Health and Community Services

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

28TH MARCH 2024 9:30AM – 12:30PM

Government of Jersey

Health and Community Services

AGENDA

MEETING: Part A - Health and Community Services Advisory Board
DATE: Thursday 28th March 2024
TIME: 9:30am – 12:30pm
VENUE: Main Hall, St Paul's Centre, Dumaresq Street, St Helier, Jersey JE2 3RL

MEMBERS		
Tom Hayhoe	Chair of the HCS Advisory Board	TH
Dame Clare Gerada DBE	Non-Executive Director	CG
Carolyn Downs CB	Non-Executive Director	CD
Julie Garbutt	Non-Executive Director	JG
Anthony Hunter OBE	Non-Executive Director	AH
Chris Bown	Chief Officer HCS	CB
Patrick Armstrong MBE	Medical Director	PA
Jessie Marshall	Chief Nurse	JM
Andy Weir	Director of Mental Health Services and Adult Social Care	AW
Claire Thompson	Chief Operating Officer – Acute Services	CT
Dr Anuschka Muller	Director of Improvement and Innovation	AM
Bill Nuttall	Director of Workforce	BN
ATTENDEES		
Emma O'Connor	Board Secretary	EOC
Dr Cheryl Power	Director of Culture, Engagement and Wellbeing	CP
Obi Hasan	Finance Lead – Change Team	OH
Professor Simon Mackenzie	Medical Lead – Change Team	SMK
Cathy Stone	Nursing and Midwifery Lead – Change Team	CS
Beverley Edgar	Workforce Lead - Change Team	BE
APOLOGIES		
Dr Anuschka Muller	Director of Improvement and Innovation	AM

Quorum Requirements:

For the transaction of business, three non-executive directors (may include Chair) and two executive directors and there is at least one more non-executive director than executive director.

	Agenda Item	Purpose	Presenter	Time
1	**Welcome and Apologies (including quoracy)**	For **Information**	Chair	**9:30pm**
2	**Declarations of Interest**	For **Information**	Chair	
3	**Minutes of the Previous Meeting**	For **Decision**	Chair	
4	**Matters Arising and Action Tracker**	For **Decision**	Chair	
5	**Chair's Introduction** *Verbal*	For **Information**	Chair	**9:45am**
6	**Chief Officer's Report** *Paper*	For **Information**	Chief Officer	**10:00am**

7	**Patient Experience – Picker Survey Results** *Presentation*	For **Information**	Chief Nurse / Picker Institute	**10:10am**
8	**Quality and Performance Report (Month 2)** *Paper*	For **Assurance**	Chief Operating Officer – Acute Services, Director of Mental Health Services and Adult Social Care, Medical Director and Chief Nurse	**10:25am**
9	**Workforce Report (Month 2)** *Paper*	For **Assurance**	Director of Workforce	**10:45am**
10	**Finance Report (Month 2)** *Paper*	For **Assurance**	Finance Lead – Change Team	**10:55am**
11	**Quality, Safety and Improvement Committee** *Paper*	For **Assurance**	Committee Chair	**11:10am**
12	**People and Culture Committee** *Verbal*	For **Assurance**	Committee Chair	**11:15am**
13	**Cultural Change Programme** *Paper*	For **Assurance**	Director of Culture, Engagement and Wellbeing	**11:20am**
14	**Anti Racism Statement** *Paper*	For **Information**	Chief Officer HCS	**11:30am**
15	**Maternity Improvement Plan** *Paper*	For **Assurance**	Medical Director	**11:35am**
16	**Mental Health and Capacity Legislation** *Paper*	For **Assurance**	Director of Mental Health Services and Adult Social Care	**11:40am**
17	**Winter Plan 2023 Outcome** *Paper*	For **Assurance**	Chief Operating Officer – Acute Services, Director of Mental Health Services and Adult Social Care	**11:50am**
18	**Delayed Hospital Discharges** *Paper*	For **Information**	Chief Operating Officer – Acute Services, Director of Mental Health Services and Adult Social Care	**12:00pm**
19	**Quality Account** *Paper to follow*	For Approval	Medical Director and Chief Nurse	
QUESTIONS FROM THE PUBLIC (Related to Agenda Items only)				
	Questions		Chair	**12:15pm**
	MEETING CLOSE			**12:30pm**

	Date of next meeting: TBC	

Health and Community Services Department Advisory Board
Part A – Meeting in Public
Minutes

Health and Community Services

Date: 29 February 2024	**Time: 9:30 – 12:00pm**	**Venue: Main Hall, St Paul's Centre, Dumaresq St, St Helier, Jersey JE2 3RL**

Board Members:		
Carolyn Downs CB - **CHAIR**	Non-Executive Director	**CD**
Anthony Hunter OBE	Non-Executive Director	**AH**
Dr Clare Gerada DBE	Non-Executive Director (TEAMS)	**CG**
Julie Garbutt	Non-Executive Director	**JG**
Chris Bown	Chief Officer HCS	**CB**
Mr Patrick Armstrong MBE	Medical Director	**PA**
Jessie Marshall	Chief Nurse	**JM**
Claire Thompson	Chief Operating Officer – Acute Services	**CT**
Andy Weir	Director of Mental Health Services and Adult Social Care	**AW**
Dr Anuschka Muller	Director of Improvement and Innovation	**AM**
Bill Nutall	Director of Workforce	**BN**
In Attendance:		
Dr Cheryl Power	Director of Culture, Engagement and Wellbeing	**CP**
Obi Hasan	Finance Lead – HCS Change Team	**OH**
Beverley Edgar	Workforce Lead – HCS Change Team	**BE**
Cathy Stone	Nursing / Midwifery Lead – HCS Change Team	**CS**
Emma O'Connor Price	Board Secretary	**EOC**
Daisy Larbalestier	Business Support Officer	**DL**
Jason Whitfield	Chief Information Officer (Item 6 only)	**JW**

1	**Welcome and Apologies**	**Action**

CD welcomed all in attendance and advised she would be chairing this morning's meeting. Tom Hayhoe (TH) was introduced and welcomed as the newly appointed Chair of the HCS Advisory Board (as of 28th Feb 2024). TH will chair next months meeting.

Both Deputy Andy Howell (Assistant Minister for Health and Social Services) and Deputy Karen Wilson were welcomed to the meeting.

Apologies received from:

Professor Simon Mackenzie	Medical Lead – HCS Change Team	**SMK**
Beverley Edgar	Workforce Lead – HCS Change Team *(leaving at 12pm)*	**BE**

2	**Declarations of Interest**	**Action**

No declarations.

3	**Minutes of the Previous Meeting**	**Action**

The minutes of the meeting on 25th January 2024 were agreed pending two minor changes from CG,

- CB in agreement that the issue of a public prescription for a private patient would be viewed as fraud in the NHS.
- The issue of conflicts of interest arose specifically regarding cannabis cultivation.

4	**Matters Arising and Action Tracker**	**Action**

ACTION 118: Following the appointment of TH, TH and CG to meet and discuss the frequency of rheumatology reports received at the Board. Rheumatology was discussed at the Quality, Safety

and Improvement Assurance Committee yesterday and a verbal update will be provided at item 10 on this morning's agenda. **ACTION 108**: The terms of reference are now available as of this week. ACTION: EOC to add as an addendum to the papers.	

5	Chair's Introductions	Action
As above.		

6	Chief Officer's Report	Action
JW in attendance to appraise the Board of the IT failure that occurred on Friday 23rd February (into Saturday 24th Feb), specifically what went wrong (from a technical perspective) and how HCS responded regarding business continuity. In summary, - A detailed report will be submitted once the investigation has concluded. Todays' appraisal is based on preliminary findings and facts thus far. - On Thursday 22nd Feb, a regular update to service systems was applied across GOJ from a third-party software provider. Approximately 200-300 of these are processed each year without the level of criticality experienced on the 23rd Feb. - From 8am, HCS users began to log-on in volume and were unable to do so. The effects were of a system switch off / power failure (noting that a power failure did not occur). - A Priority One incident was raised (red alert status for recovery). Systems were switched to various back up data centres however, this did not resolve the problem. - Close communications were maintained with CT to evaluate all options including moving to business continuity plans. - The business continuity plans were tested and were successful. - The use of the software involved has been suspended for 2 weeks whilst working closely with the software provider who provided the update to find the root cause. GOJ are not the first customer to receive this update and there have been no reports of this issue with any other customers of the third-party provider. This indicates there may be a technical issue with GOJ and anticipate that it will take the engineers 1-2 weeks to diagnose this fully. - JW apologised for the incident noting it was a very difficult day for the hospital and thanked CT and the wider team for the success of the business continuity plans. - CT advised that the IT issues were reported into the HCS operational centre. In addition, bed pressures also escalated at the same time. - Modernisation and Digital colleagues were positioned in the Operational centre which facilitated close communication. - On the recommendation of the medical / clinical lead in Theatres, elective activity was stopped in Theatres just after midday. - At all times, maintained the ability to care for patients safely in the Emergency department and Maternity with emergency theatres available if needed. - HCS staff's usual working environment was affected through implementation of business continuity plans. The loss of EPMA (Electronic Patient Medicine Administration) was the main effect in terms of inpatient care. - Whilst some areas were not impacted initially, all inpatient wards were moved to business continuity (BC) to minimise risk to patients. BC plans were maintained for EPMA until Sat 24th Feb 2024. - EPMA use was restarted at 2pm on Sat 24th once confidence of resolution had been received. In addition, bed pressures had eased. - A debrief will take place next week. However, no patient safety concerns or reports of harm have been raised. It is recognised that this was a very challenging day for staff. Approximately 34 patients were affected, predominantly outpatient appointments that had to be cancelled at very short notice (seven in day surgery unit and three in main theatres). All cancelled activity has been rescheduled. Apologies given to all patients that were affected by this.	

CB took the report as read and verbally summarised the key points. In addition,

- Cultural change: Racism will not be tolerated within HCS. Stories from staff from ethnic minorities are saddening. An antiracism statement will be presented to the board in March 2024.
- Financial recovery programme: Savings of at least £12million will need to be found this year.
- Staff achievements: Donna Murphy was announced as the winner of National MyPorter Awards: International Porter of the Year Award. This is a great achievement that was recognised by the HCS Executive Leadership team earlier this week.

CD thanked CB for his report. CD extended the Boards congratulations to Donna Murphy and suggested she would be a good candidate for an employee of the year award.

Noting that many of the issues highlighted in the report are covered through separate agenda items, CD invited questions regarding additional matters.

AH thanked CB for his report which provides a comprehensive overview of issues affecting HCS. Whilst HCS is facing a large programme of improvement work, green shoots are visible.

As there is no finance report available, CD asked OH for his initial view on the financial position following Month 1. OH explained that HCS exited 2023 with more cost pressures than forecast and there are specific reasons for this. These cost pressures will be carried into 2024. A large number of actions and improvements have been implemented through the financial recovery programme which will make a positive impact. However, there are dependencies on delivering the improvements and timing is key. Critical actions remain regarding recruitment and reducing spend on agency / locum.

CD asked AW to touch on the main learning points from the inquest during item 13.

CG asked what the main delays in onboarding staff are? CD asked for this to be covered in the broader workforce report at item 9.

7	**Quality and Performance Report (QPR) Month 1**	**Action**

Noting that the report is received monthly, CD asked CT (and other executives) to highlight any trends that raise concerns.

- The impact of the waiting list recovery can be seen through those waiting > 52 weeks.
- Legacy issues (following Covid) remain in some specialities, but these are all being addressed by waiting list recovery plans.
- The DMO1 diagnostic standard is a new standard.
- New to follow up is improving.
- The 4-hour standard for emergency care has been introduced. This is not only a measure of patient experience but also a measure of internal efficiencies and performance of the whole health system. Patients continue to wait in the ED > 12 hours but some of these patients will have returned home. Those waiting for admission will have been delayed due to access to side rooms.

Noting that one of the explanations for cancelling surgery is *where patients have not been adequately communicated with,* CD asked for further detail regarding this. CT responded for operations cancelled on the day, rather than bed availability, this was mainly due to administration issues including patients being informed adequately ahead of their surgery and accessing pre-operative assessment services. Ensuring patients receive their letter and developing a 'choose and book' system are focus actions. In addition, a text remainder service exists for outpatients but not inpatients. CD noted that all these actions are entirely within the control of HCS and therefore resolving these is imperative. CT explained that these metrics are

monitored through a weekly task and finish and anticipates being able to demonstrate improvements next month.

ACTION: CT to include the impact of weekly task and finish upon cancellations (and reasons for cancellation).

AH advised that the Board should be focussing on a broader suite of indicators which are about a healthy, sustainable quality of life which reduces need for hospital admissions and encourages safe discharge. AH and AW have been discussing what these metrics could be and invited AW to comment further. CD also asked AW to update on why the position for delayed transfers of care has deteriorated from last year.

AW advised that the QPR is an integrated performance report with both mental health services and adult social care metrics and agreed with AH that the conversations and discussions must reflect the whole system rather than the hospital only.

Noting that the crisis team were able to see 94% of individuals within 4 hours this month, this is the best achievement to-date. In addition, the service also continues to achieve the KPI for follow up on discharge from hospital within 3 days which is a key harm reduction target.

Areas for escalation include waiting times for Memory Assessment Service (MAS) and ADHD. However, a productive meeting was held with the MAS last week where an improvement trajectory was developed, involving a partial redesign of the diagnostic pathway to expediate the patient journey. With staff working in different ways and additional medical diagnostic capacity, hoping to see positive change in the delays regarding MAS.

The adult social care service has been working to develop other indicators. However, as previously noted, the KPIs in the QPR are supported by a range of other indicators which are reviewed as part of the monthly governance processes. TH and AW will continue to work towards other KPIs for inclusion within the QPR, however, whilst process measures are important, outcome measures will indicate the work and delivery of social care services and also any gaps.

Regarding delayed transfers of care (DTOC), one of the key issues from Jan-June 2023 was access to packages of care. At any given time, approx. 50% of people of waiting were delayed due to availability of packages of care. The new brokerage system managed through Customer and Local Services (CLS) has been very effective and the number of patients waiting for packages of care has reduced significantly.

Lack of availability of nursing care is now a significant reason for current delays and includes the availability of nursing care in Jersey for complex needs of individuals, particularly dementia. In addition, during January 2024 there has been some reduction due to temporary closing of nursing care beds (refurbishment etc). However, there is a weekly integrated meeting (hospital, social care and community services) chaired by either CT or AW to ensure that issues in the community are addressed as quickly as possible.

Housing is also an issue and at any given time there are approx. 3-4 people waiting for housing. As an example, an individual has been waiting in the hospital for a home with adaptations since beginning of November 2023. Multiple senior level conversations with the housing department have been unable to resolve this. Noting that an individual's health and independence is likely to deteriorate whilst waiting in hospital, CD noted this wait is unacceptable. CD noted that this is an escalation issue for CB and politicians to discuss.

As a final comment, AH noted Jersey's opportunity to develop an integrated GOJ led person-centred approach to good quality care, support and early intervention.

In response to CG's questions about remote physiotherapy, CT and CG will discuss further outside this meeting.

ACTION: CG and CT to discuss remote physiotherapy opportunities.

8	Waiting List Report Month 1	Action

Taking the paper as read, CD invited CT to highlight any issues that require the Board's attention.

- The waiting list for both inpatient and outpatient is reducing in volume.
- There are well developed plans to reduce those waiting > 52 weeks, particularly in Ophthalmology (outsourcing cataract surgery).
- Waiting list recovery schemes are expected to address those waiting > 52 weeks on inpatient list over the next couple of months.
- Following this, work will focus on those waiting > 90 days.
- There are surveillance patients included in both inpatient and outpatient waiting lists and a separate list needs to be developed for this group of patients. In addition, Jersey does not have the ability to suspend patients (those who are not fit for surgery or those who are choosing not to attend). Both issues distort the overall list and prevent accurate benchmarking.
- Improvements continue to be demonstrated in endoscopy and MRI scanning.
- The risks around dermatology are driven by the inability to recruit to long-standing vacancies. Some progress has been made but a longer-term strategy is required.

ACTION: The impact of the implementation of the new electronic patient record (EPR) upon the waiting list to be included in the March report.

Using general medicine as an example, CD asked why there are larger numbers of people waiting > 52 weeks than at 0-30 days etc. CT responded that this group of patients is monitored weekly and often these patients state they are not available for their scheduled appointment. According to the access policy, patients that have declined to attend multiple appointments require a discussion with the responsible clinician to see if they need to remain on the waiting list. CD suggested that HCS should consider when these patients rejoin the waiting list (rather than stay on the end). CB referenced the previous discussion regarding suspension (item 7) and suggested a separate list for this group of patients as this is distorting the waiting list data.

Regarding reference to *Clinical Genetics (103) accurate and addressed through budget setting 2024 and new service approach and move to PPI CG*, CD asked what this means. CT explained that HCS has a contract with a UK provider for this service and the majority of people referred have been seen. Historically, HCS has not had a budget for this, however, additional funds have been identified through budget setting to continue the service in a different way. The service is screening for particular cancers where there is a family history.

Regarding the EPR, CT explained that the previous system Trakcare was an episode-based system. MAXIMS (current system) is a referral base system which allows HCS to assess performance of referral to treatment (conclusion of whole treatment plans). However, the waiting list was artificially inflated as MAXIMS was introduced. Whilst the numbers described are those on the waiting list, further validation and training and support is required.

CD asked when the cleansed data will be available and in addition, when will benchmarking be included.

ACTION: CT will present the fully validated waiting lists within the next three months.

The waiting lists are expected to be published again on the GOJ website at the end of March 2024.

9	Workforce Report Month 1	Action

Paper taken as read and CD invited BN to highlight any key issues.

- Vacancies require work and possible solutions will be discussed shortly.

- The total turnover rate has remained constant in the last year at around 7%
- The sickness rate has increased through January 2024. Support is provided from AXA healthcare and BN in discussion with People and Corporate Services to understand how this support can be strengthened.
- A key challenge is performance management through Connected Performance. However, this is predicated at this time of year. Granular information will be reviewed consistently and continually by the executive and senior leadership team on HCS (ELT / SLT).

Possible solutions,

- Three recruiters have been seconded to HR to try and improve recruitment performance. Changes in style of recruitment and engagement must change. A recruitment mapping exercise has been carried out as part of the financial recovery programme and 66 micro steps have been identified in the recruitment pipeline. A workshop is planned for 7th March to reduce this to twelve steps.
- Aiming to have the correct infrastructure to support an effective recruitment process in place by end March 2024. Anticipating the impacts of this will start to be seen 2-3 months after this.
- Aiming to reduce the pipeline from approx. 100 days to 55-60 days.
- The 'Refer a Friend' scheme will be going live in 2 weeks.

In summary, the systems need to be fully aligned, the infrastructure must be established with operational managers and there are a variety of other projects planned.

Referencing CG's earlier question regarding delays in the onboarding process, CG indicated she is happy that this has been answered.

ACTION: CD asked for the recruitment mapping process showing the 66 micro-steps to be presented at the People and Culture Committee planned for the end of March 2024.

BE commented that there are 500 vacancies across HCS and only 108 live vacancies, meaning that HCS is not recruiting to the 500. There are factors within HCS control that need to be improved including preparing the job advert much more quickly. In additions, specific campaigns for healthcare assistants (HCAs), mental health services, therapies and nursing are required to run alongside the improvement initiatives.

ACTION: HCA recruitment campaigns to be placed on the agenda for the People and Culture Committee.

Following a visit by CD and AH to some of the wards yesterday, various nurses commented that staffing issues experienced relate to HCAs. BN advised following discussions with the acting Chief People Officer, the support of a nurse specialist recruiter has been secured to provide a consultancy-based service to further develop and launch the nursing micro-site and explore niche recruitment areas.

In response to BE's comment about job advert, AW suggested that the process of getting an advert out needs to be included in the process mapping as this is one of the longest processes. AW advised that the number of HCS applicants has reduced in response to market growth and in response to this, apprenticeships are being explored.

Following a discussion regarding appraisals, it was agreed that the data reflects the number that have been placed on the system, rather than those that have actually been done.

ACTION: Appraisal rates to be included in the People and Culture Committee.

10	Quality, Safety and Improvement Committee	Action
Due to some technical issues, PA provided a verbal summary of the key outcomes of the committee meeting (rather than CG as Chair).		

1. Terms of Reference: The name of the committee has been changed to Quality, Safety and Improvement to better reflect the function and purpose of the committee. The terms of reference have been reviewed and amended, including the membership. The terms of reference will be presented at the next Board meeting for approval.

2. Quality Indicators: Noted with no immediate concerns.

3. NICE Guidance compliance: Received assurance that HCS has communicated the policy change however, there is limited assurance that NICE / other evidence-based practice is being followed. Once recruited, this will be a priority for the Head of Compliance and Regulation as HCS prepares for inspection and is an important piece of work for the Medical Director and Chief Nurse to focus on. The committee will continue to monitor, noting that this will be a 2-year plan. Escalations and exemptions will be reported to Board through this committee.

4. Prescribing data: Asked for amended metrics. Reviewed Medicine Optimisation terms of reference and suggested amendments – this will be a subcommittee of this committee. Concerns regarding hospital versus community prescriptions. Cannabis - capacity issues that need resourcing as soon as possible.

5. Serious Incidents: One never event noted, and any immediate safety concerns have been addressed. This will be presented to Board in more detail following investigation.

6. Rheumatology: This committee will receive progress against recommendations and continue to monitor changes in practice for assurance that these have embedded.

7. AOB: Sodium valproate (a drug used to treat epilepsy) carries significant risk to women of childbearing age and also men. Progress against actions in the safety alert will be provided to the committee.

Referring to the long queues outside pharmacy, CD stated this is an area that needs to be resolved. CG advised this is not a simple issue due to the funding streams and is a political issue for resolution. PA advised that approx. 50% of HCS outpatient prescriptions are medications that are on the prescribers list. However, as hospital doctors are not on the prescribers list, they cannot prescribe these medications to be dispensed from a community pharmacist. This relates to the funding as medicines dispensed in community pharmacies are paid for from the Health Insurance Fund (HIF).

PA confirmed the committee will be meeting quarterly. A written report will be provided for the meeting in March.

11	**Medical Job Planning**	**Action**
CD explained that the Board raised concerns at the last meeting as a pause in the process was suggested. This report provides a plan to get the process back on track and completed by end October 2024. The Board noted this and thanked PA / SMK for managing this. No further discussions required.		

12	**Medicine Improvement Plan**	**Action**
Paper taken as read and some key points highlighted, - The Medicine Improvement Group meets every two weeks with executive and change programme colleagues monitoring progress. The group last met yesterday (28th Feb). - Further progress has been made closing some of the actions and recommendations. Evidence of this can be found in the appendix. - Key activities in the last month include advertising the five additional General Medicine Consultant posts and there has been good interest. In addition, capacity has been secured for a flow coordinator to support discharge and patient flow.		

- Focus will now move to amber actions within the 0–6-month period. There is now good evidence to demonstrate that there is routine approach to patient documentation.

Noting that the interest in the five Consultant posts is excellent, CB stated that it is important that HCS does not lose these potential candidates because of lack of engagement / onboarding.

JG asked what approach will be taken to the six unfunded Consultant posts. CB explained there is no funding for these and not expecting that additional funding can be secured from GOJ. OH confirmed that a business case will need to be submitted. CB advised that the only way to fund this would be to reduce service(s) elsewhere and there will be difficult decisions for the ELT and the Advisory Board as to what can and cannot be funded. JG stated it is important to understand these and the impact on patients.

CD concluded that it is good to see work progressing.

13	**Mental Health External Review Implementation**	**Action**

AW explained this is a 2-year update on the implementation of the external review of Mental Health Servies that was commissioned in 2021. Ten sets of recommendations were made regarding the safety, quality management and development of Mental Health Services. A clear plan was established following AWs arrival at the beginning of 2022 to address the recommendations.

A large part of the work required was cultural change which takes longer and needs to be sustained.

The focus of the first year was the redesign of Community Mental Health Services (CMHS) due to concerns regarding access, frequency of follow-up and outcomes. The priorities were agreed with service-users and carers. The CMHS services review was a whole scale change involving > 120 staff. However, a clear structure for CMHS emerged.

