (2,432,920) | (652,772) | (15,856,159) | (13,238,331) | (2,617,828) | (36,233,358) | (29,749,609) | (6,483,749) | (16.5%) | (17.9%) |
| Income | Stamp Duty | | | | | | 0 | | 0 | 0 | | |
| **Income Total** | | **(3,379,030)** | **(2,869,615)** | **(509,415)** | **(17,619,677)** | **(15,506,853)** | **(2,112,824)** | **(29,248,000)** | **(23,481,556)** | **(5,766,444)** | **(12.0%)** | **(19.7%)** |
| **Grand Total** | | **30,819,162** | **30,951,997** | **(132,835)** | **171,259,115** | **177,474,247** | **(6,215,132)** | **340,203,000** | **351,918,774** | **(11,715,774)** | **(3.6%)** | **(3.4%)** |

## Appendix 4 - Pay Position

| | Current Month | | Year-to-date | | | Full Year | | | Year-to-date | Full Year |
|---|---|---|---|---|---|---|---|---|---|---|
| Subjective Category Detail | Budget (£'000) | Actual (£'000) | Budget (£'000) | Actual (£'000) | Variance (£'000) | Budget (£'000) | Forecast (£'000) | Variance (£'000) | % Variance | % Variance |
| Substantive | 23,172 | 21,089 | 121,502 | 114,931 | 6,571 | 247,179 | 237,499 | 9,680 | 5.4% | 3.9% |
| Agency | 519 | 1,298 | 3,873 | 7,339 | (3,466) | 4,411 | 10,520 | (6,108) | (89.5%) | (138.5%) |
| Overtime | 116 | 277 | 694 | 1,823 | (1,130) | 1,390 | 2,935 | (1,545) | (162.9%) | (111.1%) |
| Budget Pressure | (773) | (111) | (1,739) | (755) | (984) | (7,381) | (4,601) | (2,781) | (56.6%) | (37.7%) |
| **Grand Total** | **23,034** | **22,553** | **124,331** | **123,339** | **992** | **245,599** | **246,353** | **(754)** | **0.8%** | **(0.3%)** |

| | Current Month | | Full Year | | | Full Year | | | Full Year | Full Year |
|---|---|---|---|---|---|---|---|---|---|---|
| Care Groups & Directorates | Budget (£'000) | Actual (£'000) | Budget (£'000) | Actual (£'000) | Variance (£'000) | Budget (£'000) | Forecast (£'000) | Variance (£'000) | % Variance | % Variance |
| Chief Nurse | 502 | 504 | 2,991 | 2,821 | 169 | 5,963 | 5,599 | 364 | 5.7% | 6.1% |
| Chief Officer's Department | 387 | 406 | 2,466 | 2,612 | (145) | 4,787 | 5,017 | (230) | (5.9%) | (4.8%) |
| Community Services | 1,153 | 1,273 | 7,911 | 7,526 | 385 | 16,089 | 15,721 | 368 | 4.9% | 2.3% |
| Digital Health | 86 | 82 | 574 | 487 | 88 | 1,091 | 1,037 | 54 | 15.3% | 4.9% |
| Estates & Hard Facilitie | 430 | 417 | 2,583 | 2,528 | 55 | 5,161 | 5,151 | 10 | 2.1% | 0.2% |
| Finance Directorate | (19) | (78) | (136) | (560) | 424 | (2,631) | (2,317) | (314) | 312.6% | (12.0%) |
| Health Policy | 262 | 310 | 262 | 310 | (48) | 523 | 620 | (97) | (18.4%) | (18.6%) |
| Improvement & Innovation | 163 | 161 | 1,022 | 942 | 80 | 1,999 | 2,006 | (7) | 7.8% | (0.3%) |
| Medical Director | 1,255 | 1,155 | 7,190 | 6,748 | 442 | 14,189 | 13,580 | 609 | 6.2% | 4.3% |
| Medical Officer of Health | 2,427 | 2,065 | 2,427 | 2,065 | 363 | 4,855 | 4,319 | 536 | 14.9% | 11.0% |
| Medical Services | 4,413 | 4,647 | 25,960 | 27,273 | (1,314) | 51,548 | 54,614 | (3,067) | (5.1%) | (5.9%) |
| Non-Clinical Support Ser | 1,340 | 1,383 | 8,042 | 8,004 | 38 | 15,941 | 15,883 | 58 | 0.5% | 0.4% |
| Patient Access & Clinical Administration | 631 | 626 | 3,724 | 3,861 | (136) | 7,511 | 7,839 | (328) | (3.7%) | (4.4%) |
| Social Care | 1,083 | 1,072 | 6,533 | 6,238 | 296 | 12,928 | 12,409 | 519 | 4.5% | 4.0% |
| Surgical Services | 4,410 | 4,275 | 26,150 | 25,692 | 458 | 52,372 | 51,096 | 1,276 | 1.8% | 2.4% |
| Women Children & Family | 1,821 | 1,793 | 10,609 | 10,639 | (30) | 21,142 | 21,256 | (114) | (0.3%) | (0.5%) |
| Workforce Directorate | 156 | 115 | 845 | 778 | 67 | 1,764 | 1,764 | 0 | 7.9% | 0.0% |
| **Grand Total** | **23,034** | **22,553** | **124,331** | **123,339** | **992** | **245,599** | **246,353** | **(754)** | **0.8%** | **(0.3%)** |

## Appendix 5 – Non- Pay Position

| | Current Month | | Year-to-date | | | Full Year | | | Year-to-date | Full Year |
|---|---|---|---|---|---|---|---|---|---|---|
| Subjective Category Detail | Budget (£'000) | Actual (£'000) | Budget (£'000) | Actual (£'000) | Variance (£'000) | Budget (£'000) | Forecast (£'000) | Variance (£'000) | % Variance | % Variance |
| Supplies and Services | 8,703 | 8,763 | 51,178 | 54,743 | (3,565) | 99,590 | 106,528 | (6,938) | (7.0%) | (7.0%) |
| Drugs & Vaccinations | 1,829 | 1,900 | 9,524 | 10,287 | (764) | 19,102 | 20,088 | (985) | (8.0%) | (5.2%) |
| Premises & Maintenance | 547 | 454 | 3,337 | 3,291 | 46 | 6,618 | 6,949 | (331) | 1.4% | (5.0%) |
| Clinical supplies | 217 | 108 | 1,305 | 1,164 | 141 | 2,610 | 2,403 | 207 | 10.8% | 7.9% |
| Administrative Expenses | 39 | 38 | 231 | 188 | 43 | 463 | 323 | 140 | 18.8% | 30.2% |
| Financial Adjustments & Write- | 11 | 5 | 67 | 3 | 64 | 134 | 108 | 26 | 95.9% | 19.3% |
| Social Benefit Payment | 3 | 0 | 20 | 1 | 19 | 40 | 49 | (9) | 96.0% | (21.3%) |
| Other Fees | 0 | 2 | 0 | (34) | 34 | 0 | (37) | 37 | | |
| Unbudgeted | (185) | 0 | (1,114) | 0 | (1,114) | (4,705) | (7,364) | 2,659 | (100.0%) | 56.5% |
| **Grand Total** | **11,164** | **11,269** | **64,548** | **69,642** | **(5,094)** | **123,852** | **129,047** | **(5,195)** | **(7.9%)** | **(4.2%)** |

| | Current Month | | Year-to-date | | | Full Year | | | Year-to-date | Full Year |
|---|---|---|---|---|---|---|---|---|---|---|
| Care Groups & Directorates | Budget (£'000) | Actual (£'000) | Budget (£'000) | Actual (£'000) | Variance (£'000) | Budget (£'000) | Forecast (£'000) | Variance (£'000) | % Variance | % Variance |
| Chief Nurse | 91 | 40 | 548 | 325 | 223 | 1,096 | 1,093 | 3 | 40.8% | 0.3% |
| Chief Officer's Department | 472 | 209 | 2,463 | 2,166 | 297 | 4,820 | 4,519 | 301 | 12.0% | 6.2% |
| Digital Health | 2 | 151 | 223 | 401 | (178) | 385 | 439 | (54) | (80.0%) | (14.0%) |
| Estates & Hard Facilitie | 644 | 573 | 3,892 | 3,646 | 247 | 8,087 | 8,080 | 7 | 6.3% | 0.1% |
| Finance Directorate | (185) | 32 | (1,084) | 81 | (1,165) | (4,669) | (7,203) | 2,534 | (107.5%) | 54.3% |
| Health Policy | 10 | 0 | 10 | 0 | 10 | 20 | 20 | 0 | 95.2% | 0.0% |
| Improvement & Innovation | 1,655 | 1,389 | 10,455 | 9,899 | 556 | 20,385 | 19,935 | 450 | 5.3% | 2.2% |
| Medical Director | 187 | 284 | 1,239 | 1,642 | (403) | 2,408 | 2,266 | 141 | (32.5%) | 5.9% |
| Medical Officer of Health | 842 | 540 | 842 | 540 | 303 | 2,013 | 2,263 | (250) | 35.9% | (12.4%) |
| Medical Services | 1,791 | 1,879 | 10,869 | 11,408 | (538) | 21,618 | 22,910 | (1,293) | (5.0%) | (6.0%) |
| Mental Health | 842 | 922 | 5,804 | 6,841 | (1,037) | 10,858 | 12,157 | (1,299) | (17.9%) | (12.0%) |
| Non-Clinical Support Ser | 312 | 272 | 2,142 | 2,128 | 14 | 4,153 | 4,261 | (108) | 0.7% | (2.6%) |
| Patient Access & Clinical Administration | 455 | 461 | 1,751 | 2,113 | (362) | 3,013 | 3,436 | (423) | (20.7%) | (14.0%) |
| Social Care | 1,758 | 1,978 | 10,548 | 11,085 | (537) | 21,097 | 21,916 | (820) | (5.1%) | (3.9%) |
| Surgical Services | 689 | 798 | 4,134 | 4,981 | (847) | 8,268 | 10,586 | (2,318) | (20.5%) | (28.0%) |
| Tertiary Care | 1,145 | 1,453 | 7,817 | 10,001 | (2,185) | 14,689 | 17,194 | (2,505) | (27.9%) | (17.1%) |
| Women Children & Family | 197 | 117 | 1,232 | 959 | 273 | 2,415 | 1,985 | 430 | 22.2% | 17.8% |
| Workforce Directorate | 117 | 58 | 811 | 668 | 142 | 1,511 | 1,511 | 0 | 17.6% | 0.0% |
| **Grand Total** | **11,164** | **11,269** | **64,548** | **69,642** | **(5,094)** | **123,852** | **129,047** | **(5,195)** | **(7.9%)** | **(4.2%)** |