The paper describes in detail the action taken against the recommendations with evidence incorporated. Whilst the majority of the actions have been implemented, there are some areas with further work to do.

- The introduction of the Care Recovery Framework (CARF) which is long overdue. This is the framework by which HCS will deliver secondary MH care to individuals with serious mental illness. The framework is being audited from a process perspective and quality perspective. The leadership from MHS met with each of the care coordinators not only to discuss the frequency of meetings with people, the availability of risk assessments and care plans, involvement of the service user but what are the interventions and what is the quality of the work. This work is being drawn together to evaluate what additional work is required.
- A MH Partnership Board has been established which includes third sector partners, Police, Prison services and other areas of GOJ. This has commissioned pieces of work including co-production policy and for the first time, system KPI's have been developed which is step forward.
- Legislation is progressing. A multi-agency assurance group meets monthly to review all use of MH law and use restrictive practices. This allows quick identification and resolution of issues.
- Inpatient services are a focus for this year – quality improvement and the move from Orchard House to Clinique Pinel. The physical environment will be much improved and provides an opportunity to introduce an Article 36 suite.

Noting that regular reporting has taken place over the last 2 years, AW proposed that this ceases and the work is monitored through business-as-usual governance processes.

Whilst recognising the longevity of the cultural change, AW congratulated the senior leadership team within MHS for the large amount of work achieved in the last two years. CD and the wider Board in agreement and supported the proposal regarding business-as-usual reporting.

CD asked for an up-date regarding learning from the inquest. AW explained that following Mr Watkins death an external review was carried out which made a series of recommendations which have been implemented. The findings of the inquest were similar to that of the external review, particularly joint working between MHS and the general hospital – when someone has complex physical health needs and mental health needs at the same time, how do services work together to ensure the needs are met in entirety. A piece of work has started jointly between MHS and the hospital.

The finding of neglect specifically related to the failure to identify that Mr Watkins was dying and escalate care back to the general hospital. Other issues related to clinical documentation (decisions, rationale) and nursing staff behaviour. AW has written to all staff within MHS setting out the issues and findings from both the inquest and the external review. The coroner identified that work that has been carried out by MHS over the last 2-years and was satisfied to the extent that a Prevention of Deaths finding was not issued. However, this is terrible incident and the family have been met and apologised to.

CD emphasised that HCS must learn from this and the link between MHS and acute services is an issue within other healthcare jurisdictions. CD noted that excellent nursing care was witnessed yesterday for an older adult with dementia, however, this distracts from delivering acute care. CD stated it would be very beneficial to see how this work progresses as it is an important matter and one of concern, not only in Jersey but across the world. AW responded that a working group has been established including AW and JM with representatives from both MHS and the general hospital to specifically review the care of people with dementia and delirium within the general hospital and how this is done together. This was echoed by AH and the integrated approach to measuring performance is very important.

ACTION: CD asked for an update of this work as it progress (timescale to be determined).

CB noted the reference to poor documentation, and this was a theme that also emerged through the rheumatology review – this area continues to require improvement.

14	Maternity Improvement Plan	Action

Paper taken as read and PA invited to highlight any changes from last month.

- The service is very keen to include the voice of women and their families and future reports will include feedback from the Jersey Maternity Voices Partnership.
- The previous 'red' recommendation regarding culture is now 'amber' (due to the progression of the cultural change programme). However, further work is required.
- The project management support is undertaking 30-, 60- and 90-day reviews to ensure that each recommendation is embedded within business-as-usual activities. There are 66 recommendations over 90 days and there is good evidence to show that 60 of these have embedded change following review. The remaining six are not of concern currently.
- Recruitment to Consultant vacancies has been unsuccessful so far and going out to advert again shortly. The interim Chief of Service is doing great work, but this post needs to be substantiated.

CB invited PA, CS and JM to comment on whether the guidelines for the management of post-partum haemorrhage (PPH) and massive obstetric haemorrhage (MOH) are being followed. PA advised that the numbers have reduced since last year, however, it will never reach zero as these events will occur. Any incident of MOH is considered by the Serious Incident Review Panel (SIRP) and the management of these has improved. The number of MOHs declared as serious incidents (SIs) has also reduced.

15	HCS Annual Plan 2024	Action

CD noted that the Annual Plan 2024 can be considered as agreed (now in Feb 2024) and suggested work towards the Annual Plan for 2025 could occur earlier with ministerial input.

AM advised that the Annual Plan 2024 provides a joint overview of a number of improvement areas whilst also explaining accountability structures from the operational departments through to the Minister for Health and Social Services.

There are two items that have delayed this document being presented to the Board,

1. Ministerial priorities: awaiting current ministerial priorities following change in January 2024.
2. Board Assurance Framework: anticipating presentation to the Board in March 2024.

CD thanked AM noting it as a clear document, particularly the action plans which details accountabilities and timescales.

JG echoed CD's comments and further reflected that the diagram on page 10 demonstrates the complexity of health and social care. Increased integration is a driver within most healthcare systems and this diagram shows how fragmented the system is in Jersey. Service-users do not recognise individual organisations and boundaries, they just have needs that must be met – where there are multiple boundaries patients can fall through gaps. Using the example of the Mental Health Services Partnership (whole system view), this is way of managing these gaps and reducing overlaps and omissions.

However, as the health system spends approx. £50 million commissioning services (both on and off-Island), this would be a helpful addition to the document. CB reminded the Board / public that HCS is not just a provision organisation and it also commissions services. In other healthcare jurisdictions, separate organisations manage the commissioning function.

A ministerial priority was agreed regarding the establishment of an Island Health and Care Strategy during 2024 and this is an urgent requirement. This strategy must include how the disconnect across all services (public, private and third sector) is managed and supports integration.

CD stated her main concern is the financial recovery programme referred to in the Annual Plan and whilst OH is confident that the plan will be delivered overall, at what point in the year will this occur and will the financial position affect delivery.

ACTION: AM will update the Annual Plan 2024 to include commissioning and the ministerial priorities once determined.

CD suggested some minor rewording regarding workforce.

14	#BeOurBest Programme – Annual Update	Action

AM noted that the Board received a detailed report during 2023. Paper taken as read which provides an annual review and summary of the achievements made so far.

Key objectives requested by the review and actions set out by the Minister in her Report have been addressed and implemented. These include the establishment of the HCS Advisory Board, provision of additional resources and expertise (Change Team), adoption and implementation of NICE guidelines, appointment of a Freedom to Speak Up Guardian, establishment of a Private Patient strategy, development of accountability frameworks and assurance reporting mechanisms, independent feedback on patient experience, clarity of roles and responsibilities, establishment of a health policy function, patient focus, cultural change programme and workforce.

Noting that the programme governance established to oversee the action planning and monitoring of recommendations has been in place since 2022, AM recommended that the existing governance structures (Board and Assurance Committees) are now used to set the objectives and monitor progress with recommendations and actions.

Acknowledging the large amount of improvement activity that has and continues to take place. How can HCS be assured that this is making a difference, particularly regarding culture? CB responded that there a variety of methods that can be used including BeHeard Survey and Pulse Surveys. CP advised that a key measure is engagement with HCS and there has been a positive increase seen through Team Talks. In addition there a number of engagement indicators including award and recognition events. Engagement is increasing from staff groups who have typically been hard to reach (lower grade staff and those where English is not their first language) – now thinking creatively about how forums can be built for these groups to enable their voice to be heard and provide feedback. In addition, medical staff have not engaged as well as other professional groups and working to enable their voice to be heard. CD suggested the development of a dashboard to demonstrate how the organisation feels different. CP responded that the dashboard has been in development with the Head of Health Informatics over the last two months, understanding what the KPIs would be for staff and patients (as the aim is to deliver high quality safe care to patients). BN noted that activity through the Freedom To Speak Up Guardian (FTSUG) is a good indicator, and the increased activity demonstrates that individuals are feeling more confident to speak up. CB advised that individuals also approach himself and other Directors more willingly to discuss matters of concern. ACTION: CP to present the dashboard at a future Board meeting (timescale to be agreed)	

	Questions from the Public	**Action**
Person A: Can the Board think about a speak up guardian for patients and publicise this really well? **Response:** JM responded that the Head of Patient Experience role is currently vacant, but a member of the team is acting up into this role to oversee the service (PALS and feedback). The signposting to the service has been raised through the Patient Panel at the beginning of Feb 2024. A comms plan is in progress as it is acknowledged that the PALS and feedback service has not been launched well, including access arrangements. The first point of contact should be through the PALS service and the team is located at the front of the Hospital – however, this is not well sign posted for people to access and working to resolve this. The PALS team should be able to resolve any issues within five days and if not, it moves into a formal complaint. However, the emphasis is early resolution. JM has reached out to UK colleagues who confirmed that their PALS office is the first point of contact. A senior nurse for patient experience sits in the team and for more complex issues, this nurse can be called into PALS to support whoever is raising an issue. In summary, HCS is really trying to improve the service with the patient experience team and to make it more accessible to all the public. ACTION: CD asked for this issue to be brought back to the next Board meeting. CG advised that it was proposed at the Quality, Safety and Improvement Committee yesterday to have a lay member (recruitment to be determined) and also start each meeting with the patient voice. Person A suggested that following the well-publicised FTSUG, there should be an equally well publicised equivalent for patients. CS advised that the office of the Chief Nurse is also assessing how Martha's Rule can be introduced which once fully implemented provides patients, families and carers 24-hour access to a review and being heard. This will also need to be well-publicised. TH responded that this relates to the previous discussion regarding the impact of the improvement work and how the organisation feels different.	

Person B: Commented that the Board is a good thing providing openness and transparency for the people of Jersey. Using a personal example, B highlights the topic of recruitment and retention. It took 10 months for the Sates Employment Board (SEB) to approve funding for his replacement after his retirement was announced. This must be addressed. In addition, when recruiting, candidates are waiting at least 9-10 months for the offer to come through. There has been a campaign to recruit HCAs and there were only seven applicants / successful recruits following this – things need to be done differently. Exit interviews are important to understand why people leave the organisation. Referencing CG's question about remote physiotherapy and long waiting times, B stated that six physiotherapists resigned approx. one year ago, and the organisation does not know why (through formal channels). Many locums enjoy working in Jersey and are renumerated substantially higher than the standard contract. Consequently, when these individuals apply for substantive positions, they want similar renumeration which cannot be done. The pay structure for Consultants needs to be reviewed to retain the current workforce and attract people from elsewhere. CD thanked B for points well made. **Person C:** Using a personal example, C highlighted that the correct information was not given to her in a timely manner and if she had not acted, her planned surgery would have been cancelled. CD noted this is not good enough but is a good example of what was discussed earlier in the agenda (item 7). **Person D**: Identified herself as an ex-Civil Servant who did not have an exit interview and is aware of staff who have left recently without an exit interview. Response: CD thanked D for this and as the exit interviews are not managed by HCS, CD asked BN to escalate this appropriately and explore whether HCS can conduct these. TH thanked CD for chairing the meeting to a very high standard. Noting the discussions about patient experience and hearing the patient voice, TH advised he is passionately committed to hearing the patient voice and other roles reflect this passion. CD thanked all in attendance for their contribution and participation and EOC / DL for the preparatory work.	

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

	A	B	C	D	E	F	G	H	I	J	K
1	HEALTH AND COMMUNITY SERVICES ADVISORY BOARD - ACTION TRACKER (OPEN)										
2											
3	**Action Number**	**Meeting Date**	**Agenda Item**	**Agenda Description**	**Action**	**Accountable Executive**	**By When**	**Progress report**	**Escalated to / when?**	**Action Closed Date**	**Status**
4	128	29-Feb-24		Questions form the public	CD asked for this issue (PALS / patient experience service) to be brought back to the next Board meeting.	Jessie Marshall	Mar-24				Mar Agenda
5	127	29-Feb-24	14	#BeOurBest Programme - Annual update	CP to present the culture dashboard at a future Board meeting.	C. Bown	TBC				TBC Agenda
6	126	29-Feb-24	15	HCS Annual Plan 2024	AM will update the Annual Plan 2024 to include commissioning and the miniterial priorities once determined.	A. Muller	TBC				TBC Agenda
7	125	29-Feb-24	13	Mental Health External Review Implementation	CD asked for an update on the work to join up Mental Health Services and Acute Services as it progress (timescale to be determined)	A. Weir	TBC				TBC Agenda
8	124	29-Feb-24	9	Workforce Report Month 1	Recruitment Mapping Process, HCA recruitment campaign and apprasial rates to be placed on agedna for People and Culture Committee	B.Nutall	Mar-24	On the agenda for the People and Culture Commitee 27th March 2024			Mar Agenda
9	123	29-Feb-24	8	Waiting List Report Month 1	CT will present the fully validated waiting lists within the next three months	C. Thompson	by Jun 2024				OPEN
10	122	29-Feb-24	8	Waiting List Report Month 1	The impact of the implementation of the new electronic patient record (EPR) upon the waiting list to be included in the March report.	C. Thompson	Mar-24	Included within the QPR report at the March meeting.			Mar Agenda
11	121	29-Feb-24	7	Quality and Performance Report	CG and CT to discuss remote physiotherapy opportunities.	C. Thompson	Mar-24				OPEN
12	120	29-Feb-24	7	Quality and Performance Report	CT to include the impact of weekly task and finish upon cancellations (and reasons for cancellation).	C. Thompson	Mar-24	Included within the QPR report at the March meeting.			Mar Agenda
13	119	29-Feb-24	4	Matters Arising	EOC to add the Royal College of Surgeons terms of reference as an addendum	A. Muller	March 2024	Added as an addendum to the minutes of the last meeting and on the website 21 March 2024			OPEN
14	118	25-Jan-24	12	Rheumatology Report	To determine with the Chair (once appointed) and Dr Clare Gerada the frequency of board reports detailing progress against the actions to meet recommendations.	C. Bown	Feb-24	Update 29 Feb 2024 Following the appointment of TH, TH and CG to meet and discuss the frequency of rheumatology reports received at the Board. Rheumatology was discussed at the Quality, Safety and Improvement Assurance Committee yesterday and a verbal update will be provided at item 10 on this morning's agenda.			OPEN
15	115	25-Jan-24	8	Workforce report Month 12	Evidence of nursing appraisal (to ward level) will be presented to the board to provide assurance on a quarterly basis.	Jessie Marshall	Apr-24				Apr Agenda
16	114	25-Jan-24	7	Quality and Performance Report	AW to provide a paper on neurodevelopmental services in May 2024.	Andy Weir	May-24				May Agenda
17	110	25-Jan-24	6	Chief Officer Report	CT to feedback on timeliness of MRI scan reporting.	Claire Thompson	Feb-24				OPEN
18	109	06-Dec-23	19	Cultural Change Programme	Progress against the Cultural Change Plan to be reported to Board in 3 months' time (March 2024).	Cheryl Power	Mar-24				Mar Agenda
19	103	06-Dec-23	14	Serious Incident (SI) Position Statement	The lack of clarity regarding clinical governance of arrangements of JAS and CAMHS will be discussed at an additional meeting (outside of Board).	Chris Bown	Feb-24				OPEN
20	102	06-Dec-23	14	Serious Incident (SI) Position Statement	HMT noted the monitoring of compliance in maternity services is encouraging and asked that the Board receives an outcome of this work at a future meeting (February 2024).	Patrick Armstrong	Feb-24	Currently a monthly item			Mar Agenda
21	101	06-Dec-23	13	Winter Plan 2023	Update on the success of the winter plan in Feb 2024.	Claire Thompson / Andy Weir	~~01/02/2024~~ March 2024	As the winter period continues, this will be presented to the Board in March / April 2024			Mar Agenda
22	96	06-Dec-23	6	Chief Officer's Report	The board to receive a report indicating progress on increasing the number of ACPs (March 2024).	Jessie Marshall	~~01/03/2024~~ TBC				TBC Agenda
23	93	1st Nov 2023	19	Questions from the public	HMT requested a paper explaining where all the delays occur in the discharge process, including hospital pharmacy versus community pharmacy.	C. Thompson, A. Weir	Jan-24				Mar Agenda
24	88	1st Nov 2023	9	Workforce Report Month 9	SG to include the data from the independent exit interviews in future workforce reports (March / April 2024).	Steve Graham	March / April 2024				Apr Agenda
25	85	1st Nov 2023	7	Quality and Performance Report Month 9	Elective Theatre Utilisation to be split according to public / private	Claire Thompson	Dec-23				OPEN
26	79	1st Nov 2023	4	Picker Survey	A further verbal update can be given at the Board in December 2023 (link to action 59).	Jessie Marshall	March 2024 ~~01/12/2023~~	Update 6 Dec 2023 JM confirmed that the current survey will close mid-January 2024, with preliminary information received during February 2024 and the final report in March 2024. The Picker Institute will attend the Board meeting during March (if requested) to provide feedback. In addition, this can also be presented to the Patient and Public Engagement Panel. Remain OPEN (for future agenda March 2024).			Mar Agenda
27	76	1st Nov 2023	4	Management of Incidents of Racial Abuse	Prosecution Policy to be presented to the Board (link to action 70).	Andy Weir	~~01/02/2024~~ May 2024				May Agenda

	A	B	C	D	E	F	G	H	I	J	K
28	72	04-Oct-23	24	Mental Health and Capacity Legislation – Report from the Multi-Agency Assurance Group	It was agreed that this report is presented to Board on a 6 monthly basis (March 2024).	A. Weir	Mar-24				Mar Agenda
29	31	10-Jul-23	13	Finance Report – Month 5	HMT and CB will discuss the lack of budgetary information available to budget holders with KPMG.	H. Mascie Taylor / Chris Bown	Feb 2024 ~~December 2023~~ ~~01/10/2023~~	Update 6 Dec 2023 It is anticipated that budget holders will have electronic access to their budgets in Jan / Feb 2024 (Q1 2024). To mitigate the risk, the finance business partners provide manual reports to the care groups monthly and accountable officers are held to account through the performance reviews. For a further update in February 2024. Update 4 October 2023 OH explained that the lack of budgetary information available to budget holders has been tracked over the last six months. Following the implementation of the new system, access rights were changed. The HCS finance team have been told that work to resolve this has been delayed with a revised timeframe of Quarter 1 (Q1) 2024. The HCS Finance Business Partners have limited access, it is the wider access across HCS that will take time. CB noted this was not a satisfactory position. To mitigate the risk associated with this lack of access, the finance business partners download the information and produce reports for budget holders. However, this is an inefficient (manual) process. OH provided assurance that there is a process in place to hold budget holders to account for management of their budgets including weekly meetings with the care groups and the care group performance reviews. The Board asked to be provided with an update at the meeting in December Remain OPEN.			OPEN

Health and Community Services

Health and Community Services Advisory Board Report

Report to:	Health and Community Services Advisory Board		
Date of meeting:	28th March 2024		
Title of paper:	Chief Officer Report		
Report author (& title):	Chris Bown, Chief Officer HCS	**Accountable Executive:**	Chris Bown, Chief Officer HCS

1. Purpose

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

2. Executive Summary

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

3. Main Report

Guernsey / Jersey Working Group

A joint working group between Jersey and Guernsey Health and Care authorities has been established and a joint press notice was released on 5 March 2024[1]. The alliance has been established to provide shared opportunities for joint working in matters relating to health and social care across the Bailiwick of Jersey and Bailiwick of Guernsey.

The primary purpose of the alliance is to provide a forum for collaboration and partnership on the design and development of health and social care services across the sector where innovation and transformational change is required. The guiding principles for the alliance are:

- Taking a 'whole system' approach to make health and social care services more integrated and resilient across Jersey and Guernsey.
- Focusing on opportunities for joint working and collaboration for the benefit of both

[1] https://www.gov.je/News/2024/Pages/JerseyAndGuernseyCommitToWorkTogetherOnHealthAndCareChallenges.aspx

jurisdictions.

- Enabling health and social care service developments that are affordable, sustainable and deliver the best outcomes for both communities.
- The Alliance for Health and Social Care is a complementary alliance to the Guernsey and Jersey Public Health Alliance.

The Alliance meets bi-monthly and aims to report back on progress to the Board and the Minister twice a year. The Terms of Reference are included in the Board papers as Appendix 1.

Culture Change Programme

A whole HCS Team Talks session held towards the end of February resulted in our largest engagement of employees (70) for these monthly sessions. Facilitated by myself, Team Talk sessions are for everyone working in HCS whether they are clinical or non-clinical and provide a relaxed space to share information or ask questions. Information was shared at this session about the outcomes of a survey we have recently implemented across HCS about experiences of racial discrimination. A lot of work has been happening in this space including an anti-racism statement which is an item on our Health Board agenda.

Earlier this month 44 employees attended our monthly Schwartz Round with a specific theme about 'The Power of Kindness in HCS'. Schwartz Rounds are a structured safe forum where clinical and non-clinical colleagues reflect on the emotional aspects of working in health care.

Leadership as a BeHeard engagement factor represented the lowest score for HCS. An evidence-based leadership development programme commenced early February for HCS executive and senior leaders. Additional training cohorts are scheduled for April, May, June and September 2024 for other leaders and managers across HCS. This development will enable a significant number of our leaders and managers to be trained in the same leadership model, strengthening our business objective of creating development and growth in our leaders.

Intensive cultural interventions have continued across targeted services in HCS.

There have been a number of staff achievements during February.

- We welcomed Sarah-Jane Stead as Lead Pharmacist for Immunotherapy.
- We announced Emily Sombillo-Robinson and Amy Laurent-Medder (our newly qualified Operating Department Practitioners) who recently graduated with first class honours.
- The Oncology Department launched a Service Directory as part of the Jersey Cancer Strategy, which was launched last year. The Service Directory launch gained exceptional coverage from the various media outlets and has helped to increase awareness with Islanders.
- The Pharmacy department introduced new posters in the waiting area, to communicate key messages to queuing patients. As well as a new vinyl door wrap which promotes the 24hr prescription drop box and explains how Islanders can drop their prescription and collect their medicines at a later date, to save them from queuing.
- Over 80 colleagues completed the first HCS Racism and discrimination survey.
- We introduced our new HCS Director of Workforce Bill Nuttall, to HCS colleagues.
- Communication was shared that the Jersey Hospital/ Cardiology department has been chosen as one of eight hospitals in the UK to take part in a pilot scheme run by the British Heart Society, designed to reduce heart disease.

- Our Senior Chargehand Porter, Donna Murphy won the National MyPorter Awards: International Porter of The Year Award.

Patient Panel

The most recent Patients' Panel meeting was held on Tuesday 19 March. The Panel received two presentations. The first was regarding the Patient Knows Best software, which allows both patients and healthcare providers to access online patient records and data. This was followed by a question-and-answer session, and the promise of more patient involvement as the software continues to be tailored for Jersey.

The Patients' Panel also received a presentation from the New Healthcare Facilities Project, who outlined the latest concept designs for the Overdale site, as well as a broad overview of the project to date. Question and answers followed this presentation also.

The next meeting is scheduled for Monday 22 April.

Patient Experience

The Picker report (item 7) summarises the findings from the Jersey Patient Experience Survey Programme. The programme seeks feedback from adult users of five services to inform improvement activities:

- Inpatient
- Outpatient
- Maternity
- Urgent and emergency care
- Community mental health services

This feedback was collected via a survey programme conducted by Picker on behalf of Health and Community Services. The 2023 survey was conducted between October 2023 and January 2024 with more than 5,500 people who had received care from one of the five services above invited to participate and received the questionnaire by post. The contributions made by those who completed the survey have provided a valuable understanding of the quality of care currently being provided by HCS. The feedback received will inform improvement activities for each of the five services within the survey programme.

Workforce

Workforce Attraction / Recruitment and Retention Packages are being developed and this will be discussed with the Gov.Je States Employment Board (SEB) in April 2024 aimed at addressing hard to recruit roles. These will be discussed with Executive Directors first for sign off.

Developing a calendar of targeted recruitment campaigns which will be planned and budgeted this year, over the next 9 months to December 2024 and then factored into the 2025 Workforce Budget.

Finance and Financial Recovery Programme (FRP)

- The 2023 year-end outturn deficit was £32.5m which is a £6.5m variance against forecast due to staff cost pressures during winter with exceptionally high agency spend in Q4,

additional spend on expensive oncology drugs, patient travel and accommodation costs, and high inflationary costs of Mental Health placements and Social Care packages.