## Appendix 6 – Income Position

| Subjective Category Detail | Current Month Budget (£'000) | Current Month Actual (£'000) | Full Year Budget (£'000) | Full Year Actual (£'000) | Full Year Variance (£'000) | Full Year Budget (£'000) | Full Year Forecast (£'000) | Full Year Variance (£'000) | Full Year % Variance | Full Year % Variance |
|---|---|---|---|---|---|---|---|---|---|---|
| Sale of Services | (3,086) | (2,433) | (15,856) | (13,238) | (2,618) | (36,233) | (29,750) | (6,484) | (16.5%) | (17.9%) |
| Patient Charges | (46) | (1) | (205) | (34) | (170) | (403) | (416) | 14 | (83.2%) | 3.4% |
| Other Fees | (17) | (24) | (104) | (149) | 45 | (207) | (235) | 28 | 43.7% | 13.5% |
| Sale of Goods | (17) | (20) | (100) | (105) | 5 | (200) | (189) | (11) | 4.8% | (5.5%) |
| Course Fees | 1 | (8) | 8 | (52) | 60 | 16 | (73) | 89 | 768.8% | 568.0% |
| Fees and fines | (4) | (13) | (21) | (35) | 14 | (42) | (50) | 8 | 67.9% | 20.0% |
| Other Income | (211) | (371) | (1,342) | (1,893) | 551 | 7,821 | 7,232 | 590 | 41.0% | 7.5% |
| **Grand Total** | **(3,379)** | **(2,870)** | **(17,620)** | **(15,507)** | **(2,113)** | **(29,248)** | **(23,482)** | **(5,766)** | **(12.0%)** | **(19.7%)** |

| Care Groups & Directorates | Current Month Budget (£'000) | Current Month Actual (£'000) | Year-to-date Budget (£'000) | Year-to-date Actual (£'000) | Year-to-date Variance (£'000) | Full Year Budget (£'000) | Full Year Forecast (£'000) | Full Year Variance (£'000) | Year-to-date % Variance | Full Year % Variance |
|---|---|---|---|---|---|---|---|---|---|---|
| Chief Nurse | (14) | (5) | (86) | (26) | (59) | (171) | (171) | (0) | (69.1%) | (0.0%) |
| Chief Officer's Department | 0 | (10) | 0 | (38) | 38 | 0 | 0 | 0 | | |
| Community Services | (176) | (210) | (883) | (924) | 41 | (2,118) | (2,130) | 13 | 4.6% | 0.6% |
| Estates & Hard Facilitie | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Finance Directorate | (30) | 0 | (182) | 0 | (182) | 9,916 | 10,005 | (89) | | |
| Improvement & Innovation | 0 | 0 | (162) | (162) | 0 | (162) | (162) | 0 | 0.0% | 0.0% |
| Medical Director | (227) | (356) | (1,362) | (1,690) | 328 | (2,724) | (2,931) | 207 | 24.1% | 7.6% |
| Medical Officer of Health | 0 | (13) | 0 | (13) | 13 | 0 | (14) | 14 | | |
| Medical Services | (885) | (673) | (4,140) | (3,480) | (660) | (10,400) | (6,600) | (3,800) | (15.9%) | (36.5%) |
| Mental Health | (51) | (67) | (226) | (374) | 148 | (518) | (929) | 411 | 65.4% | 79.4% |
| Non-Clinical Support Ser | (200) | (97) | (961) | (822) | (139) | (1,959) | (1,937) | (22) | (14.5%) | (1.1%) |
| Patient Access & Clinical Administration | (4) | (7) | (24) | (44) | 20 | (48) | (92) | 44 | 84.0% | 90.3% |
| Social Care | (503) | (569) | (2,515) | (2,640) | 126 | (6,032) | (6,103) | 71 | 5.0% | 1.2% |
| Surgical Services | (1,262) | (806) | (6,864) | (5,034) | (1,831) | (14,439) | (11,824) | (2,616) | (26.7%) | (18.1%) |
| Tertiary Care | (15) | (17) | (89) | (83) | (6) | (177) | (164) | (13) | (6.5%) | (7.5%) |
| Women Children & Family | (10) | (11) | (126) | (147) | 22 | (414) | (429) | 14 | 17.1% | 3.5% |
| Workforce Directorate | 0 | (28) | 0 | (28) | 28 | 0 | 0 | 0 | | |
| **Grand Total** | **(3,379)** | **(2,870)** | **(17,620)** | **(15,507)** | **(2,113)** | **(29,248)** | **(23,482)** | **(5,766)** | **(12.0%)** | **(19.7%)** |

## END OF REPORT

| | | | |
|---|---|---|---|
| **Report to:** | Health and Care Jersey Advisory Board - Part A – Meeting in Public | | |
| **Report title:** | **People and Culture Committee Report** | | |
| **Date of Meeting:** | 31 July 2025 | **Agenda Item:** | **14a** |

| | |
|---|---|
| **Non-Executive Lead:** | Carolyn Downs CB, Chair of the People and Culture Committee |
| **Report Author:** | Carolyn Downs CB, Chair of the People and Culture Committee |

| | | | | |
|---|---|---|---|---|
| **Purpose of Report:** | Approval ☐ | Assurance √ | Information √ | Discussion ☐ |
| | This paper provides the Board with assurance on the work of the People and Culture Committee and escalate issues as necessary.<br><br>The People and Culture Committee met on Wednesday 25 June. The meeting was chaired by Carolyn Downs CB and had good attendance.<br><br>The Committee welcomed Stephen James, the newly appointed HCJ Director of Workforce. | | | |
| **Summary of Key Messages:** | The Committee reviewed key workforce priorities and risks, noting steady progress in several areas alongside persistent challenges requiring continued focus.<br><br>Strategic improvements to keyworker accommodation were approved to enhance fairness, efficiency, and recruitment support. Workforce planning continues to advance, with notable progress in job planning and rostering, though agency reliance and recruitment delays remain concerns. Sickness absence has emerged as a critical issue, with rates significantly elevated and a detailed review is underway to inform targeted action.<br><br>Employee relations trends are stable, though a rise in dignity and respect cases highlights the need for consistent management practices. Vacancy control reporting is being strengthened to improve transparency, and health and safety performance remains strong, with proactive risk management and audit outcomes providing assurance.<br><br>The Pharmacy Improvement Plan is progressing well, though leadership continuity poses a risk to sustained momentum. The Committee confirmed that current assurance levels within the Board Assurance Framework remain appropriate, with no changes proposed.<br><br>Overall, the Committee remains focused on improving workforce resilience, operational efficiency, and cultural development, with further updates scheduled to support ongoing oversight. | | | |
| **Recommendations:** | The Board is asked to note the report. | | | |

| **Link to Jersey Care Commission (JCC) Domain:** | | **Link to Board Assurance Framework (BAF):** | |
|---|---|---|---|
| Safe | | SR 1 – Quality and Safety | |

| | | | |
|---|---|---|---|
| Effective | | SR 2 – Patient Experience | |
| Caring | | SR 3 – Operational Performance (Access) | |
| Responsive | | SR 4 – People and Culture | √ |
| Well Led | √ | SR 5 – Finance | |

| **Boards / Committees / Groups where this report has been discussed previously:** | | |
|---|---|---|
| **Meeting** | **Date** | **Outcome** |
| N/A | | |

| **List of Appendices:** |
|---|
| Nil |

## MAIN REPORT

The Committee reviewed a range of strategic workforce matters, noting progress across several key areas while identifying ongoing challenges requiring continued oversight.

Summary of key actions, discussions and decision-making arising in the committee meetings.

### HCJ Keyworker Accommodation Update

The Committee endorsed measures to improve the efficiency and fairness of keyworker accommodation, including rental rate harmonisation, removal of the salary cap to broaden eligibility, and a more flexible, needs-based allocation model. These changes aim to address underutilisation and support recruitment, with outcomes to be reviewed as part of financial reporting.

### Workforce Priorities

Steady progress was reported against short-term workforce priorities, particularly in job planning and rostering. Recruitment functions will formally transition to the HCJ Director of Workforce in July 2025, with continued efforts to improve time-to-hire. Agency staffing remains above target, though reductions in nursing and midwifery agency use were noted. Leadership development and talent management were identified as areas for further focus.

### Workforce Metrics Month 5

May's metrics highlighted stable headcount and reduced agency and overtime costs, but a significant rise in sickness absence was flagged as a concern. A detailed analysis of sickness trends has been requested for August, with broader management accountability emphasised.

### Sickness Absence

The Committee endorsed a more strategic approach to managing sickness absence, including the appointment of a dedicated HR consultant and the introduction of a formal savings target as part

of the Financial Recovery Programme (FRP). Data quality issues were acknowledged, and reporting will be refocused on core service areas, with improved validation and oversight mechanisms.

**Employee Relations**
Employee relations activity remains stable, though a rise in dignity and respect cases suggests both increased openness and potential inconsistencies in management practice. The underrepresentation of sickness-related formal cases was noted, and further analysis will be undertaken to support targeted interventions.

**Establishment Vacancy Control Panel**
Concerns were raised about the transparency of current vacancy reporting, particularly regarding posts held vacant without formal submission. A revised reporting approach will be developed to provide a more complete view of vacancy control across the organisation.

**Health and Safety Q1 2025**
The Committee welcomed strong audit outcomes and continued progress in embedding a proactive safety culture. Key risks, including waste disposal and musculoskeletal-related sickness, are being addressed, and a new organisational plan has been launched to strengthen the prevention and management of violence and aggression.

**Pharmacy Improvement Plan**
Positive progress was noted in cultural and operational improvements within the Pharmacy department. Recruitment challenges persist, and leadership continuity was identified as a key risk, with interim roles due to end in September. The Committee emphasised the importance of maintaining momentum through stable leadership.

**Board Assurance Framework**
The Committee confirmed that current assurance levels appropriately reflect key people-related risks. The existing risk rating of 20 was reviewed and deemed appropriate, with no changes proposed.

**END OF REPORT**

| | | | |
|---|---|---|---|
| **Report to:** | Health and Care Jersey Advisory Board - Part A – Meeting in Public | | |
| **Report title:** | **Finance and Performance Committee Report** | | |
| **Date of Meeting:** | 31 July 2025 | **Agenda Item:** | **14b** |

| | |
|---|---|
| **Non-Executive Lead:** | David Keen, Chair of the Finance and Performance Committee |
| **Report Author:** | David Keen, Chair of the Finance and Performance Committee |

| | | | | |
|---|---|---|---|---|
| **Purpose of Report:** | Approval ☐ | Assurance √ | Information ☐ | Discussion ☐ |
| | This paper provides assurance to the HCJ Advisory Board on the work of the Finance and Performance Committee and escalate issues as necessary.<br><br>The Finance and Performance Committee held a meeting on 25 June 2025. The meeting was chaired by Mr David Keen, Non-Executive Director (for Strategic Finance). The meeting was well attended. | | | |
| **Summary of Key Messages:** | The key messages arising from this report are:<br><br>• **Finance**: Forecast deficit of £18m; potential reduction to £10m with cost recovery. Ministers briefed; revised forecast due post-Q2.<br><br>• **Operations**: Stable performance; referral times and DNA rates improved. Staffing and inpatient flow remain challenging.<br><br>• **Emergency Preparedness, Resilience and Response (EPRR)**: Legislative updates underway; ambulance service integrated; HazMat capability limited but procurement planned.<br><br>• **Winter Planning**: High demand managed; focus on flow, workforce, and sustainable delivery for 2025–26.<br><br>• **Commissioning**: Data inconsistencies noted; Partnership Board an opportunity to drive system-wide alignment.<br><br>• **Private Patients**: Income growing but below pre-COVID in areas; strategy aims to boost public benefit and quality.<br><br>• **Establishment Vacancy Control Panel (EVCP)**: Process inefficiencies flagged; new e-form trialled to streamline approvals.<br><br>• **Board Assurance Framework (BAF):** No change to risk scores; full review scheduled for September. | | | |
| **Recommendations:** | The Board is asked to note the report. | | | |

| | |
|---|---|
| **Link to Jersey Care Commission (JCC) Domain:** | **Link to Board Assurance Framework (BAF):** |

| | | | |
|---|---|---|---|
| Safe | √ | SR 1 – Quality and Safety | |
| Effective | √ | SR 2 – Patient Experience | |
| Caring | | SR 3 – Operational Performance (Access) | √ |
| Responsive | | SR 4 – People and Culture | |
| Well Led | √ | SR 5 – Finance | √ |

| **Boards / Committees / Groups where this report has been discussed previously:** | | |
|---|---|---|
| **Meeting** | **Date** | **Outcome** |
| Nil | | |

| **List of Appendices:** |
|---|
| Nil |

## MAIN REPORT

Summary of key actions, discussions and decision-making arising in the committee meetings.

Financial Performance

a. Finance Report Month 5

The Committee reviewed the Month 5 financial position, noting a forecast year end deficit of £18 million, with a potential reduction to up to £10 million through enhanced cost recovery efforts. A cost reduction plan is in place, supported by executive oversight, and a revised forecast is expected following Q2. Ministers have been briefed on the financial outlook, including pressures from health inflation and demographic trends, and discussions are ongoing regarding the 2026 budget.

The Committee acknowledged cautious optimism around the financial trajectory and the importance of aligning future funding with realistic service demands.

Operational Performance

a. Performance Indicators Month 5

Performance across elective, inpatient, and emergency care remains stable, with improvements in referral response times and reduced DNA rates. However, inpatient flow and surgical staffing capacity continue to pose challenges. The use of GLP-1 medications is being explored as an alternative to bariatric surgery.

In community and mental health services, recruitment remains difficult, particularly in psychiatry, and concerns persist around the quality of patient engagement. Despite these pressures, most performance indicators have held steady or improved, reflecting operational resilience.

b. Emergency Preparedness, Resilience and Response

The Committee received an update on EPRR activity, noting that Jersey's legislative framework remains in need of updating, though efforts are underway to align with UK standards. Key developments include improved inter-island collaboration, participation in national exercises, and progress on business continuity planning. While in-hospital HazMat decontamination capability remains limited, future procurement is planned.

The ambulance service is now integrated into EPRR planning, and recent incidents have been managed without patient harm.

c. Winter Plan 2025

The 2024–25 winter season saw significantly increased demand, particularly in emergency care, but HCJ maintained elective and outpatient activity due to expanded bed capacity and operational improvements. The Committee discussed the need to rebalance public and private activity, improve vaccination uptake, and ensure workforce availability matches physical capacity.

Planning for 2025–26 will focus on admission avoidance, patient flow, and sustainable service delivery, with the new hospital expected to provide long-term resilience.

Commissioning and Partnerships

The Committee reviewed a revised commissioning report. Broader issues include inconsistent performance data across providers and the need for a more equitable and transparent commissioning framework. The upcoming Partnership Board is seen as a key opportunity to address these challenges and align commissioning practices system-wide.

Private Patients Services Strategy Progress Update

The Committee received an update on the private patient strategy, which aims to grow this income for the benefit of the public service and enhance service quality. While income is increasing, in some areas it remains below pre-COVID levels due to capacity constraints. Recent improvements include tariff updates, consultant engagement, and ring-fenced accommodation. The long-term ambition could be to position Jersey as a healthcare destination, though this will be explored incrementally.

Establishment Vacancy Control Panel (EVCP) Report

The Committee discussed the effectiveness of the EVCP. Concerns were raised about administrative burden and inefficiencies due to overlapping systems. A new e-form is being trialled to streamline the process, and future changes will align with this system. Emphasis was placed on enforcing standards and ensuring that only well-prepared submissions are considered.

Board Assurance Framework

The Committee reviewed the current BAF, with no changes made to the existing risk scores: Finance remains at 25 and Access at 16.

A full review and reset of the BAF is scheduled for September, to coincide with the review of the Committee's terms of reference. Ongoing scrutiny of key controls and assurances will continue throughout the year.

**END OF REPORT**

| | | | |
|---|---|---|---|
| **Report to:** | Health and Care Jersey Advisory Board - Part A – Meeting in Public | | |
| **Report title:** | **Quality, Safety and Improvement Committee Report** | | |
| **Date of Meeting:** | 31 July 2025 | **Agenda Item:** | **14c** |

| | |
|---|---|
| **Non-Executive Lead:** | Dame Clare Gerada DBE, Chair of the Quality, Safety and Improvement Committee |
| **Report Author:** | Dame Clare Gerada DBE, Chair of the Quality, Safety and Improvement Committee |

| | | | | |
|---|---|---|---|---|
| **Purpose of Report:** | Approval ☐ | Assurance √ | Information ☐ | Discussion ☐ |
| | This paper provides assurance to the HCJ Advisory Board on the work of the Quality, Safety and Improvement Committee and escalate issues as necessary.<br><br>The Quality, Safety and Improvement Committee met on Thursday 26 June 2025. The meeting was chaired by Dame Clare Gerada. | | | |
| **Summary of Key Messages:** | The key messages arising from this report are:<br><br>• **Strong Clinical Performance**: Infection control, maternity safety, and theatre utilisation remain high, with notable improvements in hygiene, audit compliance, and emergency care.<br>• **Safeguarding and Patient Experience**: Legacy safeguarding cases are resolved, training compliance is improving, and patient experience initiatives—such as PALS and cultural change programmes—are delivering positive impact.<br>• **Operational Challenges**: Diagnostics and neurodevelopmental services face capacity pressures, with long waits and workforce gaps requiring continued oversight and strategic action.<br>• **Governance and Safety**: Incident reporting is stable, with proactive learning from serious events. Any reported delays in care are under review, and quality improvement efforts are expanding.<br>• **Improvement Plans**: Progress is evident across acute, maternity, rheumatology, radiology, and pharmacy services, with emphasis on cultural reform, digital integration, and patient-centred care.<br>• **Committee Oversight**: Subgroup governance is active, though transfusion services require leadership clarity and compliance assurance.<br>• **Risk Management**: The overarching risk score has been reduced, reflecting improved governance and mitigation progress. | | | |
| **Recommendations:** | The Board is asked to note the report. | | | |

| Link to JCC Domain: | | Link to BAF: | |
|---|---|---|---|
| Safe | √ | SR 1 – Quality and Safety | √ |
| Effective | √ | SR 2 – Patient Experience | √ |
| Caring | √ | SR 3 – Operational Performance (Access) | |
| Responsive | √ | SR 4 – People and Culture | |
| Well Led | √ | SR 5 – Finance | |

| Boards / Committees / Groups where this report has been discussed previously: | | |
|---|---|---|
| **Meeting** | **Date** | **Outcome** |
| N/A | | |

| List of Appendices: |
|---|
| Nil |

**MAIN REPORT**

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

**Infection Prevention and Control (Jan – June 2025)**

The Committee reviewed infection prevention and control performance, noting strong outcomes across key areas. There were no MRSA cases during the period, and C. difficile rates improved significantly, with zero cases reported in May following targeted interventions. Environmental audits returned positive results, particularly impressive given the age of the building, and facilities staff were commended. Initial issues with peripheral venous device audits were addressed, with all areas returning to compliance. Hand hygiene compliance and staff engagement were also highlighted as strengths.

The Committee acknowledged the overall strong performance and expressed appreciation to all staff involved.

**Safeguarding Report (April – May 2025)**

The Committee reviewed safeguarding activities across HCJ, welcoming Dr. Jamie Carter as the Interim Designated Doctor for Safeguarding Children.

The Committee noted continued progress in safeguarding, including improved training compliance and completion of all legacy case reviews. Medical advisory capacity remains limited but is being supported by locums. Multi-agency collaboration has strengthened, and integration of the VAWG strategy into governance was endorsed. Focus areas include training, data quality, and adult safeguarding representation.

Overall, the Committee acknowledged the progress made and encouraged continued focus on training, data quality, collaboration, and governance.

**Patient Experience (Q1 2025)**

The Committee noted continued improvements in patient experience, including the success of PALS in supporting early resolution, elimination of the complaints backlog, and enhanced training for care support workers. Priorities include better feedback systems, pain management, and discharge communication. Cultural change initiatives are addressing staff behaviour concerns, and efforts to embed patient voice and representation across governance structures are progressing.

**Quality Indicators – Month 5**

The Committee reviewed service performance, highlighting strong theatre utilisation (78.3%), effective emergency bed management, and positive maternity outcomes. Challenges remain in diagnostics, with a significant backlog, and in managing long waits for some surgical specialities and neurodevelopmental services. Mental health response times are generally strong, though memory service delays and post-discharge follow-up gaps were noted. Safeguarding risks linked to service delays were acknowledged, with a call to embed safeguarding across all quality domains.

**Quality and Clinical Governance (Month 4/5)**

The Committee noted stable incident reporting, with prompt identification reflecting strong safety processes. Serious incidents and moderate harm cases are under review to support learning. Mortality review completion is improving, and quality improvement efforts are being strengthened. Assessment of HCJ against the Jersey Care Commission's Single Assessment Framework is underway, and audit activity is being prioritised.

**Improvement Plan**

The Committee noted steady progress across key improvement plans. Acute Medicine and Rheumatology have met major targets, while Maternity has transitioned to a long-term strategy with ongoing user involvement. Radiology and Pharmacy continue to advance service redesign, cultural development, and digital integration, though workforce stability remains a challenge. Pharmacy was recognised as a strategic priority requiring sustained focus.

**Committee Subgroups and Hospital Transfusion Committee**

The Committee received updates from the Resuscitation Committee and Medicines Optimisation Committee, noting concerns about leadership for the Hospital Transfusion Committee. A new chair is being sought, with capacity expected to improve by September.