- FY23 FRP savings delivery was £3.2m vs £3m target, overachieving by £0.2m.

- FY24 YTD M2 deficit is £5.1m giving a headline monthly run-rate of £2.5m. Adjusting for one-off items and non-recurrent costs the underlying monthly run-rate is £1.2m. The current FY24 year-end forecast is a deficit of £18.0m.

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

- Immediate turnaround actions are being taken to rapidly reduce the year-end exit run-rate including further tightening of grip and control measures on pay and non-pay, removing delays to recruitment processes and workforce attraction packages, enhanced bank staff use to eliminate overtime and additional hours, resources for large contracts review, and additional mitigation schemes including income maximisation. These measures are expected to start impacting the reduction in run-rate from Q2 onwards.

- Any delays in this support becoming fully functional by Mar-24 is likely to result in slippage of savings delivery to the following year, making it unlikely to be recoverable in-year, and will require making additional savings this year to remain within the required budget constraints. However, this is only a timing delay and the savings will still be delivered in FY25.

- FY24 FRP savings of £508k have been delivered vs £565k plan at M2 YTD with the £57k variance expected to be recovered in Q2.

- Recognising the inevitable multiple challenges that are faced in delivering a major financial recovery and change programme, we remain focused on delivering the FRP plan which provides a detailed strategy and clear roadmap towards financial recovery that is sustainable by creating a culture of ownership and accountability, with frontline clinical and operational teams supported by the PMO delivery team working alongside them to drive forward the improvements at pace while managing the associated risks.

Quality and Safety

February data demonstrates a continued decrease in patient complaints with an increase in early resolution and response times continuing to improve. The patient advice and liaison service continue to proactively work closely with patients to identify concerns and issues leading to early resolution. A marketing campaign is currently being development to raise awareness of the services provided by the patient experience team to support patients and relatives to provide feedback and raise concerns

It is encouraging to note that the incidence of hospital acquired pressure damage continues to

decrease as does the number of patient falls.

There has been a slight increase in the number of C.difficile infections within the hospital compared to the same time last year. Early indications demonstrate no evidence of cross infection.

Mental Health and Social Care

Work has been undertaken with the Memory Assessment Service team to develop an improvement trajectory in relation to waiting times; it is expected the service will be able to achieve the 6-week referral to diagnosis key performance indicator (KPI) by September (currently 161 days wait). Work is also underway with the ADHD service to reduce waiting, as previously reported. Achievement in relation to access to mental health services remains very positive, for both crisis and routine referrals. In social care, we recently noted the number of very positive Jersey Care Commission (JCC) inspection reports that have been received by our services, recognising the work and leadership of our Registered Managers.

Waiting Lists: Hospital Services

A core number of specialities in acute services continue to have patients waiting over 52 weeks for a first outpatient appointment however the positive impact of recovery plans is noted in the Month 2 Quality and Performance Report (QPR). Focus is concentrated on the remaining services to deliver a return to meeting the standard trajectory (>52 weeks QPR) and increasing the relevant capacity to ensure these patients receive their first appointment as a priority over the next couple of months

Elective waiters over 52 weeks

There continues to be a downward trend in the number of patients waiting over 52 weeks for surgery. Waiting list activity (WLI) activity is in place to reduce the long wait patients, additionally validation of the PTL and clinical review of the patients is happening to ensure accuracy of the number of patients waiting for treatment.

The impact of the implementation of the electronic patient record (EPR), MAXIMS, are detailed in the Quality and Performance Report.

Emergency acute services

A continued improvement in the number of non-clinical transfers taking place out of hours is noted. Winter pressures impacted swifter flow from the emergency department (ED) into the acute bed base due to meeting the requirements of infection prevention and control (IPAC) and same sex care. However, Plemont Ward opened on the 19th February which has brought additional capacity to support both emergency and elective capacity.

4. Recommendation

For noting.

END OF REPORT

Channel Island Alliance for Health and Social Care

TERMS OF REFERENCE

The alliance has been established to provide shared opportunities for joint working in matters relating to health and social care across the Bailiwick of Jersey and Bailiwick of Guernsey.

The primary purpose of the alliance is to provide a forum for collaboration and partnership on the design and development of health and social care services across the sector where innovation and transformational change is required. The guiding principles for the alliance are:

- Taking a 'whole system' approach to make health and social care services more integrated and resilient across Jersey and Guernsey.
- Focusing on opportunities for joint working and collaboration for the benefit of both jurisdictions.
- Enabling health and social care service developments that are affordable, sustainable and deliver the best outcomes for both communities.
- The Alliance for Health and Social Care is a complementary alliance to the Guernsey and Jersey Public Health Public Health Alliance.

Lead Author	Dermot Mullin	
Contributors	All members of Alliance	
Version	1.0	
Jersey and Guernsey Signatories	Dr Anuschka Muller Director Improvement Government of Jersey	Dermot Mullin Director of Operations States of Guernsey
Issue Date	13 February 2024	
Review Date	Annual	

Terms of Reference

1. Constitution

1.1 The Minister for Health and Social Services (Jersey) and President for Health and Social Care (Guernsey) resolve to establish a Channel Island Alliance for Health and Social Care, which has no executive powers.

2. Purpose

2.1 The primary purpose of the alliance is to provide opportunities for joint working across Jersey and Guernsey on the design, resilience and sustainability of health and care services across both islands where innovation and transformational change is required.

2.2 It will be the key group for making recommendations to the respective political bodies on opportunities for greater collaboration and mutual benefit in providing affordable and sustainable health and social care delivery.

2.3 The alliance will consider how health and social care is integrated to ensure the highest quality outcomes are achieved within the resources available, but that equity of access is achieved.

2.4 The alliance may also provide advice to other government departments and health and social care organisations as requested by the Minister or President.

3. Organisation and Governance

3.1 The alliance is authorised by the Minister and President to undertake the activities described in these terms of reference.

3.2 Where topic areas cross over between this Alliance and the Guernsey and Jersey Public Health Alliance, either of the two alliances could propose and if agreed host, a joint alliance meeting.

3.3 The alliance may establish sub-committees/alliances and task groups as it deems necessary to undertake its role.

3.4 The chairperson of the alliance will be Anuschka Muller, and the vice chair will be Dermot Mullin.

3.5 The alliance will report to their respective Political Leaders on a quarterly basis.

3.6 Decisions and recommendations from the alliance will be jointly agreed.

3.7 Quorum will be a minimum of two members from each jurisdiction.

3.8 The terms of reference will be reviewed annually.

4. Membership and meeting arrangements

4.1 Members

The alliance will consist of:

MEMBERSHIP	
Chris Bown	Chief Officer, Health and Community Services, Jersey
Ruth Johnson	Director of Strategic Health Policy, Jersey
Dr Anuschka Muller	Director of Improvement and Innovation, Jersey
Prof Dr Peter Bradley	Director of Public Health, Jersey
Dermot Mullin	Director of Operations, Guernsey
Dr Nicola Brink	Director of Public Health, Guernsey
Emma Le Tissier	Committee Secretary, Guernsey
Elaine Burgess	Director of Care Delivery, Guernsey
Helen Ridgwick	Associate Director, Operational Support, Guernsey

In addition, subject matter experts can be co-opted to the alliance as appropriate and upon such basis as the alliance shall determine.

4.2 The alliance shall meet six times a year unless they shall otherwise agree. The alliance may call additional meetings for urgent or exceptional issues that cannot wait until the next planned meeting.

5. Collaborative Working Arrangements

5.1 Guernsey and Jersey shall both be represented on a Channel Islands Alliance for Health and Social Care. The chairperson of this alliance shall rotate between Jersey and Guernsey every twelve months. Meetings shall take place every two months and may take place via video link.

5.2 The alliance will be a forum for the development of both health and care policy and strategic direction surrounding the operational delivery of health and care services. This work will be informed by comprehensive health and social care information provided by both Islands and will seek to demonstrate good governance and accountability.

5.3 The alliance will identify core areas of focus to develop each year, based on, but not limited to the themes of:

- Professional Liaison & Operational Mutual Support
- Operational Delivery
- Procurement Resource Management
- Recruitment
- Shared learning and education.

5.4 In developing these areas of focus, the group will be mindful of the resources available within the respective Islands to progress and any links to each island's strategic priorities.

5.5 To foster these collaborative working relationships, each specifically undertakes:

- Not to actively recruit staff currently in the employment of the other jurisdiction.
- To consult before recruiting in respect of any senior/statutory post to assess opportunities for joint working.
- To develop joint strategies for the recruitment of professions where there is a particularly acute international shortage.
- To share, and to develop collaboratively, proposals for workforce planning, recognising that both Islands need to have enough staff with the right skills and values to deliver health and care services.
- That their respective Chief Officer/Director of Operations will, when entering negotiations regarding the terms and conditions of health and care professions, collaborate with their counterpart, cognisant of the impact of any change on the other authority.

5.6 The alliance also has a responsibility for identifying matters of emerging concern within health and social care services and ensuring that these are brought to the attention of the Minister and President at the earliest opportunity.

6. Code of Conduct for Members

6.1 All members will adhere to the widely adopted and used Nolan Principles set out below:

6.1.1 Selflessness

Holders of public office should act solely in terms of the public interest.

6.1.2 Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

6.1.3 Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

6.1.4 Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

6.1.5 Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

6.1.6 Honesty

Holders of public office should be truthful.

6.1.7 Leadership

Holders of public office should exhibit these principles in their own behavior. They should actively promote and robustly support the principles and be willing to challenge poor behavior wherever it occurs.

7. Information Sharing

7.1 Alliance members, while respecting the confidentiality of their respective information, commit to the appropriate sharing of information where in the interests of informed, evidence-based health and social care delivery.

Alliance members will have a presumption to share any information relating to: -

- Any anonymized patient/service user records to inform population-based health and social care delivery.
- Any matter relating to the availability of, and demand, for health and social care services.
- Any anonymized information regarding staffing groups, including the numbers employed and their terms and conditions.

7.2 Alliance members shall exchange information only to the extent permitted by law and any information supplied by one island shall only be used by the other island for the purpose for which it was obtained and, except as required by law, shall not be used for any other purpose or passed to a third party without the consent of the jurisdiction that supplied the information.

7.3 The exchange of information between the members shall, as far as practicable, be conducted in a timely and accurate fashion and confirmed in writing (or electronic form).

8. Approval and Review

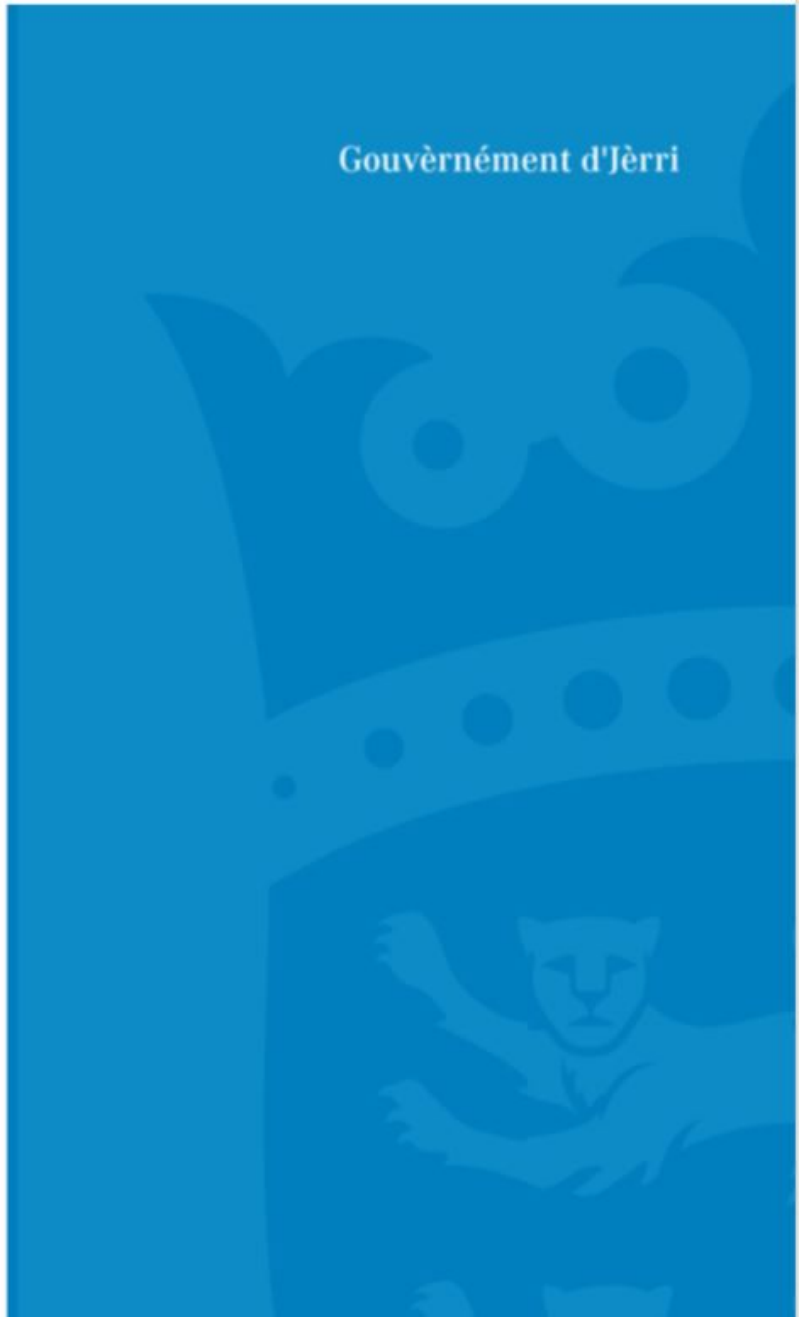
The terms of reference shall be approved by the Alliance with at least three members from each Bailiwick present.

The Terms of Reference shall be reviewed and evaluated annually.

END

Health and Community Services

Quality and Performance Report
February 2024



Health and Community Services

INTRODUCTION

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

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

SPONSORS:

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

DATA:

HCS Informatics

Health and Community Services

STATISTICAL PROCESS CONTROL (SPC) CHARTS

WHAT ARE SPC CHARTS?

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

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

HOW TO READ SPC CHARTS

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

Elective Care Performance

Section Owner

Chief Operating Officer – Acute Services

Performance Narrative

New Patients over 52 weeks for first appointment

A core number of services continue to have patients waiting over 52 weeks for a first outpatient appointment. These are, in the main, General Surgery (10), Ophthalmology (236), Orthopaedics (19), Dermatology (162), ENT (8), Clinical Genetics (173). Focus is being concentrated on these services to increase capacity to ensure these patients receive their first appointment as a priority over the next couple of months. Recovery plans will address the discrepancy between current performance & the trajectory to meet the phased standard, but the positive downward trend is noted.

Elective waiters over 52 weeks

There continues to be a downward trend in the number of patients waiting over 52 weeks for surgery. General Surgery (136), Orthopaedics (125) and ENT (35) remain the specialties with the highest number of patients waiting longer than 52 weeks for their elective procedure. WLI activity is being undertaken to reduce the long wait patients, additionally validation of the PTL and clinical review of the patients is happening to ensure accuracy of the number of patients waiting for treatment.

DM01 standard

The standard sets a trajectory to deliver the DM01 standard by year end as is a new performance metric and the resource requirement to deliver this is yet to be understood. The graph is showing total number of patients waiting over 6 weeks for a diagnostic test. There has been a reduction in month by just over 100 patients. Further work to develop this graph to accurately reflect part of the DM01 standard will be presented for April's data in May.

New to Follow-up

This ratio continues to reduce. Included in the data are those specialties who require high new to follow-up ratios due to the patient pathway, these include orthodontics, oncology and renal. The inclusion of these services is impacting the overall ratio. Most of the other services are showing a new to follow-up ratio below 2%.

DNA Rate & WNB Rate

The DNA and WNB rates continue to fall in line with improvement in communication methods with patients. As the outpatient improvement work gets underway, the DNA/WNB standards will be an early focus.

Theatre Utilisation

Theatre Utilisation is steadily improving. Theatre patient flow group will be established over the next month to identify blockers in efficiency through theatres including pre-operative processes to reduce near to or on the day cancellations. In addition, GIRFT will be visiting in April to review processes from an NHS perspective.

Elective Care Performance

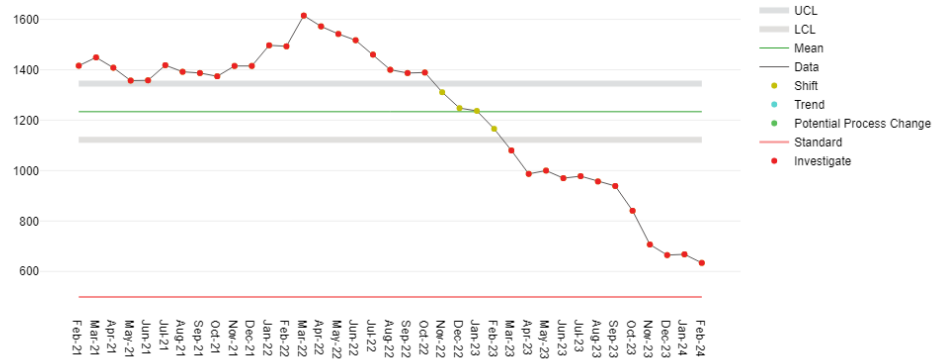
Cancelled Operations on the day

As winter pressures subside, the service has seen a fall in the number of operations cancelled on the day due to beds. This trend should continue into the summer, ensuring elective capacity is optimised. Additionally, the theatre flow group will be reviewing any administrative issues to cancelled on the day operations. Standard measures have been developed as part of the theatre utilisation dashboard to allow us to consistently monitor performance and actions to address.

Elective Care Performance - SPC Charts

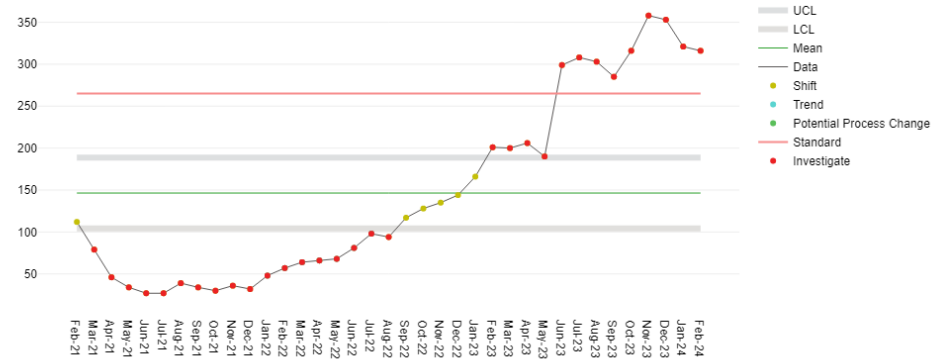
Latest value	Standard
634	<499

Patients waiting for first outpatient appointment Greater Than 52 weeks



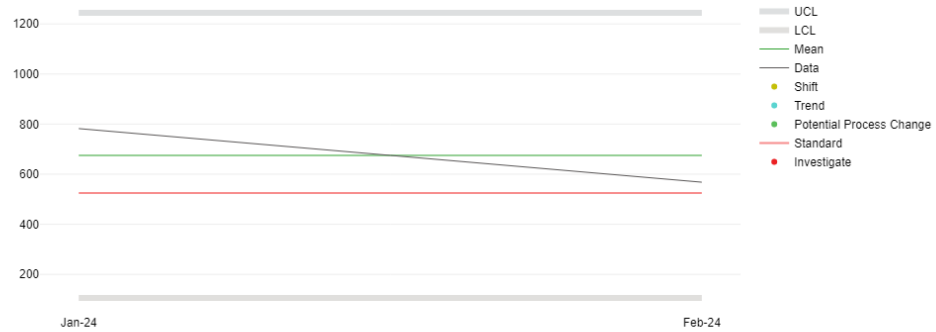
Latest value	Standard
316	<265

Patients on elective list Greater Than 52 weeks



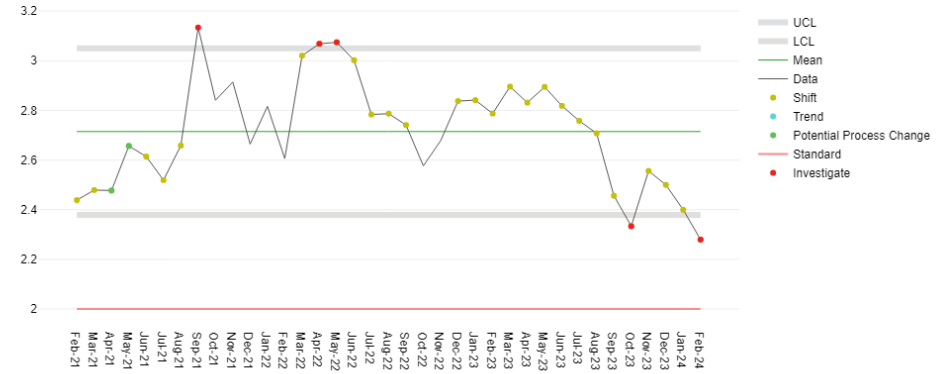
Latest value	Standard
568	<525

Access to diagnostics Greater Than 6 weeks



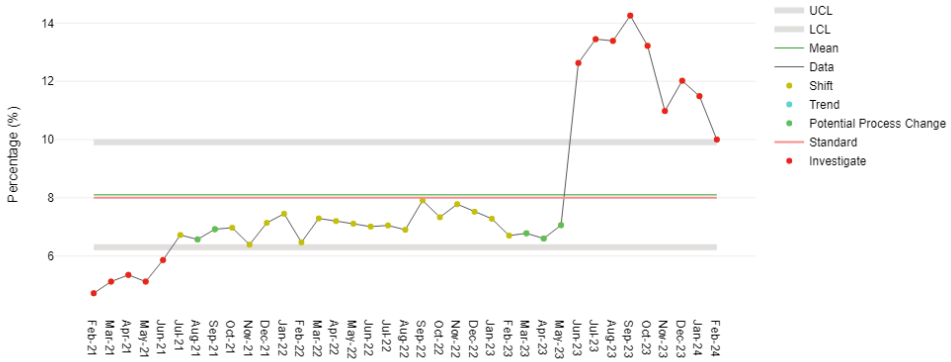
Latest value	Standard
2.28	2

New to follow-up ratio

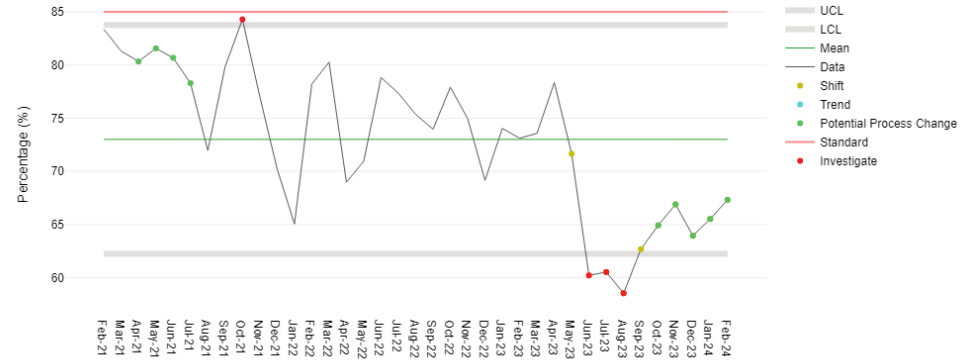


Elective Care Performance - SPC Charts

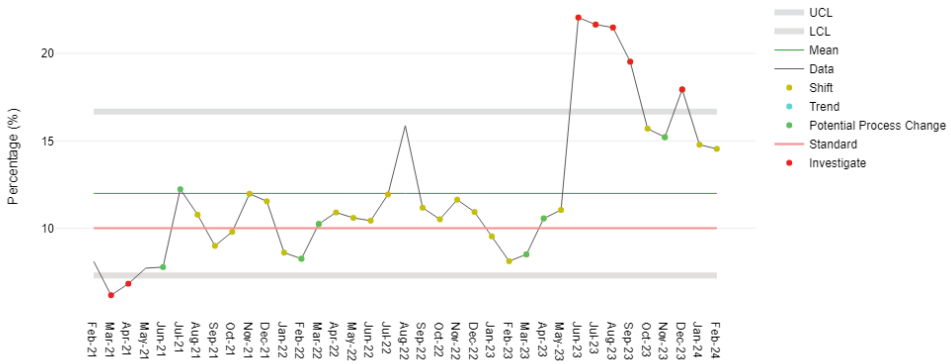
Latest value	Standard
10 %	<=8%



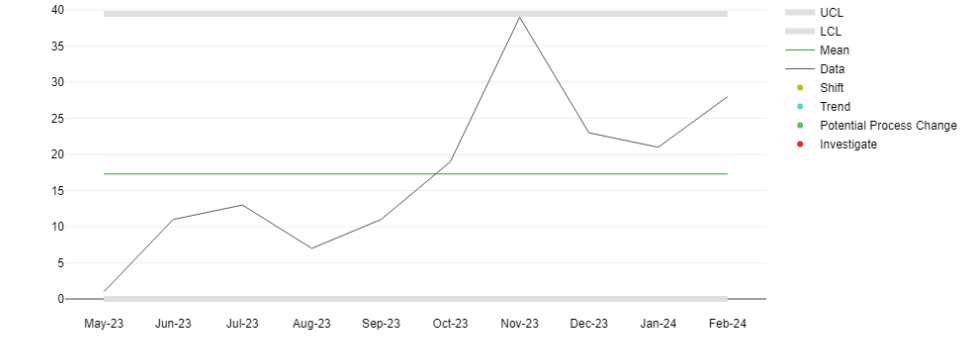
Latest value	Standard
67.3 %	>85%



Latest value	Standard
14.5 %	<=10%



Latest value	Standard
28	NA



Elective Care Performance - Indicator & Standard Definitions

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

Elective Care Performance

Additional Commentary / Deep Dive

The cataract off Island initiative commences at the end of March which will see a steady number of patients removed from the outpatient PTL.