The Organ Donation Committee was confirmed to report biannually, with its last update in May 2025.

**Freedom to Speak Up (FTSU)**

The Committee received a verbal update highlighting significant progress in strengthening the FTSU framework. A clear and consistent escalation process has been co-developed with the executive team and formally implemented. All outstanding actions have been resolved, including previous ambiguities around employment-related cases.

An executive paper is being prepared to outline each director's work in leading FTSU in their respective areas of responsibility. External engagement is also planned, including a two-day visit from the regional FTSU Guardian to support best practice in leadership and responsiveness to staff concerns.

Governance has been enhanced through monthly meetings between the FTSU Guardian and the executive team, ensuring accountability and follow-through. The Committee welcomed the maturing FTSU culture and endorsed continued oversight to maintain momentum and visibility.

**Board Assurance Framework**

The Committee reviewed the BAF and agreed to reduce the overarching risk score for safe and effective care from 20 to 15, reflecting progress in safety culture, governance, and completion of mitigating actions. Executive Directors will update actions and KPIs as Q2 concludes, with further updates due at quarter-end.

**END OF REPORT**

Health and Care Jersey

| | | | |
|---|---|---|---|
| **Report to:** | Health and Care Jersey Advisory Board – Part A – Meeting in Public | | |
| **Report title:** | **Board Assurance Framework** | | |
| **Date of Meeting:** | 31 July 2025 | **Agenda Item:** | **15** |

| | |
|---|---|
| **Executive Lead:** | Health and Care Jersey Advisory Board |
| **Report Author:** | Emma O'Connor Price, Board Secretary |

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|---|---|---|---|---|
| **Purpose of Report:** | Approval ☐ | Assurance √ | Information ☐ | Discussion ☐ |
| | This paper provides the Board with key strategic risks to the achievement of the annual strategic objectives 2025. | | | |
| **Summary of Key Messages:** | The key messages arising from this report are:<br><br>Following the Committee meetings held in June 2025, the following was agreed in relation to risk scoring,<br><br>- **Quality and Safety**: reduced from 20 to 15<br>- **Patient Experience**: remains at 12<br>- **Operational Performance (Access)**: remains at 16<br>- **People and Culture**: remains at 20<br>- **Finance**: remains at 25 | | | |
| **Recommendations:** | The Board is asked to approve the risks and confirm that they are an accurate representation of the current significant risks to the delivery of HCJ's strategic objectives. | | | |

| **Link to Jersey Care Commission:** | | **Link to Board Assurance Framework:** | |
|---|---|---|---|
| Safe | | SR 1 – Quality and Safety | √ |
| Effective | | SR 2 – Patient Experience | √ |
| Caring | | SR 3 – Operational Performance (Access) | √ |
| Responsive | | SR 4 – People and Culture | √ |
| Well Led | √ | SR 5 – Finance | √ |

| **Boards / Committees / Groups where this report has been discussed previously:** | | |
|---|---|---|
| **Meeting** | **Date** | **Outcome** |
| Each Committee | June 2025 | See committee reports (item 15) |

| **List of Appendices:** |
|---|
| **Appendix 1: Board Assurance Framework** |

## MAIN REPORT

The Board Assurance Framework (BAF) provides a robust foundation to support Health and Care Jersey's (HCJ) understanding and management of the risks that may impact delivery of the 2025 corporate objectives.

The HCJ Advisory Board is responsible for reviewing the BAF to ensure that there is an appropriate spread of strategic objectives and that the main risks have been identified.

Each risk within the BAF has a designated Executive Director lead whose role includes routinely reviewing and updating the risks,

- Testing the accuracy of the current risk score based on the available assurance(s) and / or gaps in assurance.
- Monitoring progress against action plans developed to mitigate the risk.
- Identifying any risks for addition or deletion.
- Where necessary, commissioning a more detailed review (deep dive) into specific risks.

### BAF Review

**Quality and Safety:** The Quality, Safety and Improvement Committee met on the 26 June 2025. The Committee reviewed the BAF and agreed to reduce the overarching risk score for safe and effective care from 20 to 15, reflecting progress in safety culture, governance, and completion of mitigating actions.

**Patient Experience**: The Quality, Safety and Improvement Committee met on the 26 June 2025. Agreement that the level of risk remains 8.

**Operational Performance**: The Finance and Performance Committee met on 25 June 2025. Agreement that the level of risk remains 16.

**Workforce and Culture**: The People and Culture Committee met on 25 June 2025. The current level of risk remains at 20 and the committee is satisfied that the key risks are addressed throughout the committee agenda.

**Finance**: The Finance and Performance met on 25 June 2025. The current level of risk remains 25.

### New Risks Recommended for Inclusion in the BAF

No new risks have been added to the BAF.

### Risks Accepted and De-Escalated from the BAF

No risks have been accepted or de-escalated from the BAF since the last Board meeting in September 2024.

### Review Date

The BAF is reviewed bi-monthly by the Board and the committees of the Board. Each committee will be asked to consider their relevant section of the BAF aligned to the 2025 Annual Plan objectives.

**END OF REPORT**

Health and Care Jersey

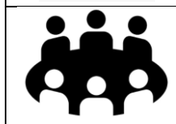
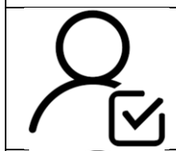
# Board Assurance Framework

## 2025

The content of this report was last reviewed as follows:

| | |
|---|---|
| Quality, Safety and Improvement Committee | 26 June 2025 |
| People and Culture Committee | 25 June 2025 |
| Finance and Performance Committee | 25 June 2025 |
| HCJ Advisory Board Workshop (Non-Executive Directors and Executive Directors) | 26 March 2025 |

**How the Board Assurance Framework Fits in**

| | |
|---|---|
|  | **Strategy**: The Health and Care Services Division Annual Plan 2025 provides Health and Care Jersey (HCJ) and the Board with key objectives and actions for 2025 whilst outlining the overall connection to the Common Strategic Policy, ministerial priorities and Government of Jersey values. The Annual Plan 2025 objectives and actions have been developed based on key themes arising from 2024 and through various workshops with colleagues. |
|  | **Corporate objectives**: The Board has agreed a number of objectives against each strategic priority which set out in more detail what we plan to achieve. These are specific, measurable, achievable, realistic and timed to ensure that they are capable of being measured and delivered. The objectives focus on delivery of the Annual Plan 2025 and what HCJ needs to prioritise and focus on during the year to progress the longer-term ambitions within the strategy. |
|  | **Board assurance framework**: The board assurance framework (BAF) provides a mechanism for the Board to monitor the effect of uncertainty on the delivery of the agreed objectives by the executive team. The BAF contains risks that are most likely to materialise and those that are likely to have the greatest adverse impact on delivering the strategy. The BAF will drive the board and committee agendas. |
|  | **Seeking assurance:** To have effective oversight of the delivery of the objectives, the Board uses its committee structure to seek assurance on its behalf. Each objective is allocated to a monitoring committee which will seek assurance on behalf of, and report back to, the Board. |
|  | **Accountability:** Each strategic risk has an allocated director who is responsible for leading on delivery. In practice, many of the strategic risks will require input from across the executive team, but the lead director is responsible for monitoring and updating the BAF and has overall responsibility for delivery of the objective. |
|  | **Reporting:** To make the BAF as easy to read as possible, visual scales based on a traffic light system to highlight overall assurance are used. Red indicates items with low assurance, amber shows items with medium assurance and green shows items with high assurance. |

## Risk Rating Matrix (Likelihood x Impact)

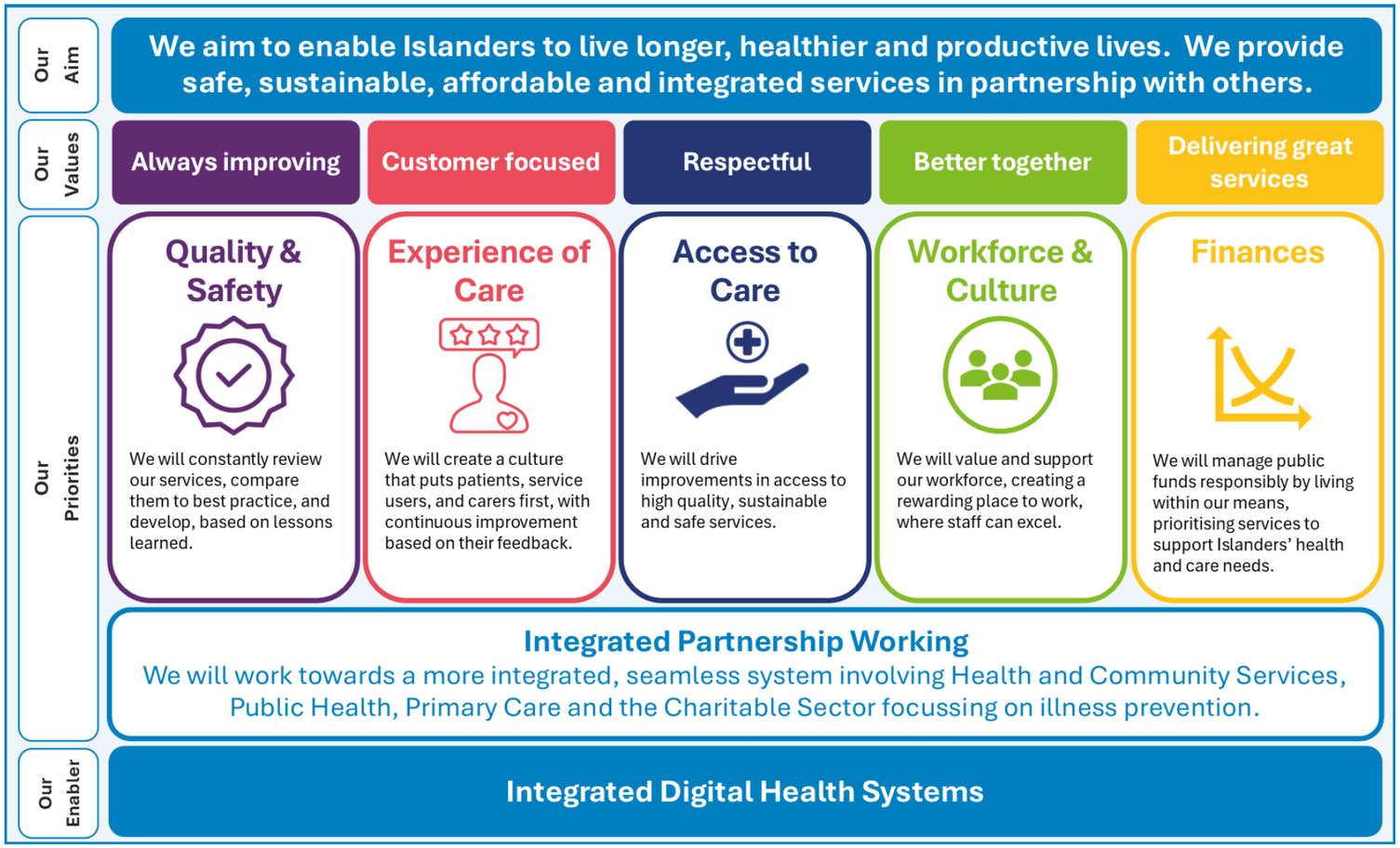
| Likelihood ↓ / Impact → | Negligible 1 | Minor 2 | Moderate 3 | Major 4 | Severe 5 |
|---|---|---|---|---|---|
| Almost Certain 5 | Low | Moderate | High | High | High |
| Likely 4 | Low | Moderate | Moderate | High | High |
| Possible 3 | Low | Low | Moderate | Moderate | High |
| Unlikely 2 | Low | Low | Low | Moderate | Moderate |
| Very Unlikely 1 | Low | Low | Low | Low | Low |

## Executive Director Leads

| | | | |
|---|---|---|---|
| **CO:** | Chief Officer | **FBP:** | Head of Finance Business Partner |
| **COO:** | Chief Operating Officer – Acute Services | **DW:** | Director of Workforce |
| **DMH:** | Director of Mental Health, Social Care and Community Services | **DDH:** | Director of Digital Health and Informatics |
| **CN:** | Chief Nurse | **DSP:** | Director of Strategic Planning and Projects |
| **MD:** | Medical Director | | |

| DEFINITIONS | |
|---|---|
| **Strategic priority:** | The strategic priority that the corporate objective aligns to: Quality and Safety, Experience of Care, Access to Care, Workforce and Culture, Finances. |
| **Strategic risk:** | Principal risks that populate the BAF; defined by the Board and managed through Lead Committees and Directors. |
| **Linked risk:** | The key risks from the operational risk register which align with the strategic priority and have the potential to impact on objectives. |
| **Controls:** | The measures in place to reduce either the strategic risk likelihood or impact and assist to secure delivery of the strategic objective. |
| **Gaps in controls:** | Areas that require attention to ensure that systems and processes are in place to mitigate the strategic risk. |
| **Assurances:** | The three lines of defence which provide confirmation that the controls are working effectively.<br>- 1st Line functions that own and manage the risks,<br>- 2nd line functions that oversee or specialise in compliance or management of risk,<br>- 3rd line function that provides independent assurance. |
| **Gaps in assurances:** | Areas where there is limited or no assurance that processes and procedures are in place to support mitigation of the strategic risk. |
| **Risk treatment:** | Actions required to close the gap(s) in controls and / or assurance, with timescales and identified owners. Terminate, Transfer, Tolerate, Treat and / or Take the opportunity. |
| **Monitoring:** | The forum that will monitor completion of the required actions and progress with delivery of the allocated objectives. |

## Our approach




## 2025 Corporate Objectives

### Quality and Safety

We will...

- Follow the Duty of Candour as a commitment to transparency, honesty and accountability to improve patient, service user and client safety.
- Deliver the best possible clinical / care outcomes to improve clinical effectiveness / care delivery.
- Embed a culture of continuous quality improvement to improve clinical effectiveness / care delivery.
- Review the surgical patient pathway to improve patient safety.
- Improve the standard of clinical documentation across HCJ in line with professional standards.

### Access to Care

**We will...**

- Develop diagnostic testing pathways in emergency and planned care to ensure proper use of diagnostic testing services.
- Make outpatient services more efficient with better processes.
- Work with our partners to ensure patients, clients and service users have access to the right care in the right place at the right time.

### Experience of Care

We will...

- Regularly ask for feedback from patients, service users, clients and carers and use it to continually improve their experience.
- Involve patients, service users and clients in their health and social care to ensure they and their carers feel informed and well cared for.

### Finances

We will...

- Provide the best service possible within our budget by balancing income and expenses, meeting prioritised needs, whilst ensuring we communicate and engage with staff.
- Review and manage our provider and supplier contracts to ensure Islanders receive quality care, services, and products at good value.
- Continue to identify and develop areas for income generation which will help us to provide quality services for Islanders.

### Workforce and Culture

We will...

- Create an Organisational development Strategy and a People and Culture Plan to ensure a well-led workplace where staff feel engaged, valued and safe.
- Create a Workforce Strategy and plan to ensure we have a sustainable and suitable workforce.
- Improve our recruitment processes to make it faster and more effective.
- Use detailed workforce data to support better people management.
- Improve staff management by using e-rostering and job planning, while supporting their development through effective appraisal.

**Risk Appetite**

Health and Care Jersey

# HCJ Risk Appetite Statement

*This Appetite Statement was reviewed by Executive and Non-Executive Directors in a workshop on 27 Nov 2024 and then approved by the HCJ Chief Officer on 13 January 2025:*

1. **Financial Risk Appetite**:
   - **Appetite**: LOW **Risk Level:** *1-7 (Minimal)*
   - **Definition**: Avoidance of budget overspend is mandatory. We are only willing to accept the within budget option as value for money (VfM) is the primary concern
   - We do however, have a **Moderate** appetite for investments that have a high probability of returning in year savings.
   - **Justification:**
     - **Compliance** with the Public Finance Manual is mandatory, including achieving financial balance within expenditure limits
     - **Decision Responsibility**: While we prioritise VfM, we tightly control any budget overspend with limited exceptions under Scheme of Delegation approval, when necessary or beyond our control. In such cases there must be dialogue with Treasury to address any overspend at whole department level
     - **Resourcing**: Our resources are generally constrained by existing commitments (within budget threshold)

2. **Compliance / Regulatory Risk Appetite**:
   - **Appetite** MODERATE **Risk Level:** *8-12 (Cautious)*
   - **Definition**: We approach compliance and regulatory risks cautiously, favouring safe delivery options with minimal inherent risk. Our aim is to comply fully, where possible, when making improvements to deliver Strategic Aims* for example, access to care, patient outcomes, patient experience
   - **Justification**: Our appetite for risk exposure is limited
   - **Legal challenge**: We aim to reasonably ensure just outcomes in any challenge
   - **Decision responsibility**: Some delegation exists within legal / regulatory frameworks (e.g. Data Protection). Referrals are made to Law Officers' Department for specialist legal advice

3. **Innovation Risk Appetite**:
   - **Appetite**: MODERATE-HIGH **Risk Level:** 8-12 (Open)
   - **Definition**: We are open to considering all potential delivery options while ensuring an acceptable level of VfM
   - **Justification**: We actively support innovation, demonstrating improvements to deliver Strategic Aims*
   - **Clinical Expertise**: Routine use of systems and technology enables operational delivery
   - **Decision Responsibility**: Non-critical decisions may be devolved, and effective planning, post-implementation reviews and incident alerts mitigate change risk

4. **Risk Appetite for Clinical / Patient Safety**:
   - **New Treatments Appetite**: MODERATE **Risk Level:** *8-12 (Cautious)*
   - **Patient Safety Appetite**: LOW **Risk Level:** *1-7 (Minimal)*
   - **Definition:** Preference for safe delivery options with low inherent risk and seek to minimise risk prior to delivering improvements to deliver Strategic Aims*
   - **Justification:**
     - **Routine Procedures**: Tendency to perform work with little to no harm. Moderate harm procedures considered only when no alternatives exist
     - **Patient Experiences:** Any realised negative experiences are expected to be low impact
   - **Decision Responsibility:** Little devolution of decisions. Held by individual clinicians and relevant clinical leadership for each speciality

5. **Risk Appetite for Reputation Risk**:
   - **Appetite:** MODERATE **Risk Level:** *8-12 (Cautious)*
   - **Definition**: We have a cautious approach to reputational risk. Preference for options that have a low degree of inherent risk accepting that may limit the potential for improvements to deliver Strategic Aims*.
   - **Justification**:
     - **Exposure to Scrutiny/Interest**: Appetite for risk taking limited to those events where there is little chance of any significant repercussion for the organisation should there be a failure.
     - **Prospective Reputation Management**: Mitigations in place for any undue interest
   - **Decision Responsibility:** Delegation of authority generally held by senior management

6. **Risk Appetite for People / Health and Safety Risk**:
   - **Appetite**: MODERATE **Risk Level:** *8-12 (Cautious)*
   - **Definition**: We exercise caution, preferring safe delivery options with low inherent risk accepting that this may limit the potential for improvements to deliver Strategic Aims*
   - **Justification**:
     - **Limited Risks with Repercussions**: We have some appetite for taking limited risks, recognising the chance of repercussions
     - **Mitigations for Significant Liability**: We would require mitigations for any significant liability arising from health and safety risks
   - **Decision Responsibility:** Some delegation is in place to enable decisions to be made affecting people and health and safety risk e.g. policy and working practices

7. **Risk Appetite for Estates and Built Environment Risk**:
   - **Appetite:** MODERATE **Risk Level:** *8-12 (Cautious)*
   - **Definition**: We exercise caution, preferring safe delivery options with low inherent risk and limited potential for improvements to deliver Strategic Aims*
   - **Justification**:
     - **Estate Risk Consequences**: HCJ has to take risks related to estates and the built environment due to status of current buildings
     - **Mitigations for Significant Risks**: We recognise that mitigations would be necessary for any significant risks and are based on regular professional assessment
     - **Decision Responsibility**: Some delegation is in place to make decisions regarding the department's Estates often as part of Third-Party Contractual agreements

8. **Risk Appetite for Environment Risk** *(Government of Jersey risk score)*:
   - **Appetite**: LOW **Risk Level:** *1-7 (Minimal)*
   - **Definition**: We prioritise ultra-safe delivery options with minimal inherent risk and limited benefit potential (ALARP - as little as reasonably possible)
   - **Justification**:
     - **Island's Ability to Respond**: HCJ has a **low appetite for risk** that could impact the Island's ability to respond to actual or potential threats affecting living organisms and the environment. Threats may arise from effluents, emissions, wastes, resource depletion etc.
     - **Decision Responsibility**: Little devolution of decisions.