Clinical Genetics remain an issue as patients continue to wait extended periods of time for their assessment. Additional capacity has been sought from Guys and St Thomas's pending the purchase and implementation of the Farrahs software.

Waiting Lists – Impact of moving to Maxims

The Maxims Electronic Patient Record (EPR) is a referral-based patient record system that allows patients to be tracked through an entire pathway from referral to treatment and post treatment care before being discharged from the consultant's care. Our previous Patient Administration System (PAS) (TrakCare) was an episode-based system, which means that each part of the pathway (outpatient activity, diagnostics, pre-assessment activity, inpatient activity, therapy input) was recorded separately – and sometimes a patient had multiple episodes for the same care pathway.

The new EPR requires the data to adhere to certain rules that were not mandated in the previous system. As with any data migration, there was therefore an element of data cleansing required to enable the data to migrate successfully. For pragmatic purposes, generally most acute hospital organisations migrate two years of data to any new EPR/PAS (based on best practice advice from the independent provider who supported the data migration) – however we took the view that we would migrate 2 full years of data and any additional months up to and including our Go Live date. The scope of data migration was therefore defined as any episode of care that was open at 1st January 2020 or any opened after that date (noting that as the Go live date moved twice, this became 3 full years plus 5 months).

New/First Outpatient PTL

As the new system is referral based, all activity must have a referral created in order to be able to book an appointment. This was not required in TrakCare where this referral step was often bypassed and an episode created to record the activity against – in this case we were unable to report a patient as being on the waiting list and unable to calculate the time from the referral being received to the patient being seen. The rigour of creating the referral in Maxims has led to an increase in the waiting list numbers as part of the Maxims EPR implementation – however the numbers much better reflect the actual number of patients waiting to be seen in secondary care.

There were a number of issues identified in the few weeks immediately after Go Live that further inflated the numbers briefly – but each of these has been systematically addressed with a full issues log documented in relation to the issue, including root cause analysis and any fixes applied.

Emergency Care Performance

Section Owner

Chief Operating Officer – Acute Services

Performance Narrative

An increase in patients remaining in the Emergency Department longer than 4 hours is noted, Internal Professional Standards are being developed to support patient flow within the Emergency Department and within HCS as Red2Green initiative monitoring was implemented. As a subset of this the number of patients staying in the department over 12 hours is noted, these were mainly attributable to bed waits, for gender and due to isolation requirements.

At the end of February, the Same Day Emergency Care Unit (SDEC) was co-located to the Acute Assessment Unit to allow the highest likelihood of the planned refurbishment of Bartlett to take place & a response to external peer review.

As the operating model is embedded, the unit is aiming to achieve 33% of the acute admissions take to be managed by SDEC alongside reducing length of stay and improving quality of care for patients by enabling care to be delivered same day.

Delayed transfer of care patients within the hospital on the QPR requires data quality issues to be reviewed however an executive taskforce meeting continues to occur weekly to review and support the wider discharge team with reducing the number of patients delayed in hospital. This is a stable but not insignificant level of capacity within both the JGH & Mental Health in patient units.

A continued improvement in the number of non-clinical transfers taking place out of hours is noted. The golden patient initiative and implementation of the SAFER care bundle aims to improve patient flow by supporting earlier discharge. By discharging earlier has enabled inpatient transfers to be undertaken earlier avoiding the out of hours period which impacts on patient experience.

Rate of emergency readmission within 30 days requires further review in 2024 and will be considered as part of the external physician support for the RCP improvement work.

The average length of stay is noted for February 2024 within SPC charts as within tolerance of the historic QPR standard. Implementation of the Red2Green initiative has enabled tracking of green & red day delays within the Jersey General Hospital. 45% of red days in the month of February were attributable to internal reasons.

The top 3 internal reasons for internal delays are:

- Awaiting Consultant Review
- Awaiting Physio Review
- Awaiting Social Worker Assessment

The top 3 external reasons for internal delays are:

- Awaiting Nursing Home Placement
- Awaiting Package of Care (New)
- Awaiting Residential Home Placement

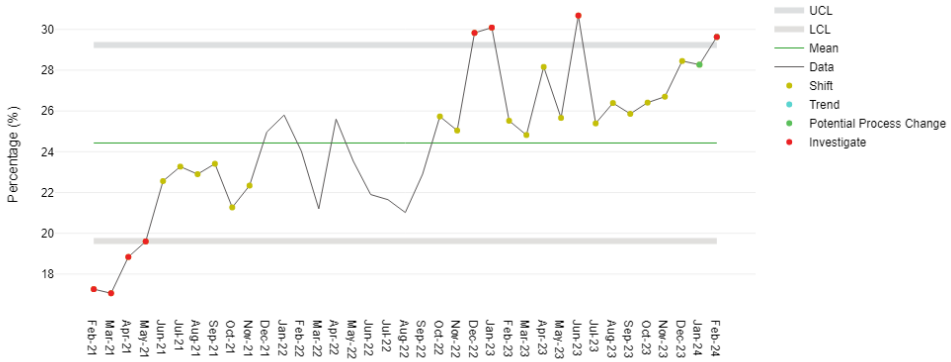
Emergency Care Performance

Escalations

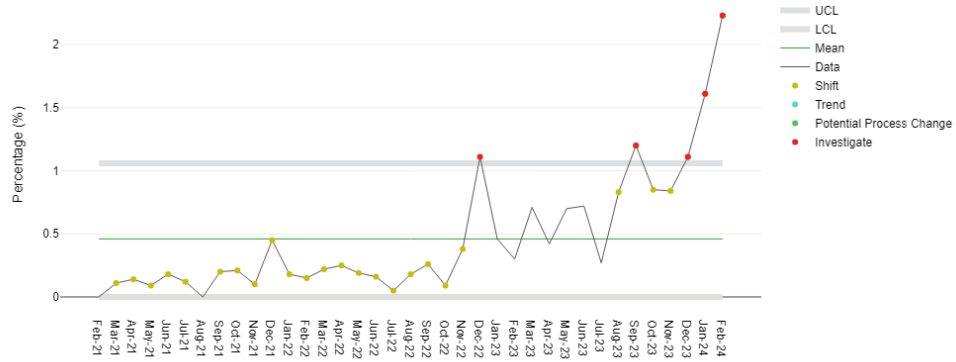
A significant increase in Emergency Department length of stay is noted, the main causes being isolation, gender and general capacity. Actions being taken to address are maintaining additional capacity, R2G & length of stay activity in Clinical Productivity workstream, embedding SDEC & ED processes for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

Emergency Care Performance - SPC Charts

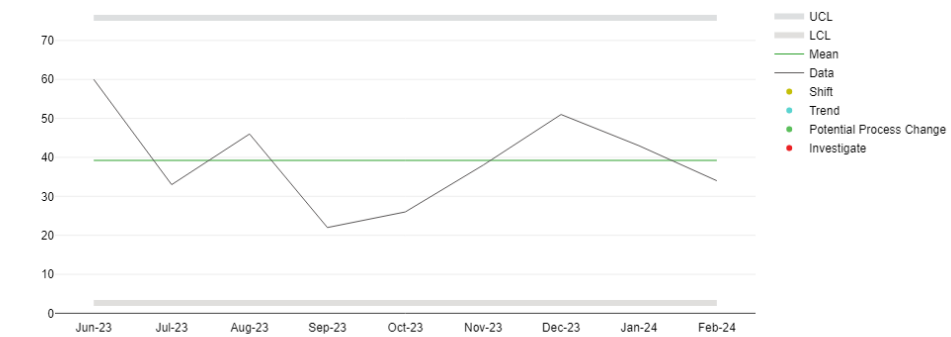
Latest value	Mean
29.6 %	24.4 %



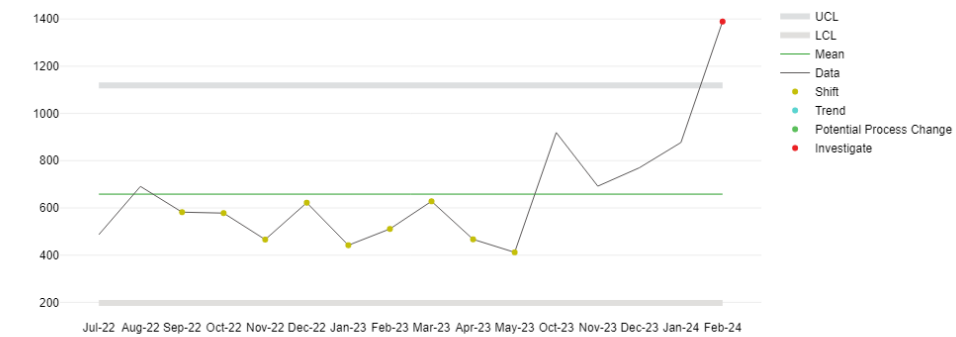
Latest value	Mean
2.2 %	0.5 %



Latest value	Mean
34	39.22



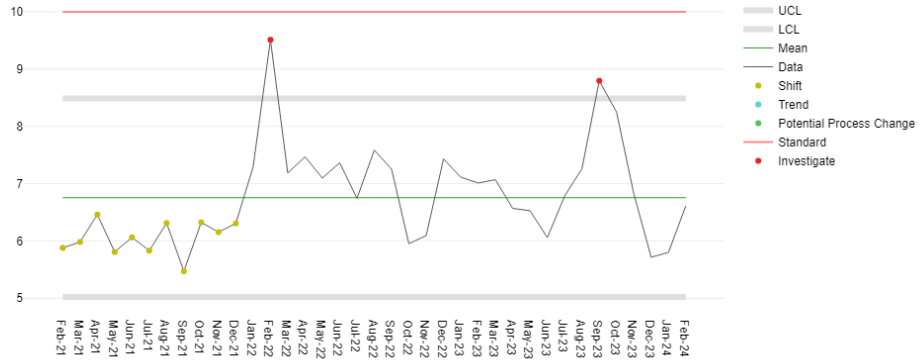
Latest value	Mean
1389	658.31



Emergency Care Performance - SPC Charts

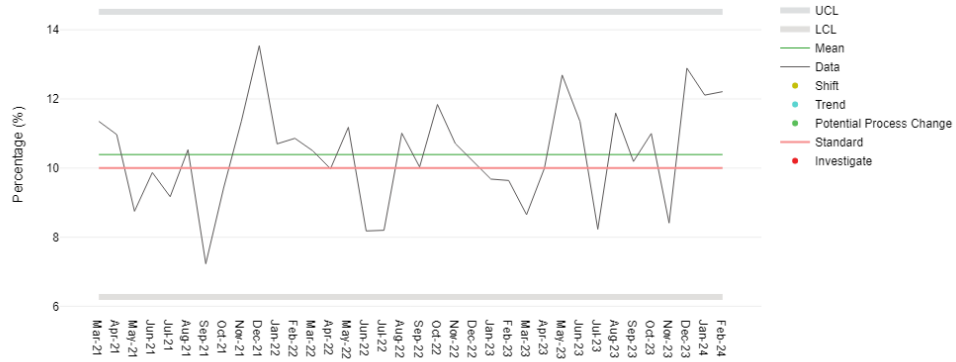
Latest value	Mean
6.61	6.76

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



Latest value	Mean
12.2 %	10.4 %

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



Emergency Care Performance - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
% Patients in Emergency Department for more than 4 Hours	Hospital Electronic Patient Record (TrakCare Emergency Department Attendances (ED5A) & Maxims Emergency Department Attendances (ED001DM))	Not Applicable	Percentage of patients in the Emergency department for more than 4 hours from arrival to departure or admission
% Patients in Emergency Department for more than 12 Hours	Hospital Electronic Patient Record (TrakCare Emergency Department Attendances (ED5A) & Maxims Emergency Department Attendances (ED001DM))	Not Applicable	Percentage of patients in the Emergency department for more than 12 hours from arrival to departure or admission
Inpatient movements between 22:00 and 08:00 for non-clinical reasons	Hospital Electronic Patient Record (Maxims Inpatient Ward Movements report IP001DM)	Not Applicable	Count of inpatient moves within wards or between wards, between the hours of 22:00 and 08:00 for non-clinical reasons, in the reporting period.
Total Bed Days Delayed Transfer Of Care (DTOC)	Hospital Electronic Patient Record (TrakCare Current Inpatients Report (ATD49) & Maxims Current Inpatients Report (IP20DM))	Not Applicable	Count of bed days where the patient is marked as Delayed Transfer Of Care (DTOC) in the reporting period
Non-elective acute Length of Stay (LOS) (days)	Hospital Electronic Patient Record (TrakCare Discharges Report (ATD9P) & Maxims Admissions and Discharge Report (IP13DM))	Generated based on historic performance	Average (mean) Length of Stay (LOS) in days of all emergency inpatients discharged in the period from a General Hospital ward. All days of the stay are counted in the period of discharge. E.g. a Patient with a 100 day LOS, discharged in January, will have all 100 days counted in January. This indicator excludes Samares Ward. During the period 2020 to 2022 Samares Ward was closed and long stay rehabiliation patients were treated on Plemont Ward and therefore the data is not comparable for this period.
Rate of Emergency readmission within 30 days of a previous inpatient discharge	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L, TrakCare Discharges Report (ATD9P), Maxims Admssions and Discharge Report (IP013DM))	Generated based on historic performance	The rate of emergency readmission. This being the number of eligible emergency admissions to Jersey General Hospital occurring within 30 days (0-29 days inclusive) of the last, previous eligible discharge from hospital as a percentage of all eligible discharges from JGH and Overdale. Exclusions apply see detailed definition at: https://files.digital.nhs.uk/69/A27D29/Indicator%20Specification%20-%20Compendium%20Readmissions%20%28Main%29%20-%20I02040%20v3.3.pdf

Maternity

Section Owner

Chief Nurse

Performance Narrative

We are progressing with the work to offer all pregnant people a booking appointment by the 10-week target as per NICE guidelines. This is to ensure that women are given information relating to their baby's development stages, nutrition and screening available early.

We have seen a reduction in induction of labour from 30.3% in January to 26% in February, this does fluctuate month on month, and this is due to ensuring we are offering induction at the correct gestation due to the clinical picture.

Caesarean section rate is at 52% but we review this using the Robson criteria. The Robson criteria is a ten-group classification system as a global standard for assessing, monitoring and comparing CS rates at all levels.

Escalations

Plans are being put in place to review the indicators on the scorecard across WACs.

Maternity - Key Performance Indicators

Indicator	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	YTD
Total Births	60	68	59	68	53	75	71	64	58	64	59	63	50	113
Mothers with no previous pregnancy (Primips)	25	31	36	38								24	15	39
Mothers who have had a previous pregnancy (Multips)	35	37	23	25								26	19	45
Mothers with unknown previous pregnancy status												17	18	35
Bookings ≤10+0 Weeks												7	3	10
% of women that have an induced labour	26.67%	20.59%	23.73%	35.29%	22.64%	20%	28.17%	28.13%	17.24%	29.69%	35.59%	30.16%	26%	28.32%
Number of spontaneous vaginal births (including home births and breech vaginal deliveries)	30	31	20	16	21	25	23	22	20	17	11	24	12	36
Number of Instrumental deliveries	10	5	9	8	5	5	12	4	5	5	4	7	3	10
% deliveries by C-section (Planned & Unscheduled)	33.33%	36.76%	44.07%	54.41%	33.96%	45.33%	45.07%	37.5%	46.55%	50%	44.07%	36.51%	52%	43.36%
% Elective caesarean section births	16.67%	22.39%	23.73%	26.87%	26.92%	23.94%	22.54%	21.88%	23.64%	26.56%	29.31%	23.81%	32.65%	27.68%
Number of Emergency Caesarean Sections at full dilatation	2	1	1	1	1	0	1	1	1	2	0	2	1	3
Number of deliveries home birth (Planned & Unscheduled)	3	8	5	3	4	2	4	2	3	3	0	2	3	5
Transfer of Mothers from Inpatients to Overseas	1	2	1	1	0	0	0	0	0	2	1	0	3	3
Number of births in the High dependency room / isolation room					1	0	0	1	0	0	0	1	1	2
Number of PPH Greater Than 1500mls	2	3	3	10	2	3	2	3	6	6	3	2	0	2
Number of 3rd & 4th degree tears – all births	1	1	0	0	2	1	1	2	2	1	0	2	2	4
Number of babies that have APGAR score below 7 at 5 mins	0	1	1	1	0	0	0	1	0	1	0	0	1	1
% live births Less Than 3rd centile delivered Greater Than 37+6 weeks (detected & undetected SGA)	3.92%	3.7%	1.79%	5.45%	0%	0%	2.7%	2.7%	4.55%	5%	6.9%	0%	3.57%	1.64%
Number of admissions to Jersey Neonatal Unit at or above 37 weeks gestation	1	4	2							2	2		1	1
Transfer of Neonates from JNU	0	0	0	0	0	1	0	0	0	1	1	1	0	1
Preterm Births ≤36+6 Weeks	6	9	2	7	0	6	2	2	7	1	2	1	1	2

Maternity - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
Total Births	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Not Applicable	Total number of births of any outcome. Includes live and stillbirth.
Mothers with no previous pregnancy (Primips)	Maternity Birth Registration Details Report	Not Applicable	Total number of births of any outcome to first-time mothers. Includes live and stillbirth.
Mothers who have had a previous pregnancy (Multips)	Maternity Birth Registration Details Report	Not Applicable	Total number of births of any outcome to mothers who have given birth at least once before. Includes live and stillbirth.
Mothers with unknown previous pregnancy status	Maternity Birth Registration Details Report	Not Applicable	Total number of births of any outcome to mothers with unknown previous pregnancy status. Includes live and stillbirth.
Bookings ≤10+0 Weeks	Maxims Deliveries Report (MT005)	Not Applicable	Number of women who attended their first pregnancy appointment where their gestation length was less than 70 days (10 weeks).
% of women that have an induced labour	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Standard set locally based on average (mean) of previous two years' data	Number of women that had an induced labour as a percentage of the total number of deliveries.
Number of spontaneous vaginal births (including home births and breech vaginal deliveries)	Maternity Delivery Details Report	Not Applicable	Number of spontaneous vaginal births including home births and breech vaginal deliveries
Number of Instrumental deliveries	Maternity Delivery Details Report	Not Applicable	Count of instrumental deliveries
% deliveries by C-section (Planned & Unscheduled)	Maternity Delivery Details Report	Not Applicable	Number of c-sections, planned and unplanned, as a percentage of the total number of deliveries.

Maternity - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
% Elective caesarean section births	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Not Applicable	Number of Elective Caesarean sections, divided by total number of deliveries
Number of Emergency Caesarean Sections at full dilatation	Hospital Electronic Patient Record (TrakCare Deliveries Report (MAT23A) & Maxims Deliveries Report (MT005))	Not Applicable	Number of Emergency Caesarean section births (This includes all Category 1 & 2 Caesarean Sections) where the mother's cervix is fully dilated
Number of deliveries home birth (Planned & Unscheduled)	Maternity Delivery Details Report	Not Applicable	Number of deliveries recorded as being at "Home", planned and unplanned
Transfer of Mothers from Inpatients to Overseas	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L), TrakCare Deliveries Report (MAT23A), Maxims Admissions Report (IP013DM) & Maxims Deliveries Report (MT005))	Not Applicable	Number of transfers of mothers out of Maternity inpatient wards to an off-island Healthcare facility.
Number of births in the High dependency room / isolation room	Maxims Deliveries Report (MT005)	Not Applicable	Number of births which took place in the High Dependancy Room / Isolation Room
Number of PPH Greater Than 1500mls	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Not Applicable	Number of deliveries that resulted in a blood loss of over 1500ml
Number of 3rd & 4th degree tears – all births	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Not Applicable	Number of women who gave birth and sustained a 3rd or 4th degree perineal tear
Number of babies that have APGAR score below 7 at 5 mins	Hospital Electronic Patient Record (TrakCare Maternity Reports (MAT23A & MAT1A) & Maxims Maternity Reports (MT005 & MT001))	Not Applicable	Number of live births (only looking at singleton babies with a gestational length at birth between 259 and 315 days) that have APGAR score (a measure of the physical condition of a newborn baby) below 7 at 5 minutes after birth
% live births Less Than 3rd centile delivered Greater Than 37+6 weeks (detected & undetected SGA)	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Not Applicable	Percentage of live births with a gestational age lower than the 3rd centile (3% of babies born at same gestational age will have a lower birth weight than them) delivered after 37 weeks and 6 days of pregnancy.
Number of admissions to Jersey Neonatal Unit at or above 37 weeks gestation	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L), TrakCare Deliveries Report (MAT23A), Maxims Admissions Report (IP013DM) & Maxims Deliveries Report (MT005))	Not Applicable	Number of births requiring admission to the Jersey Neonatal Unit at or above 37 weeks gestation
Transfer of Neonates from JNU	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L), TrakCare Deliveries Report (MAT23A), Maxims Admissions Report (IP013DM) & Maxims Deliveries Report (MT005))	Not Applicable	Number of transfers of babies out of the Jersey Neonatal Unit to an off-island Neonatal facility.
Preterm Births ≤36+6 Weeks	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Not Applicable	Live babies born who were born before 37 weeks (less than or equal to 36+6 gestation)

Mental Health

Section Owner

Director Adult Mental Health & Social Care

Performance Narrative

It is pleasing to note that waiting times for Jersey Talking Therapies (assessment and treatment) and Autism Assessment have further reduced in month. As reported previously, a recovery trajectory has been agreed for the Memory Assessment waiting time KPI and this will start to demonstrate effect in April / May.

In terms of access, the Crisis Team saw 91.7% of all referrals within 4 hours (exceeding the 85% target) and 93.5% of all routine referrals were seen within 10 working days.

Performance in relation to 72 hour follow up on discharge from hospital has dropped in month for working age adults to 71% (5 cases). This is being explored in detail to ensure that performance returns to the previous position. The older people's mental health teams achieved 100% against this KPI in month.

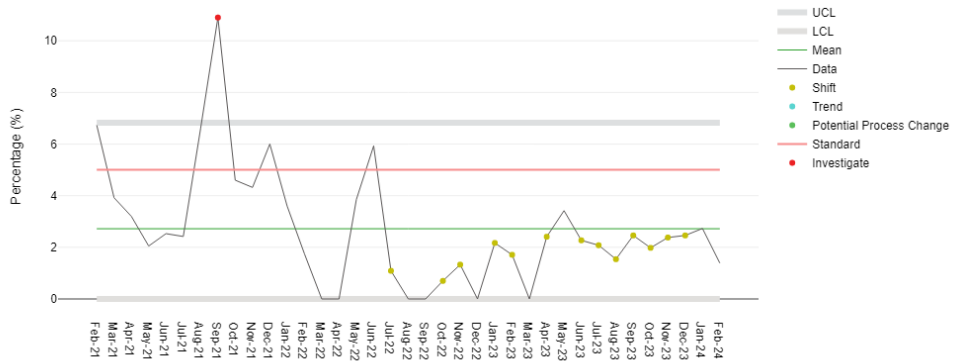
Escalations

As previously, a number of actions are in train to reduce the ADHD waiting list, which continues to deteriorate in month. A key aspect of this plan relates to the potential of shared care arrangements with Primary Care, which is currently being explored.

Mental Health - SPC Charts

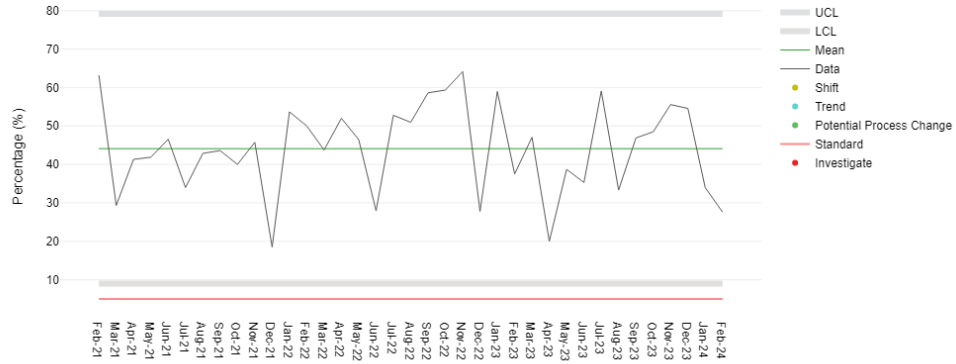
Latest value	Mean
1.4 %	2.7 %

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



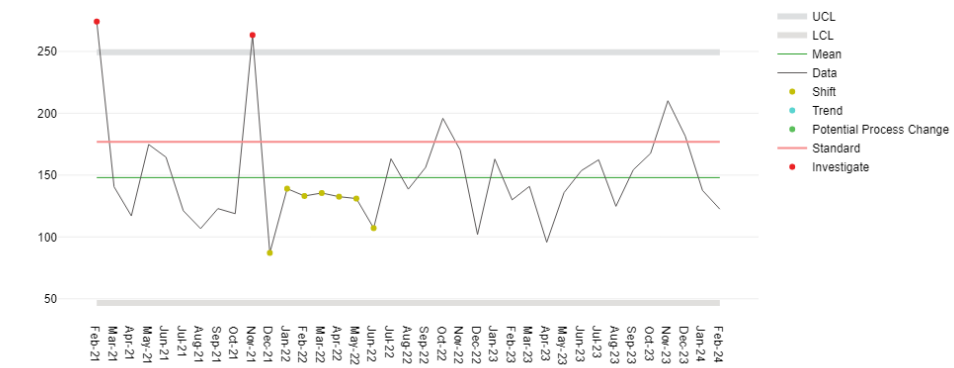
Latest value	Mean
27.6 %	44.1 %

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



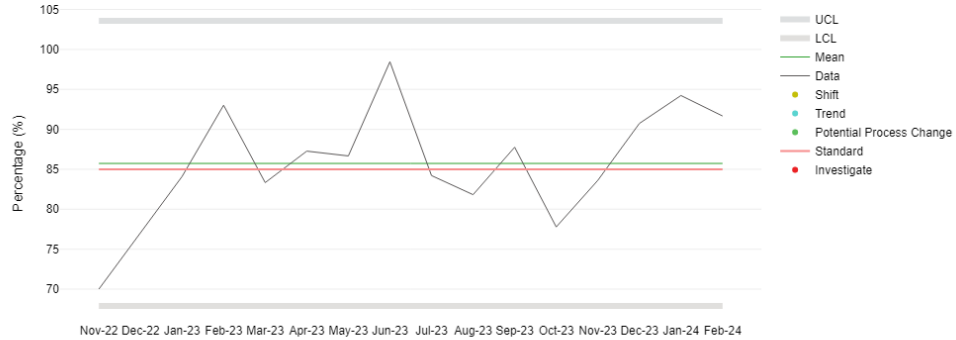
Latest value	Mean
122.52	147.99

JTT Average waiting time to treatment (Days)



Latest value	Mean
91.7 %	85.7 %

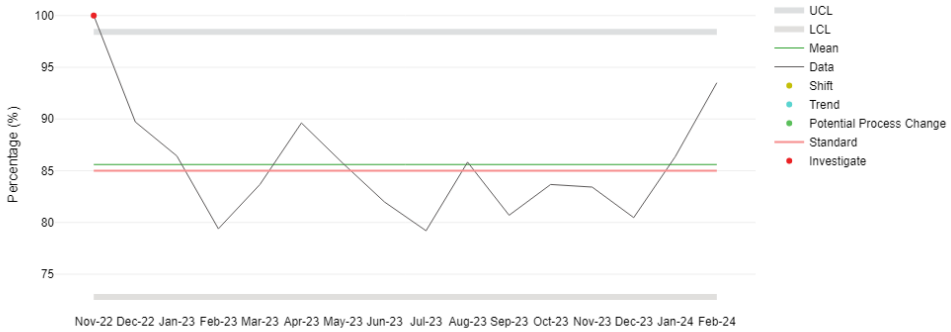
% of referrals to Mental Health Crisis Team assessed in period within 4 hours



Mental Health - SPC Charts

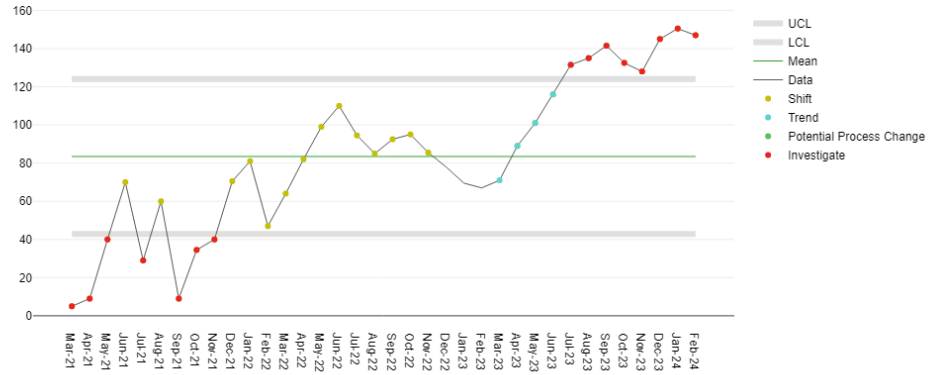
Latest value	Mean
93.5 %	85.6 %

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



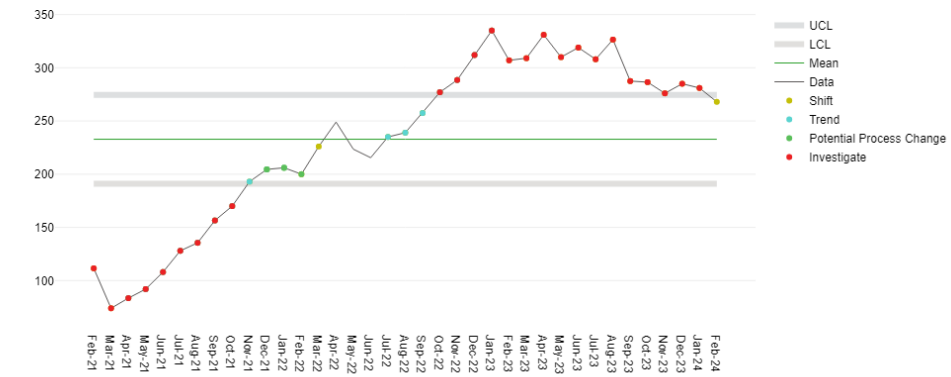
Latest value	Mean
147	83.47

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



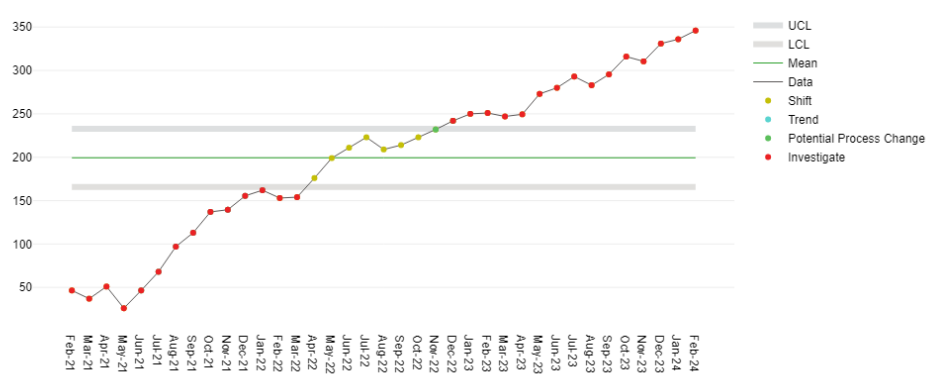
Latest value	Mean
268	232.84

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



Latest value	Mean
346	199.36

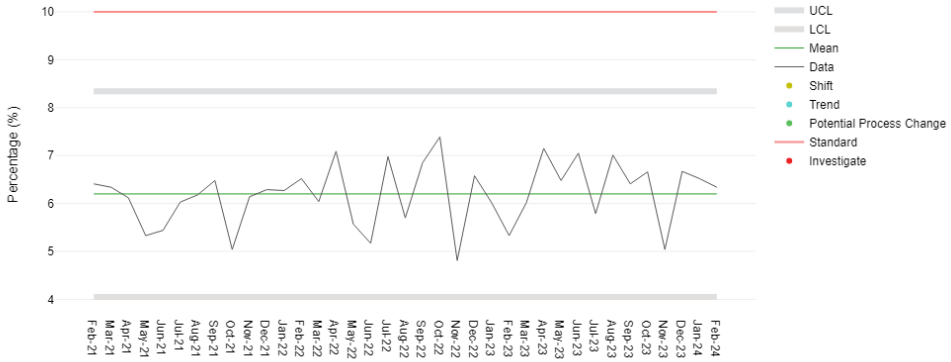
Median wait of clients currently waiting for ADHD Assessment (Days)



Mental Health - SPC Charts

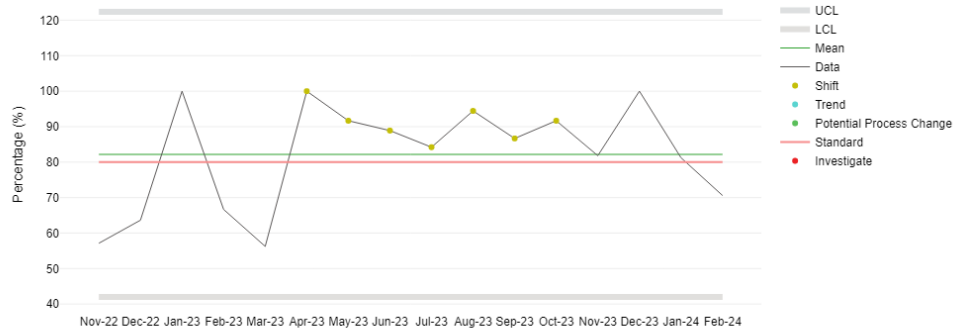
Latest value	Mean
6.3 %	6.2 %

Community Mental Health Team Did Not Attend (DNA) rate



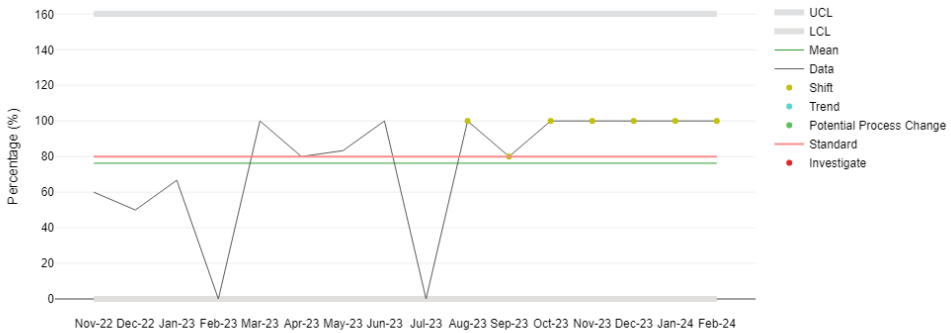
Latest value	Mean
70.6 %	82.2 %

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



Latest value	Mean
100 %	76.3 %

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



Mental Health - Indicator & Standard Definitions

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

Mental Health - Indicator & Standard Definitions

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

Mental Health

Additional Commentary / Deep Dive

Unfortunately due to data quality issues, we are not able to report upon Delayed Transfers of Care this month for mental health services. This is currently being rectified by the information team and the service.

Social Care

Section Owner

Director Adult Mental Health & Social Care

Performance Narrative

Physical Health Checks – Learning Disabilities

Attainment of 89% a little lower than the previous month. However, achievement has consistently exceeded the 80% target since November 2023, due to the concerted efforts of the Learning Disability Nurse Team. We will continue to closely monitor activity to ensure that it maintains levels above target.

Adult Social Care Team - Assessment within 3 weeks

Noting up-turn in performance in February 2024 compared to January 2024. Now exceeding the 80% target at 94% attainment.

The team are achieving above 80% target, indicative of good customer care for clients who have care and support needs. We will continue to closely monitor activity to ensure that it maintains levels above target.

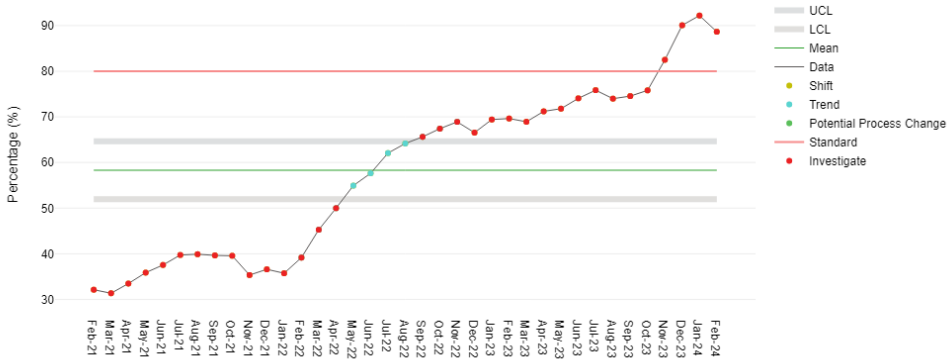
Escalations

No escalations for either of above

Social Care - SPC Charts

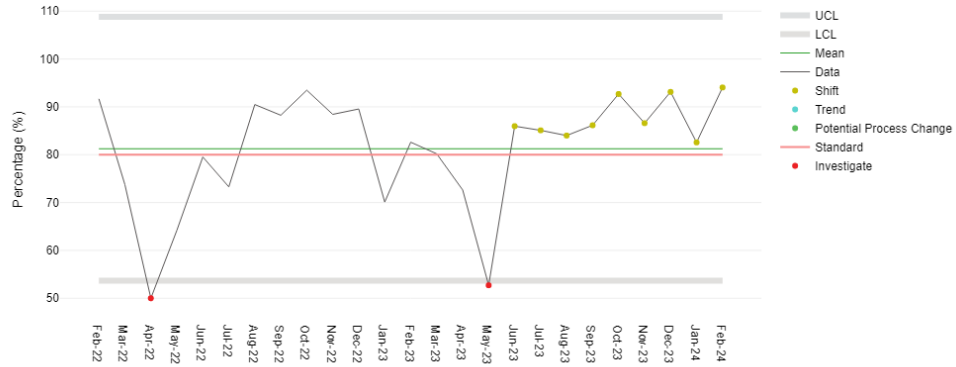
Latest value	Mean
88.7 %	58.3 %

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



Latest value	Mean
94 %	81.2 %

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



Social Care - Indicator & Standard Definitions

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

Quality & Safety

Section Owner

Medical Director / Chief Nurse

Performance Narrative

Pressure Ulcers.

There continues to be a decrease in hospital acquired pressure ulcers from 19 in January to 11 in February, two of which have been classified as deep tissue injury. The deep tissue injury pressure damage will be discussed at the monthly pressure ulcer meeting to review learning and implement any lessons learned.

A deep dive was undertaken on January data of those patients who had pressure ulcers on admission to hospital. It is reassuring to note that there were no identified trends.

Patient Experience.

Complaints

It is February 2024, a total of 24 new complaints were received across all care groups, this is a decrease of 19 complaints (44%) compared to February 2023.

Work continues with care groups to reduce the number of open complaints, improve response times, and move towards early resolution. The Patient Advice and Liaison team continue to manage patient enquiries and signpost patients to appropriate services.

Compliments:

A total of 171 compliments were logged on the Datix system, this is an increase of 72.2% compared to February 2023. The patient experience team continue to work with wards and departments to ensure that patient and relative compliments are captured and recorded to ensure that individual staff and teams receive the feedback and recognition.

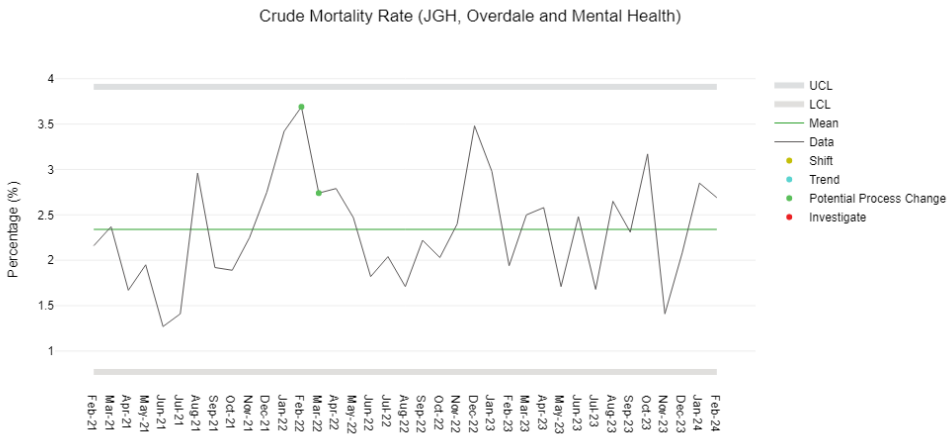
Work is ongoing to update the Patient Advice and Liaison Service webpage to ensure accessibility to all members of the public.

IPAC (infection prevention and control)

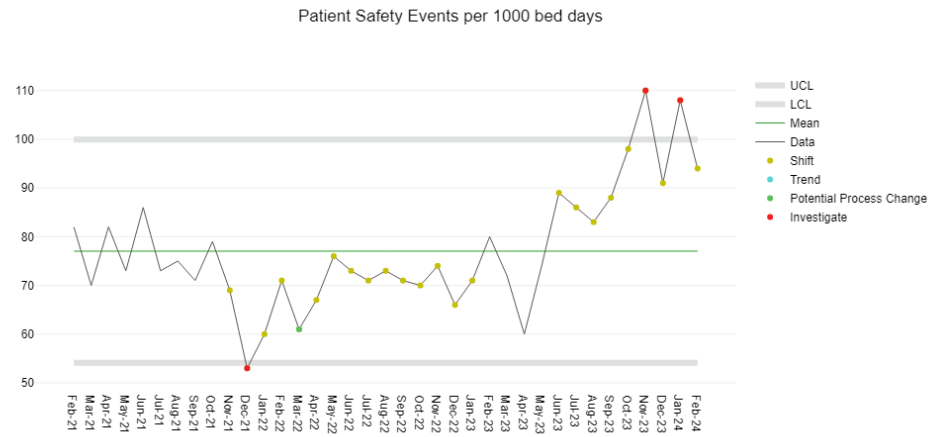
There continues to be low levels of infection across HCS. February has seen some incidences of C-Difficile infection early indications from root cause analysis notes there is no evidence of cross infection.