Sources

a. Risk Appetite for NHS Organisations – example from the Good Governance institute
b. HCJ Risk Appetite Tool (Matrix)
c. GoJ risk appetite statement: See p32 of Government of Jersey Enterprise Risk Management Strategy
d. Risk Appetite Statements - Institute of Risk Management
e. Risk Appetite Statement Examples — RiskOptics - Reciprocity
f. What is a Risk Appetite Statement? | Workiva
g. Risk appetite PDF version

## Summary Position End of Q2 2025

| Strategic Risk | Risk Score | | | | Rationale for change in risk score |
|---|---|---|---|---|---|
| | Previous Mar 2025 (workshop) | Current 30 June 2025 | Target | Direction of Travel | |
| **Objective: We will constantly review our services, compare them to best practice, and develop, based on lessons learned** | | | | | |
| Our patients do not receive safe and effective care built around their needs because we fail to build and embed a culture of quality improvement and learning across the organisation. | **20** | **15** | **10** | ↓ | **Likelihood decreased:** The Committee reviewed the BAF and agreed to reduce the overarching risk score for safe and effective care from 20 to 15, reflecting progress in safety culture, governance, and completion of mitigating actions. |
| **Objective: We will drive a culture that places the patient / service user at the heart of everything we do and champions the use of continuous improvement that is rooted in their feedback** | | | | | |
| We are unable to meet the needs of patients because we fail to understand and learn from feedback (patients, service-users, carers) alongside other sources of intelligence. | **12** | **12** | **6** | ↔ | **N/A** |
| **Objective: We will drive improvements in access to high quality, sustainable and safe services** | | | | | |
| Our patients do not receive timely access to the care they need due to delays in treatment. | **16** | **16** | **10** | ↔ | **N/A** |
| **Objective: We will lead well and support the development a right sized and profiled high performing workforce, creating a compassionate, just and restorative culture.** | | | | | |
| We are unable to meet the changing needs of patients and the wider system because we do not recruit, educate, develop and retain a modern and flexible workforce and build the leadership we need at all levels. | **20** | **20** | **4** | ↔ | **N/A** |
| **Objective: We will manage public funds responsibly by living within our means, prioritising services to support Islanders' health and care needs** | | | | | |
| We do not achieve financial sustainability including under delivery of cost improvement plans and failure to realise wider efficiency opportunities. | **25** | **25** | **9** | ↔ | **N/A** |

## Heat Map of Current Risks

| Likelihood ↓ / Impact → | Negligible 1 | Minor 2 | Moderate 3 | Major 4 | Severe 5 |
|---|---|---|---|---|---|
| **Almost Certain 5** | | | | | **Finance** |
| **Likely 4** | | | | **Access** | **People and Culture** |
| **Possible 3** | | | | **Patient Experience** | **Quality and Safety** |
| **Unlikely 2** | | | | | |
| **Very Unlikely 1** | | | | | |

| **Corporate Objective**: We will constantly review our services, compare them to best practice, and develop, based on lessons learned. | | | | | | | **Overall Assurance Level** | **Medium** |
|---|---|---|---|---|---|---|---|---|
| **Principal risk** What could prevent us achieving our objective | **Risk Statement** | Our patients do not receive safe and effective care built around their needs because we fail to build and embed a culture of quality improvement and learning across the organisation. | | | | | | |
| **Lead Committee:** | **Quality Safety & Improvement** | **Risk Rating:** | **Inherent Risk:** | **Current Risk:** | **Target Risk:** | **Risk Category:** | Clinical / Patient Safety | |
| **Lead Director:** | Medical Director Chief Nurse | **Likelihood:** | **5** | **3** | **2** | **Risk Appetite:** | **LOW** | |
| **Date risk opened:** | **1 Jan 2024** | **Impact:** | **5** | **5** | **5** | **Linked Risks:** | | |
| **Date of last review:** | 26 June 2025 | **Risk Rating:** | **25** | **15** | **10** | **Risk Treatment:** | Treat | |

**Relevant Key Performance Indicators**

| | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| Number of falls resulting in harm (moderate/severe) / 1000 bed days | 0.16 | 0. | | |
| Number of Serious Incidents reported | 18 | 11 | | |
| % of patients will have a VTE risk assessment completed within 14 hours, and within 24 hours, of admission | 30.4% (24Hrs) 17.9% (14Hrs) | 68.5% (24 Hrs) 48.7% (14 Hrs) | | |
| Number of medication errors resulting in harm / per 1000 bed days | 2.01 | 1.27 | | |
| Number of 'Never Events' | 1 | 1 | | |
| Number of cat 3/4 pressure injury & deep tissue injury acquired in care / 1000 bed days | 0.27 | 0.66 | | |
| Twice Yearly Crude Mortality Rate | 2.321 | 1.743 | | |
| Number of Mortality Learning Reviews, and the proportion which resulted in a referral to the Viscount | 30 MLR 0% refs | 11MLR | | |
| C.diff and rates per 1000 bed days | 3 cases | 5 cases | | |
| MRSA bacteraemia per 1000 bed days | 0 cases | 0 cases | | |
| % of patients will have a completed nutritional assessment (MUST) within 24 hours of admission | 74% | 67.5% | | |
| % of patient handovers at ED greater than 30 minutes | | | | |
| Number of delayed responses to CAT1 incidents (greater than 15 mins) | | | | |
| No of SoJAS patient safety events with moderate, severe or fatal physical harm | | | | |

| **Opportunity / Threat Linked Risk** | **Existing Controls**<br>What are we currently doing about the risk? | **Assurances**<br>How do we know if the things we are doing are having an impact? | **Effectiveness of controls**<br>What additional controls should we seek? | **Mitigating actions: (What more should we do?)** | **Due Date / By Whom** |
|---|---|---|---|---|---|
| Threat | Quality Governance Structure in place; the Health and Care Jersey Advisory Board has established a Quality, Safety and Improvement (QSI) Committee which is a delegated sub committed of the Board. This reports formally to the Bi-monthly HCJ Advisory Board. The Quality, Safety & Improvement committee meets bimonthly and gains assurance from reporting processes across the organisation in line with JCC universal requirements.<br><br>Quality and Safety Team in place to facilitate embedding quality and safety across HCJ.<br><br>Clinical effectiveness processes including clinical audit, NICE guidance compliance and Getting It Right First Time (GIRFT), SOPs and other guidelines.<br><br>Structure and processes in place for staff to raise or escalate issues (Escalation Policy, GOJ HR Policies, Freedom to Speak Up Guardian, Incident Reporting System, Wellbeing Team). | **1st Line:**<br><br>Monthly Care Group Governance meetings review quality metrics which can be escalated to weekly executive care group meeting.<br><br>Executive leadership of improvement plans e.g. Medicine and Maternity with quarterly reporting to QSI committee with formal reporting to HCJ Advisory Board.<br><br>**2nd Line:**<br><br>Monthly Executive Care Group governance meetings review quality metrics to escalate to the executive leadership team meeting.<br><br>Quality, Safety, and Improvement (QSI) Committee quarterly reports, including:<br>• QPR Quality Indicators<br>• Quality & Clinical Governance<br>• Serious Incidents and safety events | Multidisciplinary (MDT) peer-to-peer reviews of all clinical areas.<br><br>Implementation of HQIP programme.<br><br>Quality Assurance Audit Programme.<br><br>Access to SI Investigators.<br><br>Compliance with NICE and best practice guidance. | Fully implement Medical Rostering and a Job Planning Steering Group.<br><br>HQIP audits, with assignment of owners and data collection.<br><br>Purchase and implement an App called Tendable to assess and improve quality across clinical areas.<br><br>Training of additional SI investigators<br><br>Monitoring through Care Group Governance and Medicines Optimisation committee | Medical Director During 2025.<br><br>Associate Director of Quality and Safety Entered HQIP November 2024.<br><br>Associate Chief Nurse Completed Q4 2024<br><br>Associate Director Quality and Safety Completed Q2 2025<br><br>Medical Director Completed Q4 2024 |

| | | | | | |
|---|---|---|---|---|---|
| | Processes in place to seek and receive patient feedback via multiple channels (surveys, complaints processes, Patient Advisory and Liaison Services (PALS), Patient Feedback, Government website) Expert user groups.<br><br>Strategic policies and procedures (SI Policy, Incident Management Policy, Risk Management Policy, Safeguarding, Infection Prevention and Control).<br><br>Continue to undertake MLRs in cases of in hospital mortality and work with Viscount office to establish a medical Examiner framework.<br><br>Learning from Deaths Framework<br><br>Identification of themes from SIs and priority improvements.<br><br>Development and implementation of action plans to address quality and safety issues recommendations raised through reviews.<br><br>Service improvement plans (e.g. Medicine, Maternity, Rheumatology).<br><br>Clinical appraisal and revalidation.<br><br>Job Planning (Medical and Specialist Nurses)<br><br>Ambulance Cat 1 monitoring group reviews all out of performance Cat 1 calls.<br><br>Ambulances handover delays are monitored and escalated through ED management. Plans in place with the General Manager to reduce delays. | • NICE and CAS alerts<br>• Mortality and Morbidity<br>• Infection Prevention & Control<br>• Safeguarding<br>• Safer Staffing<br>• Patient Experience indicators<br>• Quality Improvements<br>• Changes to policy<br>• Preparation for JCC assessment.<br><br>Integrated Quality and Performance Report (QPR) reviewed by the QSI Committee and the HCJ Advisory Board.<br><br>NICE guidance compliance data reviewed by the QSI Committee and HCJ Advisory Board.<br><br>'Professional concerns' as a standing agenda item for the Health Advisory Board (Part B).<br><br>Monthly Tendable patient experience audit.<br><br>Number of compliments and complaints reported and reviewed monthly at governance review meetings. Assurance report provided to quarterly QSI committee.<br><br>Serious incidents reviewed weekly by the Serious Incident Review Panel (SIRP) with focus placed on identifying patient safety improvements. Monthly review of SI activity reviewed at the Senior Leadership Team (SLT) meeting and quarterly by the QSI Committee. Bimonthly Part B of HCJ Advisory Board.<br><br>Reporting of the progress of the Recognition, Escalation and Rescue (RER) Programme to the QSI Committee<br><br>Priority improvements highlighted at SI event three working groups established:<br>1- Hydration<br>2- Ward rounds<br>3- SI communication<br><br>Improvement Plan Progress reports are brought to the QSI Committee and, if required to the HCJ Advisory Board<br><br>Appraisal data available monthly through workforce report.<br><br>Mental Health and Capacity Legislation report quarterly to QSI Committee.<br><br>**3rd Line:**<br><br>GIRFT reviews<br><br>Freedom to Speak Up Guardian (FTSU) report to QSI quarterly and the HCJ Advisory Board.<br><br>My Experience Survey real time<br><br>Picker Institute Survey annual<br><br>Invited external reviews | | | |

| | | | | | |
|---|---|---|---|---|---|
| | | Benchmarking of quality KPIs with other organisations<br><br>Benchmarking formally undertaken on rolling programme utilising GIRFT as framework. | | | |