Quality & Safety - SPC Charts

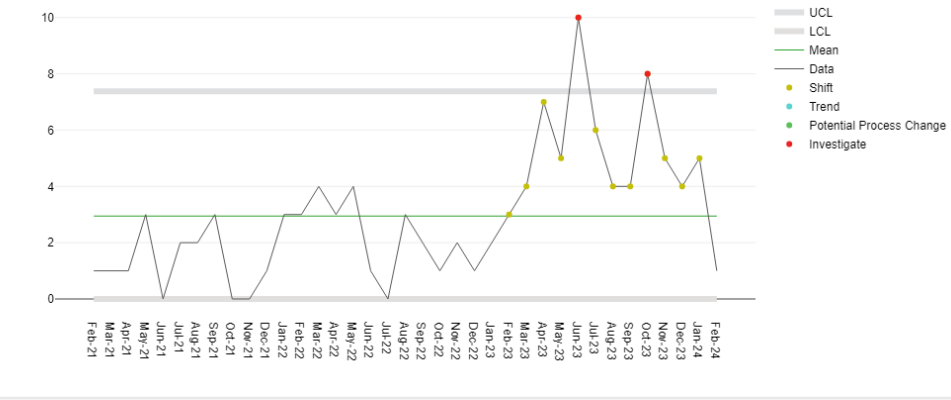
Latest value	Mean
2.7 %	2.3 %



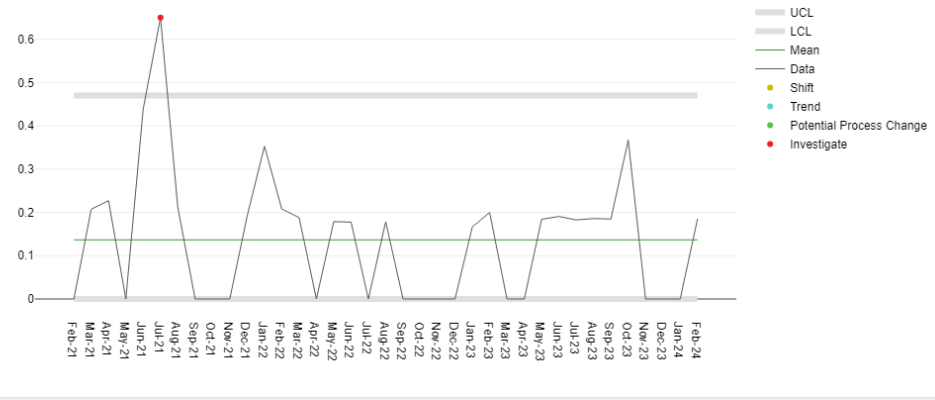
Latest value	Mean
94	77.03



Latest value	Mean
1	2.95



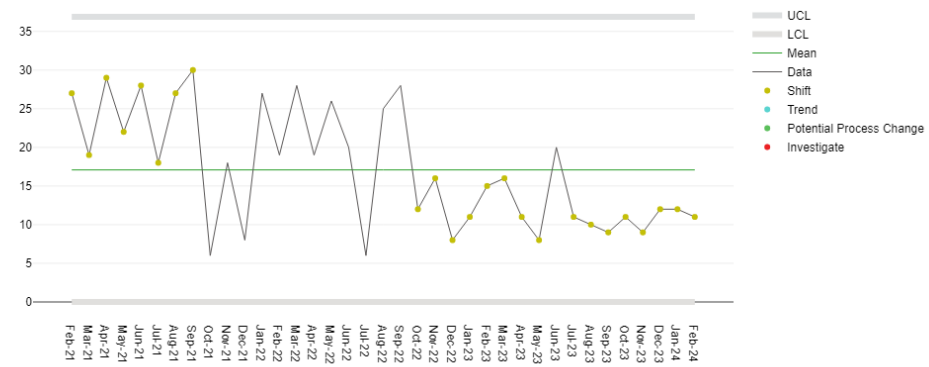
Latest value	Mean
0.19	0.14



Quality & Safety - SPC Charts

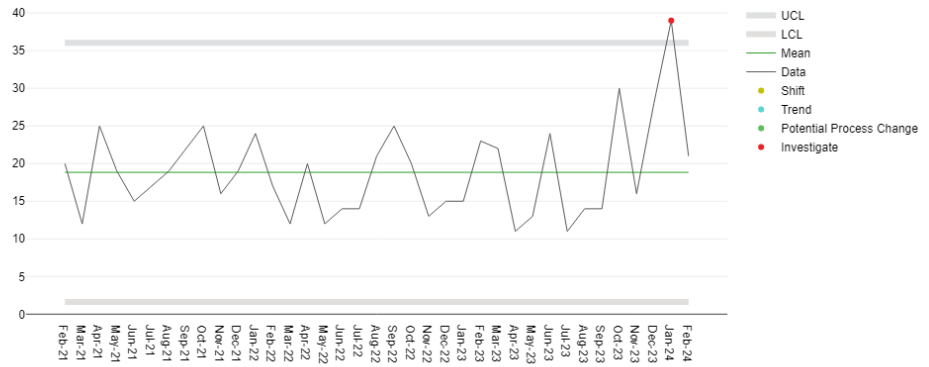
Latest value	Mean
11	17.08

Patient safety incidents with moderate/severe harm/death



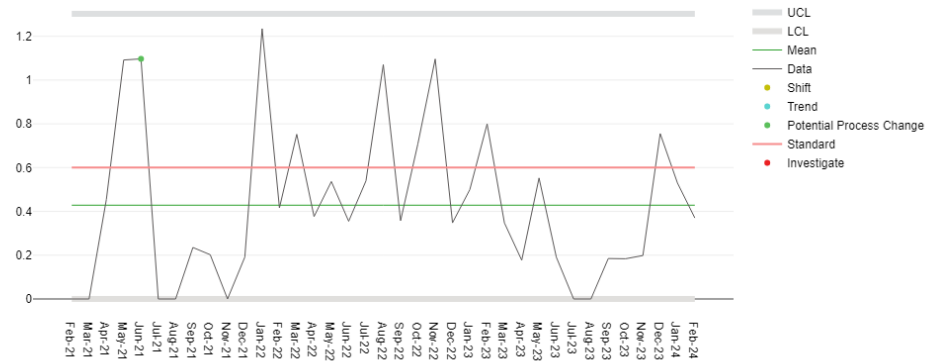
Latest value	Mean
21	18.84

Number of pressure ulcers present upon inpatient admission



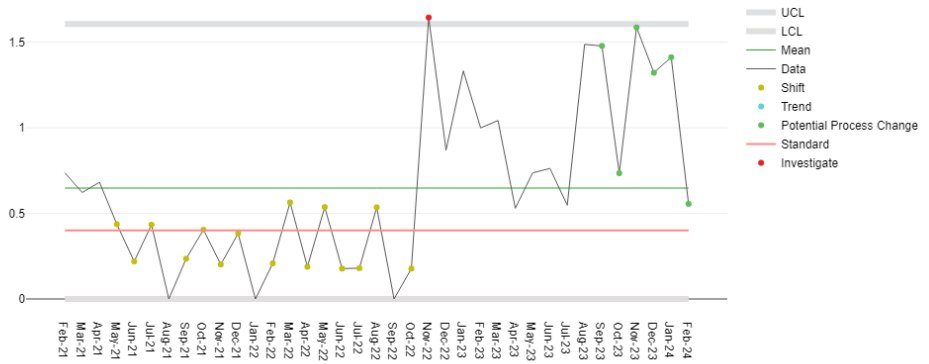
Latest value	Mean
0.37	0.43

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



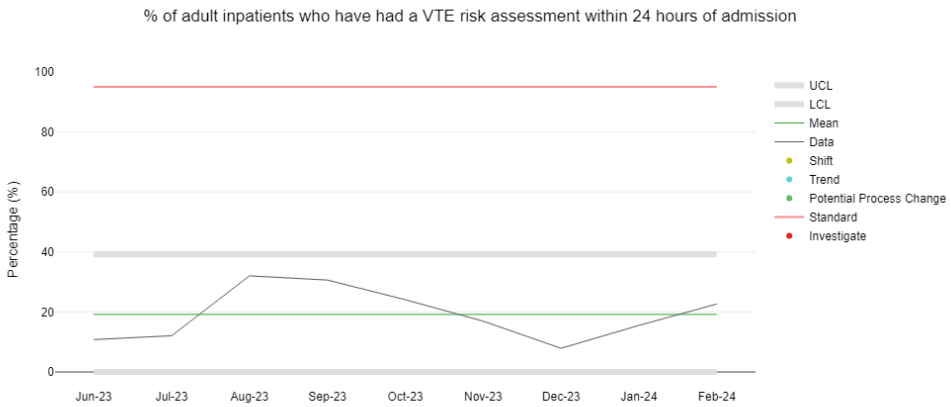
Latest value	Mean
0.56	0.65

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

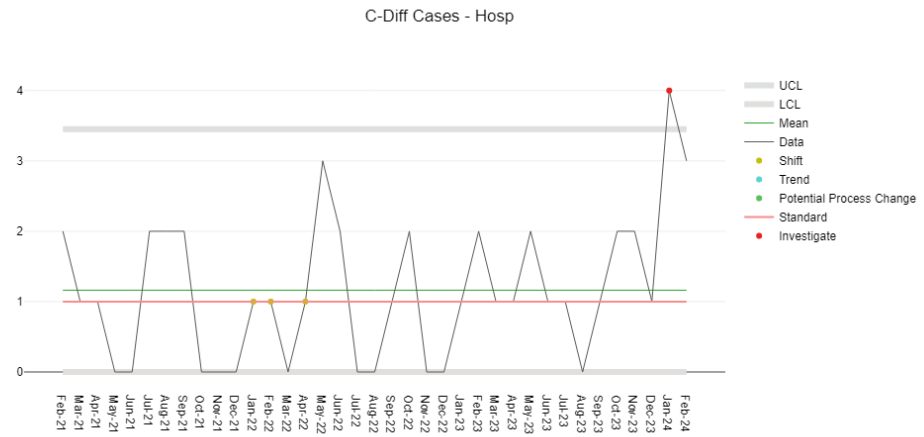


Quality & Safety - SPC Charts

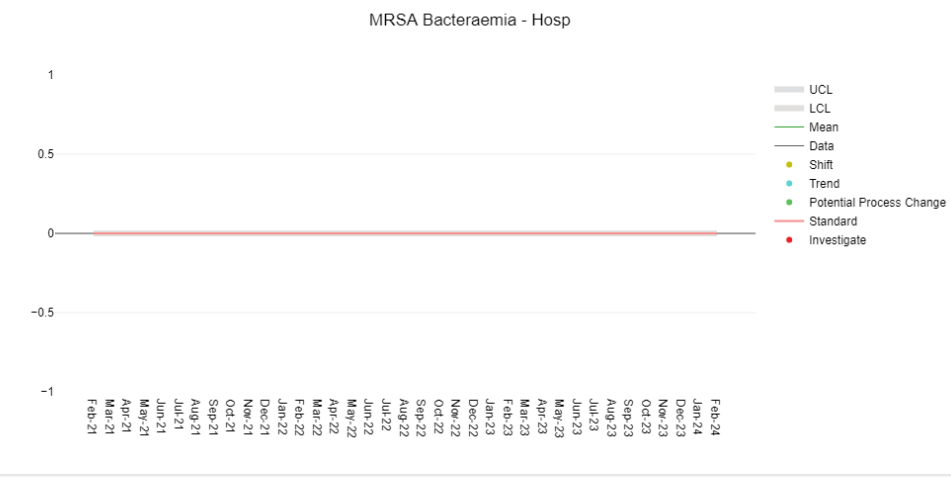
Latest value	Mean
22.7 %	19.2 %



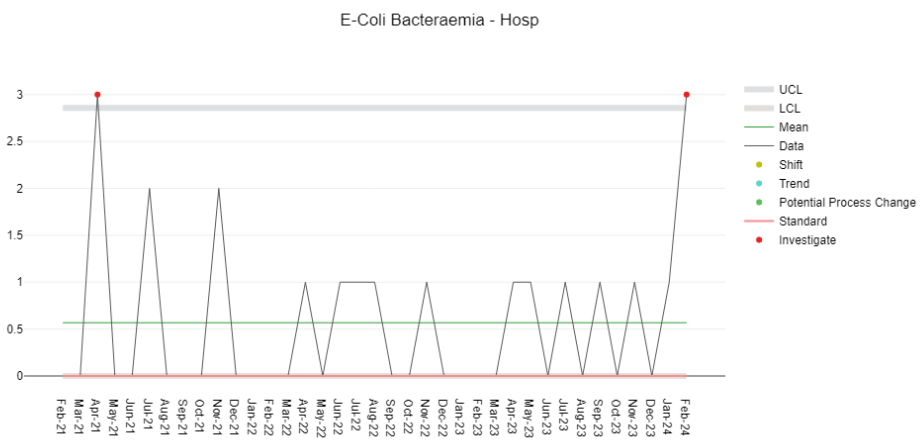
Latest value	Mean
3	1.16



Latest value	Mean
0	0

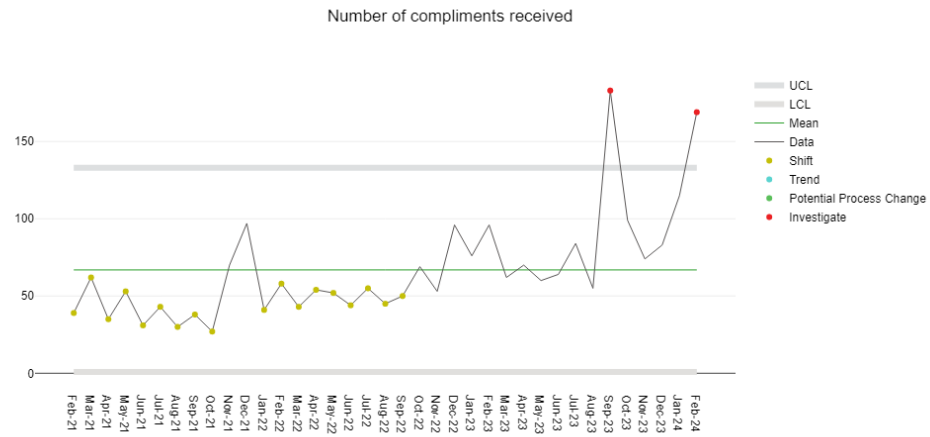


Latest value	Mean
3	0.57

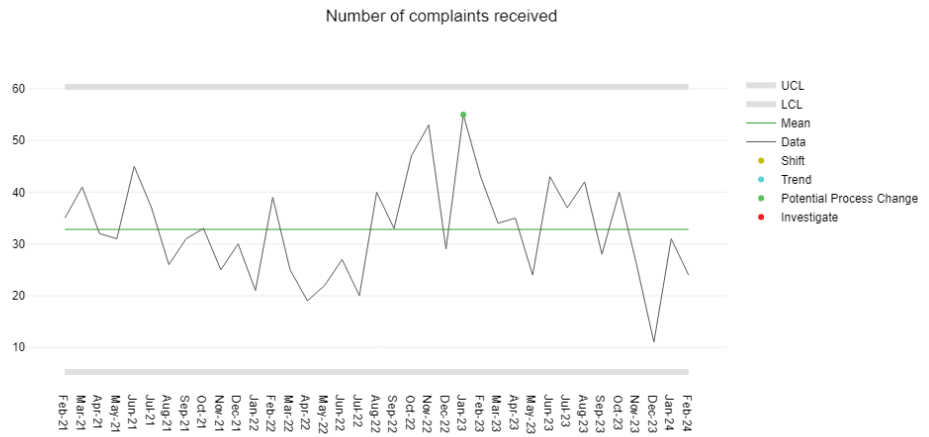


Quality & Safety - SPC Charts

Latest value	Mean
169	66.89



Latest value	Mean
24	32.81



Quality & Safety - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
Crude Mortality Rate (JGH, Overdale and Mental Health)	Hospital Electronic Patient Record (TrakCare Inpatient Discharges Report (ATD9P) Maxims Inpatient Discharges Report (IP013DM))	Not Applicable	A hospital's crude mortality rate looks at the number of deaths that occur in a hospital in any given period and expresses this as a proportion of the number of people admitted for care in that hospital over the same period. The crude mortality rate can then be articulated as the number of deaths for every 100 patients admitted.
Patient Safety Events per 1000 bed days	HCS Incident Reporting System (Datix), Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM))	Not Applicable	Number of patient safety events reported where approval status is not "Rejected" per 1,000 bed days
Number of serious incidents	HCS Incident Reporting System (Datix)	Not Applicable	Number of safety events recorded in Datix where the event is marked as a 'Serious Incident' in the period
Number of falls resulting in harm (moderate/severe) per 1,000 bed days	Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM)) & Datix Safety Events Report	Not Applicable	Number of inpatient falls with moderate or severe harm recorded where approval status is not "Rejected" per 1000 occupied bed days
Patient safety incidents with moderate/severe harm/death	HCS Incident Reporting System (Datix)	Not Applicable	Number of patient safety events recorded with moderate, severe or fatal harm recorded where approval status is not "rejected"
Number of pressure ulcers present upon inpatient admission	HCS Incident Reporting System (Datix)	Not Applicable	Datix incidents in the month recording a pressure sore upon inpatient admission. All pressure ulcers recorded as "present before admsission" but excluding those recorded as "present before admission from other ward".
Number of Cat 3-4 pressure ulcers / deep tissue injuries acquired as inpatient per 1000 bed days	HCS Incident Reporting System (Datix), Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM))	Standard set locally based on improvement compared to historic performance	Number of inpatient Cat 3 & 4 pressure ulcers where approval status is not "Rejected" per 1000 occupied bed days

Quality & Safety - Indicator & Standard Definitions

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

Health and Community Services

Health and Community Services Advisory Board Meeting Report

Report to:	Health and Community Services Advisory Board		
Date of meeting:	28 March 2024		
Title of paper:	Workforce Report – February data		
Report authors (& titles):	Bill Nuttall – Director Workforce HCS Els Aoutin – HR Business Partner	**Accountable Executive:**	Chris Bown, Chief Officer

1. Purpose

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

2. Executive Summary

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

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

3. Finance / workforce implications

See main report.

4. Risk and issues

See main report.

5. Applicability to ministerial plan

See main report.

6. Main Report

See attached.

7. Recommendation

For noting.

Health and Community Services

Advisory Board

Workforce Report

(February 2024 data)

Executive Summary

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

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

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

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

Work between the Finance team, the HR Systems Administration team and the Financial Recovery Programme (FRP) Delivery Team is regrettably having to continue beyond the (then) go live date – 8 March 2024 - to reconcile the differences between the various data systems. It is expected that the final piece of

work should take 2-3 months to complete. The Director of Workforce will update the Board at the meeting scheduled for 28 March 2024.

In addition to this, the rollout of the new Gov.Je Connect Talent Acquisition system across HCS between March – April 2024 also helps to consolidate a single source of truth for vacancy management information.

Staff in post increased throughout 2023 by over 200 FTE across all staff groups, however, has decreased by 35 FTE in January 2024 and 4 FTE in February 2024.

The total turnover rate has remained constant in the 12 months at around 7%. The voluntary turnover rate (i.e. resignations) has also remained constant around 4%. 171 staff did resign over the previous 12 months.

The sickness absence rate has decreased through February 2024, with the main reason for absence continuing to be coughs, cold and flu and gastrointestinal problems.

The February data for objective setting has improved and will remain an area of focus for Executive team with an action plan for increasing uptake in place for the rest of 2024. More details are documented in the Staff Appraisal and Development section of this report.

Workforce data

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

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

*Changes also due to 2024 budget mapping and classification exercise by Finance
**Samares wards now included

Recruitment Activity

The February 2024 vacancy rates across the staff groups are similar compared to the January 2024 data. In January there was a significant decrease in medical vacancies, and in February this trend has continued reducing to 12 %. The nursing vacancy rate decreased from 21% in January to 20% in February whilst Healthcare Assistants vacancy rate stabilised at 23% along with Civil Servants and Manual Workers.

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

Other workforce attraction and recruitment and retention packages are being developed in collaboration with the FRP Programme Management Delivery Team. These will also address those 'hard to fill roles' that have been identified and following discussions with the Acting Chief People Office, it is intended to present these proposals to the States Employment Board (SEB) no later than April 2024.

The Director of Workforce will be welcoming advice and experience from a People and Corporate Services (PCS) Recruitment Campaign Specialist Advisor in March to begin support the development of establishing regular recruitment campaigns throughout 2024 on-island and off-island. This work will begin in supporting HCS with nursing recruitment in areas such as filling HCA vacancies. This person will also evaluate the development of the nursing microsite and advise on the next steps designed to maximise its usage in marketing and promoting working in HCS/Jersey.

As mentioned at the February Board meeting, it is recognised that the time to hire and time recruit is still too long, leading to reputational risks and to a high use of agency and locum workers which is costly for the department. The FRP Programme Management Delivery Team is assisting HCS Workforce to reduce the above and following the recruitment mapping exercises in February 2024, a workshop with representatives from HCS Workforce, recruiters from PCS and representatives from FRP Management Delivery Team will meet in March 2024 to establish new ways of working to reduce pipeline timelines whilst remaining compliant with the new Gov.Je Talent Acquisition system when advertising roles. The overall aim will be to increase the effectiveness and efficiency of HCS recruitment, selection, and onboarding processes.

Also as previously mentioned, HCS is welcoming the formal transfer of 3 WTE recruiters from PCS in March and they will be reporting directly to the Workforce Lead on HCS Recruitment and Temporary Staffing. They will receive induction and direction on the new ways of working being designed to make recruitment and on boarding more effective and efficient.

Progress on other recruitment activity moving into March 2024 will include the following:

- Process mapping the medical recruitment process to establish ways we can make improvements.
- Review the British medical Journal (BMJ) contract (to end in July 2024) to ensure that it is being used effectively.
- A review of the number of contracted specialist recruitment agencies and their performance in supporting recruitment to key positions.
- A review of the marketing, media, and promotion options available to support recruitment moving forward to support planned recruitment campaigns.
- Undertaking a review of HCS's participation in Career Fairs.
- Reviewing the usage of Apprenticeships and Internships.
- The development of an Allied Health Professional (AHP) workforce strategy and the appointment of a Director of AHP services.
- Continued review of accommodation available to HCS to provide temporary transitional relief for new starters before they enter into the private housing market.
- Finalising the infrastructure to launch the Refer a Friend recruitment initiative.

We are also looking to create a wider Workforce Attraction, Recruitment and Retention Package (WAPRR), which will include recruitment and retention payments for the first 2-3 years as an incentive to fill certain roles that have been shown to be difficult to recruit to.

Recruitment Pipeline

Work continues to establish a process to produce data on the recruitment pipeline going forward, which will describe the number of roles in active recruitment, length of time to recruit and projected start dates to manage any locum/agency cover for the vacancy.

You may recall that at the Board Meeting held on Thursday, 28 February 2024, I informed the Board in Part A of the meeting that on Friday, 8 March 2024, a new HCS Vacancy Data Management System would be established which would accurately identify the true number of vacancies that we have within HCS.

A great deal of work has already been done by various teams, but I have recently been advised that further assurance work is needed and that this will be completed over the next 3 weeks before it can be rolled out widely across HCS. Therefore, as an interim measure whilst this work is being completed, our Finance Business Partners will support Care Groups to provide vacancy information from their budget establishment records. The latest update suggests work to be complete by/before the end of March.

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

Started (Jan-Feb 2024)	Clearances complete, awaiting start	Offered/ Contract issued	Roles at interview stage	Roles at shortlisting stage	Currently at live advert
52	20	54	11	1	89 vacancies 20 adverts live 69 adverts expired

Talent Acquisition (TA) update - as at early March 2024

- HCS have raised 42 TA requisitions in Connect People to date.
- 14 are open and either advertised or at interview stage.
- 28 are still pending review
  'time to hire' planning has taken an average of 10 days.
- from vacancy submission on TA to the vacancy being advertised, this ranges between 1 day and 25 days.
- The current 'pending review' vacancies have taken on average 8 days
  (range currently between 1 day to 20 days)

Retention

The total turnover rate for the 12 months to the end of February 2024 remains constant at 6.9%, which equates to 171 people leaving HCS.

The voluntary turnover figure (which relates to resignations) for the 12 months to end of February 2024 is 4.6%, slightly higher from 4.4% this time last year. This equates to 112 (voluntary) leavers spread across the year.

In addition, there were 27 retirements over the previous 12 months. The remaining 32 'involuntary' leavers consisted of 22 leavers, due to end of contracts in HCS.

Exit Interviews

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

Completion of exit interviews is an issue across the Government of Jersey, including HCS. Law at Work has therefore been commissioned to contact all leavers in 2023 to offer them independent exit interviews and report on the outcomes. The outcome of this work will be analysed in March and the Board will be advised on next steps following a report to the Executive Leadership Team.

Induction – Corporate Days and Local Induction

HCS currently has different induction events designed to introduce new colleagues to the Government of Jersey and HCS as a department of the Government together with their local workplace.

In discussion with the Unions, they have requested that HCS Corporate Induction Days be held starting in April/May 2024 whereby new joiners would be able to meet at least one of the HCS Executive Directors and other key individuals and get an early understanding of the HCS culture, organisation structures and key HCS policies and procedures. Naturally they can join in to promote union membership and promote the partnership arrangements in working with HCS management to make it a 'great place to work'.

In addition to the above, we also need to support local managers within HCS by providing them with guidance on conducting/arranging effective local induction for new starters. This is the start point of new employees' relationship with their manager and will influence their thinking about working for HCS during the first months of their employment with us.

My Welcome

My Welcome is the online Government of Jersey induction programme all new starters to GoJ are expected to undertake. There is a high uptake of the face-to-face element of the GoJ.

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

The introduction of the HCS corporate induction will provide an opportunity to remind colleagues of the importance to complete the My Welcome induction too.

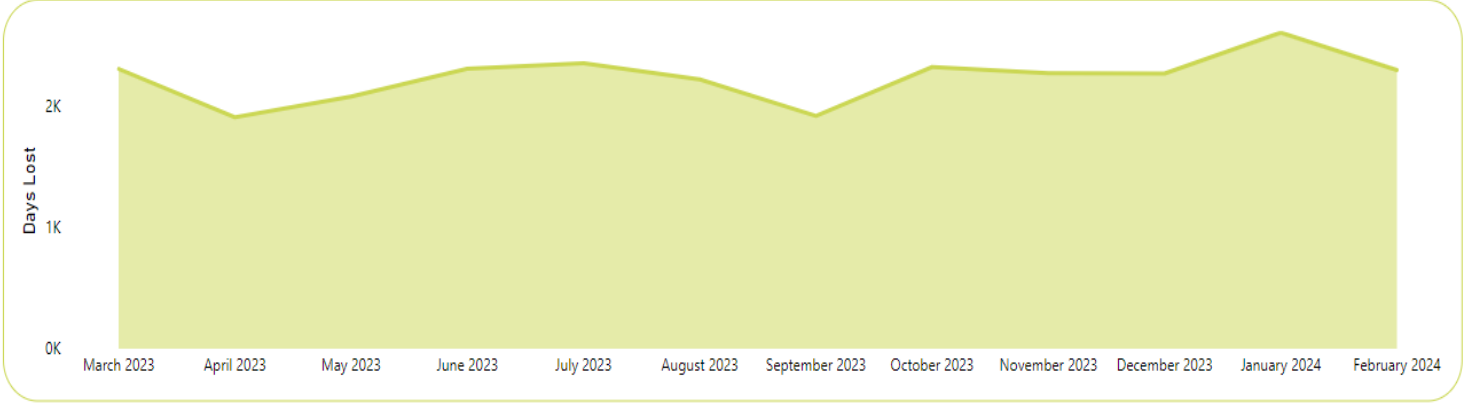
Learning and Development

Statutory and Mandatory Training

The statutory and mandatory training policy and training matrix have been approved and development of the programme of activity is underway to ensure that all employees within HCS are aware of the requirements of this. The Director of Workforce is working with Training to establish a training programme for HCS staff to be rolled out between March/April 2024.

Health and Wellbeing

For February 2024, there has been a decline in sickness absences compared to January 2024, however it is still higher compared to the average sickness absence in 2023. This is shown below in the graph showing days lost.



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

Employee Relations (ER)

HCS currently has 15 live formal ER cases across disciplinary, grievance, bullying and harassment, employment tribunal and capability processes. This number of cases has remained at the same level as in January 2024.

Closer working between HCS HR and Case Management continues and will support the earlier resolution of cases as they become known.

A workshop organised by the Central Case Management Team for the HR HCS team is due to take place in April 2024.

Staff Appraisal and Development

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

At the end of February 2024, HCS had 15.2% objectives approved by the line managers. This is an increase compared to the January data which was 8%.

The Chief Officer and the Director of Workforce are naturally disappointed with these figures have ensured that the need to improve on the approved objective during March onwards by ensuring that this will become a standing item for monitoring, review, and updates at both the HCS Executive Team and Senior Leadership Team meetings.

Close monitoring of the reporting data will be shared with Executives and their teams within each Care Group by the Workforce Director in collaboration with PCS colleagues.

Connect People Update

Talent Acquisition is the new functionality in Connect People that changes the way we will manage recruitment and onboarding. It will replace TalentLink which is scheduled to be decommissioned from June 2024 onwards.

The rollout of Talent Acquisition has commenced in January 2024 and in recognition of the need for HCS staff to be given appropriate levels of training and knowledge of this new system at a time when HCS is having to adopt to new ways of working in many areas as a result of the Financial Recovery Programme, a new rollout plan has been agreed. Consequently, Talent Acquisition will go live across HCS by 21 April 2024.

Details of the rollout, training, access to user materials, etc will be cascaded down to staff at all levels by Executive Directors and their managers in March 2024.

End of Report

Health and Community Services

Health and Community Services Advisory Board Report

Report to:	Health and Community Services (HCS) Advisory Board		
Date of meeting:	28 March 2024		
Title of paper:	Finance Report		
Report author (and title):	Obi Hasan, Finance Lead Change Team, Interim Lead of Finance Business Partnering HCS	**Accountable Executive:**	Chris Bown, Chief Officer HCS

1. Purpose

What is the purpose of this report? What is being asked of the HCS Advisory Board?	To provide an update on the FY23 Year-end Financial position for 2023 and the FY24 Month 2 Financial position for 2024. To discuss the financial position noting the risks and mitigations.	Information	x
		Decision	
		Assurance	x
		Update	x

2. Executive Summary

FY23 Year End Outturn

- The 2023 year end outturn deficit was £32.5m which is a £6.5m variance against forecast. The main factors driving this were:
  - Staff cost pressures during winter with exceptionally high agency spend (Nursing and AHPs) in Q4 due to significant additional hours being worked than forecast.
  - Higher activity resulting in additional spend on expensive oncology drugs
  - Late recognition of costs for travel and accommodation due to system processing delays
  - High inflationary costs of Mental Health placements and Social Care packages

FY23 FRP Delivery

- In FY23 the FRP savings delivery was £3.2m vs £3m target, overachieving by £0.2m. The planned FRP savings are £12m in FY24.
- Actions to reduce the 'exit run-rate' in FY23 to mitigate the impact in FY24
- Immediate additional turnaround actions are being taken to rapidly reduce the year-end exit run-rate including increasing grip and control measures by:
- Pay – further tightening of rota controls vs budget with escalation and approvals on agency/locum and overtime, requiring Care Groups to produce weekly (6 week forward) staff rotas for approval from Workforce Control Panel (WCP) to ensure these remain within funded establishment
- Non-Pay - further tightening of non-pay expenditure controls

- Monthly Finance Budget Accountability Meetings with Care Groups led by Executive Directors and Change Team Finance Lead aimed at driving increased accountability and accelerate improvement actions. Ensuring Care Group budget holders have ownership of Actual vs Budget spend and recovery actions.
- HRD/HR Team leading on accelerating recruitment and time to hire to get agency out faster and deliver further FRP savings – requires central resource to support.
- Non-Pay/Procurement and Commissioning re Large Contracts – requires central resources to support
- Developing additional FRP schemes and opportunities to mitigate risks and additional cost pressures
- Income maximisation project - Private Patients income scheme expected to deliver an additional £600k and £2m net benefit in FY24 and FY25 respectively.
- Further reducing recruitment time to hire to deliver additional savings in-year

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

FY24 Month 2 Finance Position

	Current Month		Year-to-Date			Full Year			Year-to-Date	Full Year
HCS Categorisation	Budget (£'000)	Actual (£'000)	Budget (£'000)	Actual (£'000)	Variance (£'000)	Budget (£'000)	Forecast (£'000)	Variance (£'000)	% Variance	% Variance
Staff Costs	16,777	18,643	33,589	33,886	(296)	207,462	215,908	(8,446)	(0.9%)	(4.1%)
Non Pay	8,876	10,997	18,020	22,406	(4,386)	106,946	114,229	(7,283)	(24.3%)	(6.8%)
Income	(2,025)	(2,181)	(3,458)	(3,066)	(392)	(28,173)	(25,893)	(2,280)	(11.3%)	(8.1%)
Grand Total	23,629	27,460	48,151	53,226	(5,075)	286,235	304,244	(18,009)	(10.5%)	(6.3%)

- The Financial position for YTD Month 2 is a £5.1m deficit vs budget giving a headline monthly run-rate of £2.5m. Adjusting for one-off items and non-recurrent costs the underlying run-rate is £1.2m.

Underlying position and run-rate

- Adjusting for the non-recurrent one-off items, budget phasing, over-accruals and recharge, the underlying deficit at M2 is £2.3m or an average monthly run-rate of £1.2m.

FRP savings delivery

- FRP savings of £508k have been delivered vs £565k plan at M2 with the £57k variance expected to be recovered in Q2.

FY24 year-end forecast

- The current FY24 year-end forecast is a deficit of £18.0m before additional mitigation actions are taken.
- Mitigating actions include further tightening of grip and control measures on pay and non-pay, removing delays to recruitment processes and workforce attraction packages, enhanced bank to eliminate overtime and additional hrs, resources for large contracts review, and additional mitigation schemes including income maximisation.

- The key factors driving the Year-end forecast deficit are:
  - Cost pressures due to budget funding constraints identified when completing the FY24 budgets of £7.5m
  - Risk of FRP savings slippage due to delays in enabling support to ensure timely delivery of an estimated £6m - As highlighted in the FRP Plan, which was published in September 2023, there are some key dependencies to ensure full delivery of the planned FRP savings of £12m. These include receiving dedicated central HR/Recruitment and Procurement/Commercial Contracts

support and resources to deliver the key FRP schemes with large savings, such as Workforce agency premium reduction through accelerating recruitment and time to hire, and Large Contracts Review with Procurement and Commissioning.

Any delays in this support becoming fully functional by Mar-24 is likely to result in slippage of savings delivery to the following year, making it unlikely to be recoverable in-year, and will require making additional savings this year to remain within the required budget constraints. However, this is only a timing delay and the savings will still be delivered in FY25.

- Additional cost pressures materialising at year-end in FY23 carrying forward into FY24 which require mitigation over and above the FRP savings target.

Mitigating Actions being taken:

- To recover the forecast deficit position, the following urgent mitigation actions are being taken, working with the Care Groups with weekly updates, to tackle the above risks and cost pressures to rapidly reduce the current overspend run-rate, and bring back the overspend within the required FY24 budget constraints by:
  - Increasing grip and control measures by implementing strict controls on:
    - Pay – further tightening of rota controls vs budget with escalation and approvals on agency/locum and overtime, requiring Care Groups to produce weekly (6 week forward) staff rotas for approval from Workforce Control Panel (WCP) to ensure these remain within funded establishment
    - Non-Pay - further tightening of non-pay expenditure controls
    - Establishing an HCS Centralised Purchasing and Procurement Function working with the central GoJ teams
  - Monthly Finance Budget Accountability Meetings with Care Groups led by Executive Directors and Change Team Finance Lead aimed at driving increased accountability and accelerate improvement actions. Ensuring Care Group budget holders have ownership of Actual vs Budget spend and recovery actions.
  - Additional FRP mitigation schemes including:
  - Income maximisation project - Private Patients income scheme expected to deliver an additional £600k and £2m net benefit in FY24 and FY25 respectively.
  - Enhanced bank to eliminate overtime
  - Workforce attraction package to reduce time-to-hire for hard to recruit roles that incur extended high cost premium agency overspend
  - HRD/HR Team leading on accelerating recruitment and time to hire to get agency out faster and deliver further FRP savings – requires central resource to support.
  - Non-Pay/Procurement and Commissioning re Large Contracts – requires central resources to support

- These measures are expected to start impacting the reduction in run-rate from Q2 onwards.
- Recognising the inevitable multiple challenges that are faced in delivering a major financial recovery and change programme, we remain focused on delivering the FRP plan which provides a detailed strategy and clear roadmap towards financial recovery that is sustainable by creating a culture of ownership and accountability, with frontline clinical and operational teams supported by the PMO delivery team working alongside them to drive forward the improvements at pace while managing the associated risks.

Conclusion

- The 2023 year end outturn deficit was £32.5m which is a £6.5m variance against forecast due to staff cost pressures during winter with exceptionally high agency spend in Q4, additional spend on expensive oncology drugs, travel and accommodation costs, and high inflationary costs of Mental Health placements and Social Care packages.
- FY23 FRP savings delivery was £3.2m vs £3m target, overachieving by £0.2m.
- FY24 YTD M2 deficit is £5.1m giving a headline monthly run-rate of £2.5m. Adjusting for one-off items and non-recurrent costs the underlying monthly run-rate is £1.2m.
- FY24 FRP savings of £508k have been delivered vs £565k plan at M2 YTD with the £57k variance expected to be recovered in Q2.
- The current FY24 year-end forecast is a deficit of £18.0m. The key factors driving the forecast deficit are cost pressures due to budget funding constraints identified when completing the FY24 budgets of £7.5m, risk of FRP savings slippage of £6m due to delays in enabling HR/Recruitment and Procurement/Commissioning support and resources to ensure timely delivery, and additional cost pressures materialising at year-end in FY23 carrying forward into FY24 which require mitigation over and above the FRP savings.
- Any delays in this support becoming fully functional by Mar-24 is likely to result in slippage of savings delivery to the following year, making it unlikely to be recoverable in-year, and will require making additional savings this year to remain within the required budget constraints. However, this is only a timing delay and the savings will still be delivered in FY25.
- Immediate mitigating actions are being taken to rapidly reduce the year-end exit run-rate including further tightening of grip and control measures on pay and non-pay, removing delays to recruitment processes and workforce attraction packages, enhanced bank to eliminate overtime and additional hrs, resources for large contracts review, and additional mitigation schemes including income maximisation. These measures are expected to start impacting the reduction in run-rate from Q2 onwards.
- Recognising the inevitable multiple challenges that are faced in delivering a major financial recovery and change programme, we remain focused on delivering the FRP plan which provides a detailed strategy and clear roadmap towards financial recovery that is sustainable.

3. Main Report

FY23 Year End Outturn

- The 2023 year end outturn deficit was £32.5m which is a £6.5m variance against forecast. The main factors driving this were:
    - Staff cost pressures during winter with exceptionally high agency spend (Nursing and AHPs) in Q4 due to significant additional hours being worked than forecast.
    - Higher activity resulting in additional spend on expensive oncology drugs
    - Late recognition of costs for travel and accommodation due to system processing delays
    - High inflationary costs of Mental Health placements and Social Care packages

FY23 FRP Delivery

- In FY23 the FRP savings delivery was £3.2m vs £3m target, overachieving by £0.2m. The planned FRP savings are £12m in FY24.
- Actions to reduce the ‘exit run-rate’ in FY23 to mitigate the impact in FY24

- Immediate additional turnaround actions are being taken to rapidly reduce the year-end exit run-rate including increasing grip and control measures by:
- Pay – further tightening of rota controls vs budget with escalation and approvals on agency/locum and overtime, requiring Care Groups to produce weekly (6 week forward) staff rotas for approval from Workforce Control Panel (WCP) to ensure these remain within funded establishment
- Non-Pay - further tightening of non-pay expenditure controls
- Monthly Finance Budget Accountability Meetings with Care Groups led by Executive Directors and Change Team Finance Lead aimed at driving increased accountability and accelerate improvement actions. Ensuring Care Group budget holders have ownership of Actual vs Budget spend and recovery actions.
- HRD/HR Team leading on accelerating recruitment and time to hire to get agency out faster and deliver further FRP savings – requires central resource to support.
- Non-Pay/Procurement and Commissioning re Large Contracts – requires central resources to support
- Developing additional FRP schemes and opportunities to mitigate risks and additional cost pressures
- Income maximisation project - Private Patients income scheme expected to deliver an additional £600k and £2m net benefit in FY24 and FY25 respectively.
- Further reducing recruitment time to hire to deliver additional savings in-year

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

FY24 Month 2 Finance Position

	Current Month		Year-to-Date			Full Year			Year-to-Date	Full Year
HCS Categorisation	Budget (£'000)	Actual (£'000)	Budget (£'000)	Actual (£'000)	Variance (£'000)	Budget (£'000)	Forecast (£'000)	Variance (£'000)	% Variance	% Variance
Staff Costs	16,777	18,643	33,589	33,886	(296)	207,462	215,908	(8,446)	(0.9%)	(4.1%)
Non Pay	8,876	10,997	18,020	22,406	(4,386)	106,946	114,229	(7,283)	(24.3%)	(6.8%)
Income	(2,025)	(2,181)	(3,458)	(3,066)	(392)	(28,173)	(25,893)	(2,280)	(11.3%)	(8.1%)
Grand Total	**23,629**	**27,460**	**48,151**	**53,226**	**(5,075)**	**286,235**	**304,244**	**(18,009)**	**(10.5%)**	**(6.3%)**

- The Financial position for YTD Month 2 is a £5.1m deficit vs budget giving a headline monthly run-rate of £2.5m. Adjusting for one-off items and non-recurrent costs the underlying run-rate is £1.2m.
- The key drivers of the variances are:
  - Staff Costs £0.3m overspend is made up of agency overspend £1.3m (no. of agency 164 FTE), overtime £0.3m, and a budget pressure of £0.3m, which is offset by a substantive underspend of £1.6m (no. of vacancies: 498 FTE). This includes an year-to-date non-recurrent impact of a £0.5m re back pay for additional payments following doctors' job planning, and £0.2m re Operation Crocus which will be funded later in the year. Also, we have continued to be impacted by the well known problems with the new purchasing system resulting in being hit by costs of £0.18m from previous years. Excluding these one-off items, the underlying position would be an underspend of £0.6m.
  - The Care Groups/Directorates accounting for this overspend are Medical Services £0.7m (job planning impact £0.2m), Surgical Services £0.5m (job planning impact £0.3m), Women and Children £0.1m. All other areas are underspent or on budget on staffing.
  - Non-Pay £4.4m overspend includes Medical Services £1.2m re consumables and Oncology drugs, Social Care £0.9m re domiciliary care packages which is overstated by £0.4m due to an over-accrual, Surgical Services £0.8m re medical consumables due to a 14% increase in activity compared to last year (additional 214 procedures), and on the Charter Flights contract, £0.4m in Estates & Hard Facilities Management re utilities which is due to budget phasing profile of heating

oil budget (to be re-phased next month), non-pay prepayments in Medicine of £0.5m which will be re-profiled, and an overspend of £0.5m in Director General's Office due to £0.4m opening budget pressure. However, £0.3m of the Director General's Office position requires a recharge to the capital programme as a reclassification of costs which will be corrected in March. As mentioned above, previous year non-pay costs impact is £0.13m.

- Income under-achievement of £0.4m due to Surgical Services private patient income underperformance of £0.3m, which is mainly due to a timing difference in recovery of Radiology services private income, which should be recovered in March.

Underlying position and run-rate

- Adjusting for the non-recurrent one-off items, budget phasing, over-accruals and recharge, the underlying deficit at M2 is £2.3m or an average monthly run-rate of £1.2m.

FRP savings delivery

- FRP savings of £508k have been delivered vs £565k plan at M2 with the £57k variance expected to be recovered in Q2.

FRP Delivery and Development Tracker – FY24 Savings Delivery

FRP Savings Plan by Workstream

Workstreams	Projects	Scheme RAG	2023 Saving Delivered	Full Year 2024 Planned Saving	Jan	Feb	Total 2024 Forecast Saving	Remaining FYE 2025 Planned Saving
Delivery Tracker								
					Actual			
Clinical Productivity	Theatres Efficiency		-	1,940	-	-	1,710	466
Workforce	Clinical - Medical		221	516	45	33	554	138
	Clinical - AHPs		119	160	13	4	151	-
Non-Pay and Procurement	Non-Pay Controls (NPCP)		-	1,099	-	-	1,026	158
	Procurement		585	195	65	65	195	-
	Medicines Management		98	33	11	11	32	-
	Other Non-Pay		-	172	9	9	124	5
Income	Other Income Opportunities		163	781	65	68	749	-
	Private Patients		242	371	54	57	389	-
Care Groups and Non-Clinical Directorate schemes	£3m in 3 months		1,914	-	-	-	-	-
Total schemes currently in delivery			3,341	5,266	262	246	4,930	767
Development Tracker								
					Planned			
Clinical Productivity	Patient Flow and Discharge/LOS			538	-	-	538	527
	Theatres Efficiency			452	-	-	452	226
Workforce	Clinical - Nursing			1,730	-	-	1,730	2,219
	Clinical - Medical			1,355	-	-	1,355	907
	Clinical - AHPs			1,329	-	-	1,329	615
	Non-Clinical/ Directorate			-	-	-	-	1,840
	Workforce Savings			583	-	-	583	417
Non-Pay and Procurement	Procurement			406	-	-	406	829
	Medicines Management			222	-	-	222	311
	Other Non-Pay			172	-	-	172	100
	Non-Pay Controls (NPCP)			8	-	-	8	12
Income	Other Income Opportunities			50	-	-	50	1,871
	Private Patients			160	-	-	160	1,224
Mitigating Schemes				1,634	-	-	1,634	-
Total Schemes being prepared for delivery				8,639	-	-	8,639	11,098
TOTAL FRP SCHEME SAVINGS			3,341	13,905	262	246	13,569	11,865

- The FRP Programme over the three years has identified savings of £27m with a risk-adjusted value of £18m which are phased to be delivered over FY23 £3m, FY24 £12m and FY25 £10m.

FRP Savings FY23-FY25 - At a glance

FRP Project Plans Development Summary

Workstreams	Projects	Total Savings Identified	FY23 Delivered Savings	FY24 Identified Savings	FY25 Identified Savings	Total Risk Adj Amount
Clinical Productivity	Patient Flow and Discharge/LOS	1,064	-	538	527	1,028
	Theatres Efficiency	3,084	-	2,392	692	2,576
Workforce	Clinical - Medical	3,137	221	1,871	1,045	2,083
	Clinical - Nursing	3,949	-	1,730	2,219	2,567
	Clinical - AHPs	2,224	119	1,489	615	1,498
	Non-Clinical/ Directorate	1,840	-	-	1,840	460
	Workforce Savings	1,000	-	583	417	250
Non-Pay and Procurement	Medicines Management	663	98	254	311	418
	Procurement	2,015	585	601	829	1,089
	Other Non-Pay	449	-	344	105	325
	Non-Pay Controls (NPCP)	1,277	-	1,107	170	1,374
Income	Other Income Opportunities	2,865	163	831	1,871	986
	Private Patients	1,997	242	531	1,224	807
Care Groups and Non-Clinical Directorate schemes	£3m in 3 months	1,914	1,914	-	-	2,404
TOTAL FRP SAVINGS		**27,477**	**3,341**	**12,271**	**11,865**	**17,865**

FY24 Year-end Forecast

- The current FY24 year-end forecast is a deficit of £18.0m before additional mitigation actions are taken.
- Mitigating actions include further tightening of grip and control measures on pay and non-pay, removing delays to recruitment processes and workforce attraction packages, enhanced bank to eliminate overtime and additional hours, resources for large contracts review, and additional mitigation schemes including income maximisation.

- The key factors driving the Year-end forecast deficit are:
  - Cost pressures due to budget funding constraints identified when completing the FY24 budgets of £7.5m
  - Risk of FRP savings slippage due to delays in enabling support to ensure timely delivery of an estimated £6m - As highlighted in the FRP Plan, which was published in September 2023, there are some key dependencies to ensure full delivery of the planned FRP savings of £12m. These include receiving dedicated central HR/Recruitment and Procurement/Commercial Contracts support and resources to deliver the key FRP schemes with large savings, such as Workforce agency premium reduction through accelerating recruitment and time to hire, and Large Contracts Review with Procurement and Commissioning.

    Any delays in this support becoming fully functional by Mar-24 is likely to result in slippage of savings delivery to the following year, making it unlikely to be recoverable in-year, and will require making additional savings this year to remain within the required budget constraints. However, this is only a timing delay and the savings will still be delivered in FY25.
  - Additional cost pressures materialising at year-end in FY23 carrying forward into FY24 which require mitigation over and above the FRP savings target.

- The detailed break-down of the variances is as follows:
  - Staff Costs £8.4m forecast overspend due to a £12.1m overspend on agency locums (total forecast spend £19.1m), and £0.7m from negative budget pressures, partially mitigated by an £4.4m underspend on substantive staffing due to vacancies.

- The net impact above is made-up of:
    - Net overspends due to agency/locums and substantive costs in Surgical Services £2.1m, Women & Children's Services £0.8m, Medical Services £0.3m, Medical Director £0.4m, which are mitigated by substantive pay underspends of £1m in other Care Groups (Primary Care & Prevention £0.4m, Improvement & Innovation £0.4m, Non-Clinical Support Services £0.2m).
    - The DG's Office adverse variance of £5.7m (Pay £4.4m and Non-pay £1.3m) is due to holding £2.7m of the total £7.5m of opening budget pressures and a £3m contingency for additional cost pressures arising during the year.
    - £1.2m re the full year impact of doctors' back-pay from job planning.
    - £0.4m in staff costs re Operation Crocus for which budget is expected to be received during the year.
- Non-Pay overspend £7.3m with the main forecast overspends in Medical Services £1.9m, DG's Office £1.4m, Mental Health £1.0m, Tertiary Care £0.8m, Estates £0.7m, Non-Clinical Support Services £0.6m, Medical Director £0.6m, Social Care £0.4m, Women & Children £0.3m, and Primary Care £0.1m.
- Income under-achievement £2.3m is due to the current forecast shortfall in Surgery private patient income of £2.3m due to a planned delay of 2 months in launching the improved ways of working to increase theatres productivity which is expected to be recovered during the year. The forecast will be updated in Q2 to recognise this.

Mitigating Actions being taken:

- To recover the forecast deficit position, the following urgent mitigation actions are being taken, working with the Care Groups with weekly updates, to tackle the above risks and cost pressures to rapidly reduce the current overspend run-rate, and bring back the overspend within the required FY24 budget constraints by:
    - Increasing grip and control measures by implementing strict controls on:
        - Pay – further tightening of rota controls vs budget with escalation and approvals on agency/locum and overtime, requiring Care Groups to produce weekly (6 week forward) staff rotas for approval from Workforce Control Panel (WCP) to ensure these remain within funded establishment
        - Non-Pay - further tightening of non-pay expenditure controls
        - Establishing an HCS Centralised Purchasing and Procurement Function working with the central GoJ teams
    - Monthly Finance Budget Accountability Meetings with Care Groups led by Executive Directors and Change Team Finance Lead aimed at driving increased accountability and accelerate improvement actions. Ensuring Care Group budget holders have ownership of Actual vs Budget spend and recovery actions.
    - Additional FRP mitigation schemes including:
    - Income maximisation project - Private Patients income scheme expected to deliver an additional £600k and £2m net benefit in FY24 and FY25 respectively.
    - Enhanced bank to eliminate overtime
    - Workforce attraction package to reduce time-to-hire for hard to recruit roles that incur extended high cost premium agency overspend
    - HRD/HR Team leading on accelerating recruitment and time to hire to get agency out faster and deliver further FRP savings – requires central resource to support.