| **Corporate Objective**: We will drive a culture that places the patient / service user at the heart of everything we do and champions the use of continuous improvement that is rooted in their feedback. | | | | | | | **Overall Assurance Level** | **Medium** |
|---|---|---|---|---|---|---|---|---|
| **Principal risk:** What could prevent us achieving our objective | **Risk Statement** | We are unable to meet the needs of patients because we fail to understand and learn from feedback (patients, service-users, carers) alongside other sources of intelligence. | | | | | | |
| **Lead Committee:** | **Quality, Safey and Improvement** | **Risk Rating:** | **Inherent Risk:** | **Current Risk:** | **Target Risk:** | **Risk Category:** | Clinical / Patient Safety | |
| **Lead Director:** | **MD/CN** | **Likelihood:** | **5** | **3** | **3** | **Risk Appetite:** | LOW | |
| **Date risk opened:** | **1 Jan 2024** | **Impact:** | **4** | **4** | **2** | **Linked Risks:** | | |
| **Date of last review:** | **26 June 2025** | **Risk Rating:** | **20** | **12** | **6** | **Risk Treatment:** | Treat | |

| | **Q1** | **Q2** | **Q3** | **Q4** |
|---|---|---|---|---|
| Number of compliments received | 451 | 452 | | |
| Number of complaints received | 45 | 54 | | |
| % of complaints upheld | 48.9% | 33.3% | | |

| **Opportunity / Threat Linked Risk** | **Existing Controls**<br>What are we currently doing about the risk? | **Assurances**<br>How do we know if the things we are doing are having an impact? | **Gaps in existing controls**<br>What additional controls should we seek? | **Risk Treatment**<br>What more should we do? | **Due Date / By Whom** |
|---|---|---|---|---|---|
| Threat | Quality Governance Structure in place; the Health & Care Jersey Advisory Board has established a Quality, Safety & Improvement (QSI) committee which is a delegated sub committed of the Board. This reports formally to the Bi-monthly HCJ Advisory Board. The Quality, Safety & Improvement committee meets bimonthly and gains assurance from reporting processes across the organisation in line with JCC universal requirements.<br><br>Processes in place to seek and receive patient feedback via multiple channels (surveys, complaints processes, Patient Advisory and Liaison Services (PALS), Patient Feedback, Government website).<br><br>Strategic policies and procedures (Patient Feedback, GOJ Customer Feedback Policy, Patient Valuables Policy, Visitors policy).<br><br>Staff attendance at Customer Complaints training and online Customer Service eLearning.<br><br>Establishment of the Patient and Public Panel to gather feedback to inform service change.<br><br>Sharing of results from Picker annual survey across HCJ. | **1st Line:**<br><br>Monthly Care Group Governance meetings review patient experience metrics which can be escalated to monthly executive care group meeting<br>Regulatory Readiness Operational Group reporting to the Regulation Oversight Steering Group<br><br>**2nd Line:**<br><br>Monthly Executive Care Group governance meetings review patient experience metrics to escalate to the executive leadership team meeting.<br><br>Quality, Safety, and Improvement (QSI) committee receive quarterly patient experience report.<br><br>Chief nurse office attendance at patient panel.<br><br>Weekly patient experience update report to ELT and care group leadership team.<br><br>Monthly Tendable patient experience audit.<br><br>Number of compliments and complaints reported and reviewed monthly at governance review meetings. Assurance report provided to quarterly QSI committee.<br><br>Monthly reporting of customer feedback KPI data toGOJ.<br><br>Monthly cascade of patient experiences information through care group meetings.<br><br>**3rd Line**:<br><br>My Experience Survey real time<br><br>Picker Institute Survey annual with formal cascade through organisation | User understanding of the role of the PALS service.<br><br>Hearing the voice of the child or young person.<br><br>Vacancies within the patient experience team.<br><br>Thematic analysis of patient / service-user feedback to support organisational learning<br><br>Embedded Volunteer Service<br><br>Absence of Patient Charter | Communication strategy to formally launch PALS.<br><br>Targeted child or young person feedback that is easily accessible.<br><br>Recruit a Patient Experience Manager<br><br>Use thematic analysis as part of regular patient reporting - produce dashboard.<br><br>Job description updated and waiting evaluation, then position will go out to recruitment.<br><br>Patient charter to be completed and displayed across HCJ | Patient Experience Manager<br>**Completed** June 2024<br><br>Lead Nurse Women and Children<br>**Completed**.<br><br>Chief Nurse<br>**Completed**. Substantive manager in post Dec. 2024<br><br>Patient Experience Manager<br>June 2025<br><br>Patient Experience Manager<br>June 2025<br><br>Patient and User Panel<br>**Completed** March 2025 |

| **Corporate Objective**: We will drive improvements in access to high quality, sustainable and safe services. | | | | | | | **Overall Assurance Level** | **Medium** |
|---|---|---|---|---|---|---|---|---|
| **Principal risk:** What could prevent us achieving our objective | **Risk Statement:** | Our patients could incur harm, if they do not receive timely access to care or support. | | | | | | |
| **Lead Committee:** | **Finance and Performance** | **Risk Rating:** | **Inherent Risk:** | **Current Risk:** | **Target Risk:** | **Risk Category:** | Clinical / Patient Safety | |
| **Lead Director:** | **COO and DMH** | **Likelihood:** | **5** | **4** | | **Risk Appetite:** | LOW | |
| **Date risk opened:** | **1 Jan 2024** | **Impact:** | **5** | **4** | | **Linked Risks:** | | |
| **Date of last review:** | **25 June 2025** | **Risk Rating:** | **25** | **16** | **10** | **Risk Treatment:** | Treat | |

| | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| Patients waiting for 1st outpatient appointment > 52 weeks-QPR | 767 | 699 | | |
| Patient on elective waiting list > 52 weeks-QPR | 452 | 556 | | |
| Urgent/suspected cancer referrals seen <28 days (80% Q2 / 2024 average 59%) | Data from Q2 | 65% | | |
| Routine diagnostics completed <84 days (80% by Q4) | Data from Q2 | 79% | | |
| Routine referrals seen within 180 days | | 58% | | |
| Mental Health access KPI's | | | | |
| Social care access KPI's | | | | |
| Average ambulance response times CAT1 (7 Min) | 06:34 | 06:01 | | |
| Average ambulance response times CAT2 (18 Min) | 10:07 | 09:26 | | |
| Number of Patient Transport Service journeys completed (eligibility criteria in place) | 5,485 | 5,385 | | |

| **Opportunity / Threat Linked Risk** | **Existing Controls**<br>What are we currently doing about the risk? | **Assurances**<br>How do we know if the things we are doing are having an impact? | **Gaps in existing controls**<br>What additional controls should we seek? | **Risk Treatment**<br>What more should we do? | **Due Date / By Whom** |
|---|---|---|---|---|---|
| | Restoration and recovery plans are in place and underpinned by modelling and trajectories (by service line).<br><br>Mechanisms in place to ensure that all patients who are waiting for treatment are risk stratified and there is a process for addressing potential and actual harm.<br><br>Strategic policies and procedures (Procedures of Limited Clinical Value, Access Policy, Escalation, Winter Planning).<br><br>Contracts for externally commissioned services, including KPIs for response times and activity levels. | **1st Line:**<br><br>Care Group Governance meetings review access metrics.<br><br>Weekly monitoring of the Patient Tracking Lists (PTL)<br><br>**2nd Line:**<br><br>Monthly Executive Care Group meetings review operational performance and access metrics.<br><br>Integrated Quality and Performance Report (QPR) reviewed by the Quality, Safety, and Improvement Committee, Finance and Performance Committee and the HCJ Advisory Board.<br><br>Quarterly review of commissioning, and of contract data at Finance and Performance Committee.<br><br>**3rd Line:**<br><br>Benchmarking of KPIs against other organisations | Contractual consequences for non-achievement of KPIs to be included in all contracts.<br><br>Audit programme for strategic policies and procedures to measure compliance | Ensure robust KPIs and consequences for non-achievement are included in all contracts.<br><br>Develop an of audit programme for strategic policies and procedures to monitor compliance and understand impact. | Head of Commissioning and Partnerships<br>At renewal of contracts<br><br>COO / DMH<br>Annual |

| **Corporate Objective: We will lead well and support the development a right sized and profiled high performing workforce, creating a compassionate, just and restorative culture.** | | | | | | | **Overall Assurance Level** | **Medium** |
|---|---|---|---|---|---|---|---|---|
| **Principal risk:** What could prevent us achieving our objective | **Risk Statement:** | If we do not attract, recruit, educate, develop, and retain a modern and flexible workforce and build the leadership we need at all levels. Then we will be unable to meet the changing needs of patients, service users and the wider system.<br><br>If we do not develop and maintain a workplace culture in line with '*Our Values, Our Behaviours'* in a compassionate, just and restorative culture where we promote equality, diversity and inclusivity and prioritise the health and wellbeing of staff then we will not gain the positive impacts on staff engagement, patient and service user satisfaction, mortality and morbidity. | | | | | |
| **Lead Committee:** | People and Culture | **Risk Rating:** | **Inherent Risk:** | **Current Risk:** | **Target Risk:** | **Risk Category:** | People / Health and Safety |
| **Lead Director:** | SW | **Likelihood:** | **5** | **4** | **1** | **Risk Appetite:** | **MODERATE** |
| **Date risk opened:** | 1 January 2025 | **Impact:** | **5** | **5** | **4** | **Linked Risks:** | |
| **Date of last review:** | **16 July 2025** | **Risk Rating:** | **25** | **20** | **4** | **Risk Treatment:** | Treat |

| | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| 100% of Medical staff with a viable job plan | 82% 1st Sign off | 82% 1st/2nd sign off consultants 68% 1st/2nd sign off SAS Drs | | |
| 100% of Medical staff on the e roster system | Data Q3 | 58% | | |
| Reduce the use of long-term agency medical staff by 50% | Data Q3 | Data Q3 | | |
| Time to Recruit (TTR)<br>From approval to unconditional offer reduce by 50% | Data Q3 | Data Q3 | | |
| Increase participation in staff survey | Data Q4 | 35% | | |
| Reduce the number of consultancy / interim staff | Data Q3 | Data Q3 | | |
| 80% of staff with objectives in Connect | 67% | 77.2% | | |
| 50% of staff have a development objective in Connect | Data Q3 | Data Q3 | | |
| 60% of staff have a year-end review in Connect | Data Q4 | Data Q4 | | |

| **Opportunity / Threat Linked Risk** | **Existing Controls**<br>What are we currently doing about the risk? | **Assurances**<br>How do we know if the things we are doing are having an impact? | **Gaps in existing controls**<br>What additional controls should we seek? | **Risk Treatment**<br>What more should we do? | **Due Date / By Whom** |
|---|---|---|---|---|---|
| Threat | Developing a Workforce plan, which also considers the needs of the New Healthcare Facilities Programme<br><br>Developing a People and Culture Change Plan for 2025 - 2028 and beyond, including key actions and deliverables, setting out a journey to compassionate leadership in a just and restorative culture<br><br>Improving the quality and coverage of workforce metric reporting<br><br>Wellbeing Framework has been implemented; opportunities are regularly publicised - including Wellbeing Services, TRiM<br><br>Programme of activity for staff engagement (e.g. Schwarz Rounds, HCJ Team Talks)<br><br>Staff attend leadership and management development programmes<br><br>Programme of activity for staff reward and recognition (e.g. Our Stars awards)<br><br>Strategies, policies and procedures in place for Diversity, Equality and Inclusion (DEI), including GOJ Policy Framework, DEI Strategy, REACH network | **1st Line:**<br><br>Monitor completion of the Workforce Plan in Q4 2025<br><br>Monthly analysis of wellbeing data<br><br>**2nd Line:**<br><br>Monthly Care Group meetings review workforce metrics.<br>Monthly review at SLT of:<br>- Workforce report (including KPIs)<br>- Objective setting, appraisal and revalidation data<br>- FTSU<br><br>Reporting of key people data to each People and Culture Committee and HCJ Advisory Board, including:<br><br>- Workforce report (including KPIs)<br>- Objective setting, appraisal and revalidation<br>- Health and Safety Data (including audit data<br>- Wellbeing<br>- FTSU<br>- Progress against cultural change programme<br>- Recruitment<br>- Campaign impact<br><br>Internal leadership / managerial programmes. | Absence of a Workforce Strategy & Plan<br><br>Some staff do not feel safe to raise concerns and lack confidence that actions will be taken where concerns are raised<br><br>Absence of a Training Needs Assessment, Education Strategy and organisation-wide plan detailing education and development needs to upskill existing and future workforce<br><br>Limited resource to deliver culture intervention/organisational development<br><br>Inadequate ICT infrastructure, hardware, and software to access on-line learning<br><br>Continued staff exposure to violence and aggression by service-users | HCJ Workforce Strategy & Plan to be complete in 2025<br><br>Further development of Freedom to Speak Up approaches. Continue publicising the routes to raise concerns. Monitor the number of concerns raised; agree targeted intervention / improvement actions where themes emerge.<br><br>Develop an overarching (multidisciplinary) Education Strategy. Review education and development needs accompanied by the development of a skills review exercise<br><br>Review culture resource required for targeted service areas.<br><br>Executive Leadership to review the level of GOJ supply of ICT infrastructure, hardware and software to enable staff to access e-leaning v the TNA (Training Needs Analysis) agreed with HCJ Directors and their managers for e-learning.<br><br>Review of Violence and Aggression in the workplace policy. Cross agency working group with SoJ Police established to agree procedures following violence. Continue review of Datix reports of violence and aggression.<br><br>Develop a People and Culture heat map. | DW Q4 25<br><br>CN / DW Q3 25<br><br>CN / MD Q4 25<br><br>DW Q4 2025<br><br>DDH Q3 2025<br><br>DMH Q3 25<br><br>DW Q3 2025 |

| | | | | | |
|---|---|---|---|---|---|
| | Statutory and Mandatory training (Health and Safety, MAYBO)<br><br>Recruitment campaigns being delivered<br><br>Structure and processes in place for staff to raise or escalate issues through multiple channels and including FTSU Guardian<br><br>Structure and process in place to engage with staff and collate staff feedback (surveys), including objective setting, appraisal, revalidation, exit interviews, internships | External leadership / managerial programmes (GOJ Cohen-Brown leadership and management development programme).<br>Leadership and Management Development programme feedback<br><br>REACH or DEI Representation at SLT and People and Culture Committee<br><br>Monitor uptake of MAYBO training<br><br>Be Heard Survey<br>Pulse Survey<br><br>**3rd Line:**<br>Attendance at HCJ Team Talks, Manager Talks and Schwartz Rounds is monitored<br>Annual review of Schwartz Rounds<br><br>'Our Stars' award nominations<br><br>Independent exit interview data provided by Law at Work (Director of Workforce to recommend minimum of quarterly review by the Executive Leadership and SLT).<br><br>Freedom to Speak Up Guardian (FTSU) report to the SLT monthly, QSI quarterly and the HCJ Advisory Board | Absence of a People and Culture 'heat map' with relevant KPIs to measure the impact of the Cultural Change Programme<br><br>An immature restorative and just learning culture<br><br>Issues with recruitment systems and process<br><br>GOJ Internship Programme / patchy take up of internship by HCJ managers linked to process | Implement actions from the HCJ People Plan<br><br>New Workforce attraction/ recruitment and retention packages being developed for approval by HCJ Executive and the States Employment Board.<br><br>Dedicated recruitment campaigns for specific services and developing dedicated nurse cohort recruitment campaigns in Q2.<br><br>Provisional planning of events, discussions with specialist recruiting companies and cost estimates to be set against the recruitment budget<br><br>Input received from GOJ Recruitment Campaign team.<br><br>Undertake regular soundings with HCJ managers throughout the course of the year in advance of the time when Internship opportunities are promoted by GOJ.<br><br>KPI's introduced for to streamline recruitment process | DW Q4 2025<br><br>DW Q3 2025<br><br>DW Q3 2025<br><br>DW Q2 2025 |

| Corporate Objective: We will manage public funds responsibly by living within our means, prioritising services to support Islanders' health and care needs. | | | | | | | Overall Assurance Level: | Medium |
|---|---|---|---|---|---|---|---|---|
| **Principal risk:** What could prevent us achieving our objective | **Risk Statement:** | We do not achieve financial sustainability including under delivery of cost improvement plans and failure to realise wider efficiency opportunities. | | | | | | |
| **Lead Committee:** | Finance and Performance | **Risk Rating:** | **Inherent Risk:** | **Current Risk:** | **Target Risk:** | **Risk Category:** | Financial | |
| **Lead Director:** | FBP | **Likelihood:** | 5 Almost Certain | 5 Almost Certain | **3** | **Risk Appetite:** | **Low** | |
| **Date risk opened:** | 1 January 2025 | **Impact:** | 5 Severe | 5 Severe | **3** | **Linked Risks:** | | |
| **Date of last review:** | **25 June 2025** | **Risk Rating:** | **25 High** | **25 High** | **9 Moderate** | **Risk Treatment:** | Treat | |

| | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| Actual spend within 5% of forecast | £89.6m (Deficit 4.5m, 5%) | £177.5m (Deficit £6.2m, 4%) | | |
| 100% FRP delivery achieved | £2.3m 68% | (May) £4.3m 82% | | |

| **Opportunity / Threat Linked Risk** | **Existing Controls**<br>What are we currently doing about the risk? | **Assurances**<br>How do we know if the things we are doing are having an impact? | **Gaps in existing controls**<br>What additional controls should we seek? | **Risk Treatment**<br>What more should we do? | **Due Date / By Whom** |
|---|---|---|---|---|---|
| Threat | Robust review of budget by Finance team; clear accountability from Executives<br><br>Clear budget setting process, with review and sign-off at Care Group level<br><br>Vacancy Control Panel (EVCP) to consider all vacancies prior to recruitment.<br><br>Financial Recovery Programme (FRP)<br><br>Compliance with Public Finance Manual | **1st Line:**<br>Monthly CGPRs<br><br>**2nd Line**:<br>SLT, Committee and Board reporting<br><br>Budget sign off<br><br>EVCP documentation<br><br>FRP reporting | Produce HCJ Scheme of Delegation, with purchasing approval limits are set in the Ariba system.<br><br>Regular Finance and Budget Accountability Review meetings<br><br>Workforce Control Panel for substantive roles<br><br>Gaps in Public Finances Manual controls<br><br>Absence of accurate establishment and workforce data<br><br>Noted exceptions to compliance with PFM are:<br>• Gaps in applying PO controls causing payment delays.<br>• Breaches and exemptions due to non-compliance with procurement best practice | Complete HCJ policy and authorisation<br><br>Monthly Finance and Budget Accountability Review meetings<br><br>Expand EVCP to incorporate all workforce spend.<br><br>Implement HCJ central buying function followed by "No PO No Pay" controls.<br><br>Reconciliation between HR and Finance systems<br><br>Review and update reporting documentation | FBP<br>June 24 – Complete<br><br>FBP<br>Mar 24 – Complete<br><br>FBP<br>May 24 – Complete<br><br>FBP<br>Dec 25<br><br>FBP / DW<br>main areas were reconciled, but some outstanding differences remain.<br><br>FBP<br>Significant progress made; to complete by Dec-25 |

## Health and Care Jersey Advisory Board Declarations of Interests: July 2025

Health and Care Jersey (HCJ) is committed to openness and transparency in our work and decision making. As part of this commitment, we maintain and publish this register. The register draws together Declarations of Interests made by members of the Board and the wider Executive Team.

Also, at the start of each board meeting, we ask members and attendees of the Board to declare any interests on items on the agenda.

| Name | Role | Detail of Interest |
|---|---|---|
| Carolyn Downs CB | Non-Executive Director | Senior Advisor – Newton Europe Consultancy<br>Non-Executive Director – Vice Chair, The Hillingdon Hospital Trust Chelsea and Westminster Hospital (North West London Collaboration)<br>Non-Executive Member – London Policing Board, Mayor's Office for Policing and Crime<br>Advisor to Tower Hamlets Council West of England Combined Authority Best Value Improvement Board Chair |
| Clare Gerada DBE | Non-Executive Director | Patron – Doctors in Distress<br>Co-Chair – NHS Assembly<br>Non-Executive Director – Cygnet Health (Chair Quality Committee)<br>Lead for NHS Primary Care Gambling Service<br>Senior Partner, Hurley Clinic<br>Co-Founder and Shareholder – eConsult |
| Anthony Hunter CBE | Non-Executive Director | Chair – Persona Care and Support Limited (Bury)<br>Trustee – St Christopher's Hospice, Sydenham (South East London)<br>Trustee – FND Action (Kent) |
| Julie Garbutt | Non-Executive Director | Chief Executive – MHA Jersey (Provider of Residential Care for the Elderly)<br>Non-Executive Director / Board Trustee – Citizens Advice Jersey |
| David Keen | Non-Executive Director | Non-Executive Director Medicspot Ltd<br>Director and Trustee – Amnesty International (UK) Charitable Board |
| Tom Walker | Chief Officer HCJ | Nil |
| Simon West | Medical Director | Nil |
| Jessie Marshall | Chief Nurse | Family Member – Employed within HCJ |
| Andy Weir | Director of Mental Health, Social Care and Community Services | Family Member - Employed within HCJ |
| Claire Thompson | Chief Operating Officer – Acute Services | Family Member - Works for Venner International who have provided medical consumables to HCJ in the past. |
| Stephen James | Director Of Workforce | Nil |
| Martin Carpenter | Director of Digital Health and Informatics | 50% Owner of Muneris Management Ltd (Technology Consultancy in UK)<br>Board Advisor and Shareholder (<2% in Spryt.com) health tech startup<br>Board Advisor to bluehope.ai, a social purpose company supporting refugees with relaunching careers |
| Rachel Williams | Director of Strategic Planning and Projects | Family Member – Employed within HCJ |
| Pete Gavey | Chief Ambulance Officer | Family Member – Employed within HCJ |