- Non-Pay/Procurement and Commissioning re Large Contracts – requires central resources to support

- These measures are expected to start impacting the reduction in run-rate from Q2 onwards.
- Recognising the inevitable multiple challenges that are faced in delivering a major financial recovery and change programme, we remain focused on delivering the FRP plan which provides a detailed strategy and clear roadmap towards financial recovery that is sustainable by creating a culture of ownership and accountability, with frontline clinical and operational teams supported by the PMO delivery team working alongside them to drive forward the improvements at pace while managing the associated risks.

4. Recommendation

The Board is asked to note:

- The 2023 year end outturn deficit was £32.5m which is a £6.5m variance against forecast.
- FY23 FRP savings delivery was £3.2m vs £3m target, overachieving by £0.2m.
- FY24 YTD M2 deficit is £5.1m giving a headline monthly run-rate of £2.5m. Adjusting for one-off items and non-recurrent costs the underlying monthly run-rate is £1.2m.
- FY24 FRP savings of £508k have been delivered vs £565k plan at M2 YTD with the £57k variance expected to be recovered in Q2.
- The current FY24 year-end forecast is a deficit of £18.0m mainly due to budget funding constraints of £7.5m, the risk of FRP savings slippage of £6m due to delays in enabling support and resources to ensure timely delivery, and additional cost pressures materialising at year-end in FY23 carrying forward into FY24 which require mitigation over and above the FRP savings.
- However, the FRP savings slippage is a timing delay and the savings will still be delivered in FY25.
- Immediate mitigating actions are being taken to rapidly reduce the year-end exit run-rate including further tightening of grip and control measures on pay and non-pay, removing delays to recruitment processes and workforce attraction packages, enhanced bank to eliminate overtime and additional hrs, resources for large contracts review, and additional mitigation schemes including income maximisation. These actions are expected to start impacting the reduction in run-rate from Q2 onwards.
- Recognising the inevitable multiple challenges that are faced in delivering a major financial recovery and change programme, we remain focused on delivering the FRP plan which provides a detailed strategy and clear roadmap towards financial recovery that is sustainable.

Health and Community Services

Health and Community Services Advisory Board Report

Report to:	Health and Community Services Advisory Board		
Date of meeting:	28th March 2024		
Title of paper:	Quality, Safety and Improvement Committee Report		
Report author (& title):	Dame Clare Gerada, Committee Chair and Non-Executive Director	**Accountable Executive:**	Jessie Marshall, Chief Nurse and Patrick Armstrong, Medical Director,

1. Purpose

What is the purpose of this report? **What is being asked of the HCS Advisory Board?**	To provide assurance to the HCS Advisory Board on the work of the Quality, Safety and Improvement Committee and escalate issues as necessary. Approval of the terms of reference.	Information	√
		Decision	
		Assurance	√
		Update	

2. Executive Summary

The Quality, Safety and Improvement Committee reconvened on Wednesday, 28th February 2024. Dame Clare Gerada, Lead Non-Executive Director for Quality, chaired the meeting.

Agenda items included reviewing the terms of reference, quality indicators, NICE guidance compliance, serious incidents, quality accounts, procedures of low clinical value, prescribing data, and rheumatology.

3. Finance/workforce implications

Nil.

4. Risk and issues

1. There was general agreement that the regulatory requirements on the Chief Pharmacist (CP) regarding cannabis cultivation are a quality issue. HCS is in the business of delivering safe medicines management to all Islanders, and the requirements of the cannabis work detract from this. The workload on the CP is excessive, given this post's multiple roles and responsibilities.

2. Hospital versus community prescribing was discussed, and the committee agreed that

this presents risks to patient safety, hospital productivity, and HCS's financial position.

5. Applicability to ministerial plan

Securing vital governance improvements in the quality, safety and effectiveness of services delivered by the Health and Community Services Department (HCS).

6. Main Report

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

Terms of Reference
The committee's name has been changed from **Quality and Risk to Quality, Safety, and Improvement** to better reflect its function and purpose. The terms of reference (including the membership) have been reviewed and amended.

Quality Indicators
The Quality and Performance Report (QPR) was reviewed, and no immediate areas of concern.

NICE Guidance Compliance
The Committee received assurance that HCS has communicated a clear expectation that NICE guidance must be followed, but there is no evidence to support this in practice. Once recruited, the Head of Compliance and Assurance will prioritise this. The Committee will continue to monitor this.

Four exemptions to NICE guidance have been received and these are outlined in the table below, in all cases this was to follow more up to date guidance issued.

Care Group	**NICE guidelines used in current operational policies**		**Application to Deviate from NICE**
Diabetes	NG17	Type 1 Diabetes in Adults: Diagnosis and management	Joint British Diabetes Societies Inpatient care Group (JBDS)
	CG187	Acute Heart Failure	European cardiology guideline
	NG106	Chronic heart failure	European cardiology guideline
Pharmacy			Treatment of Hyperkalaemia: Renal association

Serious Incidents
One *Never Event* noted. The Board will be provided with more detail following the conclusion of the investigation (this may occur during Part B for data protection reasons).

Quality Account

The Committee received the annual Quality Account, which includes adult mental health services and adult social care. The Committee agreed the document, which is currently being reviewed by stakeholders.

Procedures of Limited Clinical Value

The previous policy has been revised and approved by the Senior Leadership Team (SLT); clinical practice will be audited against this. The Committee has requested that future reports include those procedures that continue to be carried out.

Prescribing Data

Prescribing data for future reports has been agreed.

The committee reviewed the Medicines Optimisation Committee (MOC) terms of reference and suggested some amendments (mainly regarding membership). The MOC will examine medicine safety issues and the managed introduction of new medicines (both formulary and individual requests). The Quality, Safety, and Improvement Committee will receive the minutes and any escalations.

Hospital versus community prescribing was discussed in detail, and the committee agreed that it presents risks to patient safety, hospital productivity, and HCS's financial position.

The Committee was advised that under the Medicines (Jersey) Law 1995 and the Misuse of Drugs (Jersey) Law 1978, the Chief Pharmacist has several statutory functions, one related to controlled drug licensing, where cannabis falls. The regulatory activities associated with cultivation take a lot of time, and there is a lack of supporting infrastructure.

There was general agreement that this is a quality issue. HCS's business is to deliver safe medicines management to all Islanders, and the requirements of the cannabis work are detracting from this.

Rheumatology

The Committee will receive progress against the Royal College of Physicians (RCP) recommendations and continue to monitor changes in practice to ensure that these have been embedded.

Other Quality Issues

The Committee discussed the action of taking all patients (both male and female) off sodium valproate and prescribing a safer alternative. A working group has been established to oversee this. The Committee has asked for an update on progress at its next meeting.

7. Recommendation

For noting.

END OF REPORT

Health and Community Services

Health and Community Services Advisory Board Report

Report to:	Health and Community Services Advisory Board		
Date of meeting:	28 March 2024		
Title of paper:	HCS Culture Change Programme		
Report author (& title):	Dr Cheryl Power Director of Culture, Engagement and Wellbeing	**Accountable Executive:**	Chris Bown, Chief Officer

1. Purpose

What is the purpose of this report? What is being asked of the HCS Advisory Board?	To provide an update and overview to the HCS Advisory Board of the HCS culture change plan and activity.	Information	
		Decision	
		Assurance	
		Update	X

2. Executive Summary

HCS is dependent on its workforce to deliver high quality and safe patient care. Robust evidence indicates a positive workplace culture enables better patient outcomes, high performing multi-professional teams, improved psychological safety, staff retention and reduced incidents of clinical errors and staff absences. Key strategic drivers including the Mascie-Taylor (2022) review of clinical governance arrangements within HCS identified the need for HCS to improve its culture and move to become more open, transparent, accountable and striving for continuous improvement. Other strategic drivers include Ministerial objectives, serious incident investigations, leadership changes, Be Heard survey results, freedom to speak up activity data, complaint data and challenges with recruitment find retention.

3. Finance / workforce implications

The culture of the organisation impacts all levels of HCS. The Cultural Change team will need to be supported with protected time, additional organisational effectiveness capacity, project management support and financial investment for external culture change facilitators.

4. Risk and issues

The release of staff from all parts of HCS to engage in the culture change programmes. A budget is required to provide the capacity to roll-out the culture change programmes.

Working in a culture that does not promote inclusiveness, does not work collaboratively as a team and does not create an experience of psychological safety could slow decision making, hinder concerns being escalated, restrict patient communications, reduce all to give their best and feel they are able to trust their colleagues and ultimately compromise the safety of patients.

5. Applicability to ministerial plan

Implementing the culture change plan and the necessary cultural initiatives will create the conditions which champion development of a healthy and positive working culture in which HCS staff feel they are valued team members working together to meet patient's needs and that they are free to speak up about any concerns they have. The plan will enable a platform for the necessary reform of HCS's internal governance structures that drive learning and continuous improvement and support an engaged and productive workplace environment by listening and engaging with staff.

6. Main Report

An HCS culture change plan incorporating our culture, leadership find management development, engagement find communications, diversity and inclusion and wellbeing elements has commenced.

Our Culture

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

Psychological safety is about having trust in our leaders, managers and our team. Everything we do in HCS requires teamwork and we know good teams perform better leading to better outcomes for patients/service users. A plan is being developed with our Government of Jersey corporate colleagues about co-facilitating Psychological Safety in Teams workshops for targeted service areas.

The fair treatment of people working together in a health and social care setting supports a culture of fairness, openness and learning by enabling staff to feel confident to speak up when things go wrong, rather than fearing blame. We continue to develop a restorative just and learning model for HCS where staff feel supported and empowered to learn when things do not go as expected.

Leadership Development

Leadership as a BeHeard engagement factor represented the lowest score for HCS. Developing the right people with the right skills and the right values is recognised as essential to enable the safe and sustainable delivery of health and social care services. An evidence-based leadership development programme commenced early February for HCS executive and senior leaders. Leadership development will continue throughout 2024 for other leaders and managers across HCS. This development supports the commitments made in the Government of Jersey Our People strategy to developing skills and capabilities so that everyone has the opportunity to realise their potential.

Engagement

Evidence indicates that engaged staff deliver better care with better patient/service user experiences, fewer errors, lower infection and mortality rates, higher staff morale and motivation. Staff engagement has continued through regular listening events such as the monthly Team HCS

Talks, professional forums, Schwartz Rounds and ward/service walk arounds enabling staff to have a range of feedback opportunities where issues and frustrations can be safely raised. Quarterly pulse surveys are being developed with the first being implemented in April. Continuously gathering feedback from staff in an anonymous way will be important for HCS to measure progress against the BeHeard 2023 survey results. We recognise the importance of HCS staff actively engaging with the Finance Recovery Plan. A bespoke communications and engagement plan is being developed that incorporates innovative ways to engage staff at all levels.

Diversity and Inclusion

Much work has been carried out supporting our Diversity find Inclusion agenda and in particular HCS working towards becoming an anti-racist organisation. We acknowledge that racism still exists in our community and as an organisation we are working together to promote race equality. In October 2023, a report was presented to the HCS Advisory Board about a review of reported incidents of racial abuse in HCS. There was a belief that behaviours of staff-on-staff racial abuse were underreported. During Racial Equality week, a survey was launched for all HCS staff to help us understand their experiences, observations and impacts of racism in the workplace over the last 12 months. An anti-racism statement and supporting material has been created for both patients and staff.

7. Recommendation

The Board to note the report.

END OF REPORT

Health and Community Services

Health and Community Services Advisory Board Report

Report to:	Health and Community Services (HCS) Advisory Board		
Date of meeting:	28 March 2024		
Title of paper:	Anti-racism statement		
Report author (& title):	Washington Gwatidzo (Assistant General Manager, REACH lead) Dr Cheryl Power (Director of Culture, Engagement and Wellbeing)	**Accountable Executive:**	Chris Bown, Chief Officer HCS

1. Purpose

What is the purpose of this report? What is being asked of the HCS Advisory Board?	The Board is asked to endorse the anti-racism statement and the activities outlined in the report.	Information	
		Decision	X
		Assurance	
		Update	X

2. Executive Summary

The Government of Jersey's Health and Community Services department is committed to promoting and improving a safe and secure environment for those who work in or use the service so that the highest standards of care can be made available to patients/service users/clients. The Unacceptable Behaviour Policy, Health and Community Services, December 2022, states it is necessary for management and staff to work together positively to achieve a situation, compatible with the provision of proper services to patients, where a safe and health working environment for staff and others can be achieved.

Following from the Board meeting in October 2023, a working group was set up to support HCS to move to an organisation that embraces diversity and inclusion. In addition, setting the public expectations on acceptable behaviour and non-tolerance of racism. Anti-racism by definition 'means that we actively target, challenge and remove systemic barriers that enable racism, recognising this as a corporate responsibility', (NHS Confederation). The working group undertook a survey to understand racism experienced by staff who work within HCS. This is the first in a number of initiatives within HCS to support cultural change throughout the year and beyond.

To date HCS has introduced the following initiatives to drive cultural change, improve diversity and inclusion:

- Appointed a Freedom to Speak Up Guardian who has launched a campaign for HCS staff to Speak Up, Listen Up and Follow Up
- Audit of Datix reports over a 12-month period where racial verbal/physical assault was cited – patient to employee (as reported to Board in October 2023).
- Developed a working group with States of Jersey Police to review and strengthen pathways and actions when responding to racial assault in the workplace.
- Diversity and Inclusion is a key objective in the HCS Culture Change Plan which includes an action to develop a Diversity and Inclusion strategy for HCS.
- Co-created an anti-racism statement (Appendix 1)
- Launched a 'Civility Saves Lives' Campaign (15th to 16th January)
- Held a one-day training event on 'Human Factors' to help us to recognise, understand and mitigate human factors that could influence an accident or incident in the workplace (12th February)
- Raised awareness across HCS during Racial Equality week (5th to 9th February)

3. Risk and issues

Racist experiences can negatively affect patient safety, staff health and wellbeing, staff morale and engagement and workforce retention as well as attract new staff in a very competitive labour market.

4. Applicability to ministerial plan

Understanding the incidents of racial abuse in HCS helps support the development of a healthy and positive working culture in which HCS staff feel they are valued team members working together to meet patient's needs and that they are free to speak up about any concerns they have. The review and proposed next steps will enable a platform for the necessary reform of HCS's internal governance structures that drive learning and continuous improvement and support an engaged and productive workplace environment by listening and engaging with staff.

5. Main Report

5.1 Introduction

The Government of Jersey's Health and Community Services department is committed to promoting and improving a safe and secure environment for those who work in or use the service so that the highest standards of care can be made available to patients/service users/clients. The Unacceptable Behaviour Policy, Health and Community Services, December 2022, states it is necessary for management and staff to work together positively to achieve a situation, compatible with the provision of proper services to patients, where a safe and health working environment for staff and others can be achieved.

As a follow- up from the October 2023 Board meeting, a survey was undertaken to invite colleagues to comment on their observations and experience of racism in the last 12 months. The survey was anonymous and available electronically and on paper for an initial period of two weeks. A total of 88 responses were received, 85 electronically and 3 on paper.

The key headlines from the survey include:

- 49% believed racism was a problem in HCS.
- 30% had experienced racism in the last 12 months.
- 50% had experienced racism from clients/patients.
- 54% had reported these incidents to the employer when it had happened.
- Of those that had reported only 35 were satisfied with how the employer managed it
- 53% of those that responded to the survey described themselves as white.
- Ten different ethnicities contributed to the survey.

The main themes identified from the survey were,

The Law - There is a strong belief among staff that there is no law in Jersey to protect people who have experienced racism. Responses from the police has been conflicting making staff believe that there is no point in reporting racially discriminated incidents. This may be a contributing factor to the under reporting of racist incidents towards staff, despite the Jersey (discrimination) Law 2013 listing race as one of the protected characteristics.

Futility – Both staff and managers are unsure how to manage such situations when they do occur consistently. The challenges associated with proving racial discrimination is not unique to Jersey. A recent report by brap- a charity transforming the way we think and do equality titled 'Too hot to handle' shows that health services are falling short of tackling racial discrimination. This is due to many contributing factors including a culture of 'avoidance, defensiveness, and minimization of racism' Too Hot to Handle? (brap.org.uk)

Psychological safety- There was overwhelming feedback from respondents of the fear of being victimised if they raise discrimination from clients, colleagues or the organisation. Staff identified a lack of clear guidelines, bear in mind that it is very difficult to evidence racial discrimination. The work that has been delivered through Civility Saves Lives shows that negative behaviour towards colleagues can have up to 61% reduction in cognitive ability resulting in poorer patient outcomes Home | Civility Saves Lives. In a demanding health workforce environment Jersey will lose out on the best of talent to care for islanders.

Compassion and care from colleagues- understanding the different angles that this could come from patient to staff, employer to staff member. The need to improve cultural awareness in one of the most culturally diverse workforce in the government is key. The diverse workforce will only add to the creativity and reduce group thinking in the organisation.

Work environment- There were concerns shared of the fear of the organisation to acknowledge that racism and discrimination still exists, making it difficult to identify opportunities to learn. Without acknowledgement, opportunities to learn in the organisation becomes challenging. Staff experiencing racial discrimination do not then feel safe to support the cultural changes required.

Impact on career progression – Structural discrimination in our own recruitment and career pathways was identified in the survey. Staff gave examples of meeting job roles on paper but not being short listed as compared to their white peers who do not meet same criteria on paper. Staff shared having to work harder and described a 'glass ceiling' to their own chances of progression.

5.4 Conclusion and recommendations

Running an anonymous survey has started to provide a better understanding of staff experience of racism. The survey also offers HCS themes that will allow targeted support using both existing resource and identified needs for the future.
The Senior Leadership Team (SLT) felt that it was important to make a public statement that racism will not be tolerated. As a result, the statement has been developed and agreed by SLT and is recommended to the Board for endorsement (Appendix 1).

In addition, the following actions have been identified:

- Revise Datix recording of incidents to ensure they reflect psychological harm as a harm category.
- Continue and complete a programme of work involving an anti-racism statement for HCS through focus group consultation with HCS staff and awareness raising training including awareness of HCS Unacceptable Behaviour policy and all staff and line management required actions following an unacceptable behaviour incident.
- The role of line managers is integral in tackling racial discrimination in the workplace and in embedding an anti-racism strategy. Role modelling of appropriate behaviours including calling out inappropriate behaviours and promoting inclusion as well as line managers feeling appropriately equipped to manage and support staff when they have experienced an unacceptable behavior incident.
- Support and empower line managers to support staff who have experienced discrimination by implementing procedures in the policy such as written warnings.
- Continue developing a programme of cross-agency work with States of Jersey Police about the immediate and follow up response to unacceptable behaviours from service users.
- Understanding more about the incidence and impact of racial abuse across HCS through use of surveys
- Sets out expectations of staff/organisation behaviour.
- Set expectation of patient behaviours
- Identify existing policies that need to be reviewed.
- Identify training required by organisation for staff at all different levels.
- Ongoing training for all HCS staff to improve cultural intelligence.
- HCS to consider whether to run the survey again in 6/12 months to show changes in culture.
- Routine use of equality impact assessments could help to identify what could be done differently in HCS.

6. Recommendation

Note the report and endorse the anti-racism statement as per Appendix 1.

7. References

Anti-racism | NHS Confederation

Home | Civility Saves Lives

Too Hot to Handle? (brap.org.uk)

END OF REPORT

HCS ANTI-RACISM STATEMENT/COMMITMENTS

At Health and Community Services (HCS) we know that the care of our patients is strengthened through diversity of thought, approach and culture, delivered by staff from rich and different backgrounds. A lack of diversity will stifle true innovation and transformation. Without diversity, our organisation will not thrive. A lack of diversity at a senior level that does not represent our workforce runs the risk of failing to understand the needs of its staff. This in turn will have an impact in the quality of care given to our islanders as well as support HCS vision to improve its image as a responsible employer to support recruitment and retention.

We are deeply aware of the extent to which Black, Asian, or other ethnically diverse people are underrepresented across our staff team and the senior management team. Ensuring that this situation changes, not only through a genuinely held commitment but also through robust and proactive action, is a priority for us. We wish to go beyond the legal requirements for equality so we are a truly inclusive and fair organisation. This will not only be complex but will require long-term commitment from all staff within HCS.

We know we might make mistakes along the way and we commit to acknowledge them and strive to do better.

We are aware that systemic racism is deeply ingrained in our society and whilst attempts have been made to address this reality, actual change is long overdue. Public institutions such as ours have a crucial role to play in promoting anti-racism, and in tackling inequalities in health, through building a more tolerant, inclusive, equal, and empathetic culture.

We believe HCS has the most ethnically diverse workforce within the Government of Jersey including Doctors, Nurses, Allied Health Professionals, Social Worker's and Midwives. Across the United Kingdom it is well recorded and documented that the experience of staff from minority ethnic backgrounds is not equal to their white colleagues. We believe the experience of staff in HCS is not any different and it should be noted that there aren't reliable mechanisms to report this. When staff have experienced racism or discrimination the culture is not to report it due to the lack of consistence in guidance or support. There have been 30 reported incidents of racial abuse across HCS towards our staff from patients and relatives over a 12 month period with varying responses to both staff and patients/relatives. The availability of limited data should not be an excuse for us no to be proactive.

The Executive and SLT have committed to tackle racism in our workplace, and to see growth in diversity across the organisation at all levels. We believe we must be proactively anti-racist, and this means every one of us standing up against racism or any discriminatory behaviour. As an organisation, we will not tolerate racist or discriminatory behaviours or beliefs.

‘We Stand’ against Racism

Our plans for change:

- Taking positive action to diversify the make-up of our wider leadership and with identified targets for improvement.

- Reviewing our recruitment practices to ensure they are fully inclusive, communicated as widely as possible and are welcoming to diverse and under-represented groups. This will include reviewing or recruitment process to see if it is appropriate for people coming from further afield in the world.

- Planning and delivering a comprehensive programme of anti-racism and inclusion training for all staff, managers and the SLT.

- Reviewing and revising all relevant policies, processes, and practices to ensure they are explicit about anti-racism and are inclusive.

- Embedding inclusion objectives into appraisals.

- Supporting staff when they are racially abused.

- Continue to seek feedback from our staff to identify the support they require from the organisation should they experience racism and or discrimination.

- Creating the environment for courageous conversations and for staff to raise concerns with confidence they will be listened to and action taken.

- Working with our patients and communities to tackle inequalities and provide services that meet the diverse population needs.

- Identify potential repercussions for patients or staff who behave in a racist/discriminatory manner.

- Being an exemplar leadership team that models behaviour that is anti-racist at all times that leads from the front.

Health and Community Services

Health and Community Services Advisory Board Meeting Report

Report to:	HCS Advisory Board		
Date of meeting:	28th March 2024		
Title of paper:	Maternity Improvement Plan		
Report author:	Livi Methven Higgins Senior Change Manager (approved by care group senior leadership team)	**Sponsor:**	Patrick Armstrong, Medical Director Jessie Marshall, Chief Nurse

1. Purpose

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

2. Executive Summary

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

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

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

- A further 3 recommendations have been approved by Women and Children's Senior Leadership Team as complete. Topics from these recommendations cover:
    - Fire audits
    - Reporting processes
    - Perinatal Mental Health 2024 training and education calendar
- Picker Institute surveyed Maternity Services during December 2023 and January 2024, with results expected March 2024. Maternity Services received excellent results from the survey completed in 2022. The Picker patient experience survey lead the development of patient experience measures as a way of understanding the quality of person-centred care from the patient's perspective.
- Culture Improvement Plan events have been confirmed and circulated with Maternity Staff, with good attendance at the Civility Saves Lives sessions. It is recognised that culture change is ongoing, and evidence of cultural change can be seen. Maternity Services, with support from the Director of Culture, Engagement and Wellbeing, are continuing to implement the culture improvement plan for the service.
- The Maternity Improvement Plan was presented at the Women's and Children's Inset Day (12 March) and is due to be presented at the Maternity Away Days (14 and 21 March). These communications will provide a background of progress to date and engage fully with the service to develop the strategy for the continuation of the Maternity Improvement Plan. It is envisioned that the Maternity Strategy will ensure sustainability of the completed recommendations and see the completion of the outstanding recommendations. The co-design of the Maternity Strategy is integral for its success and for continued improvements within the service.
- The Maternity Dashboard has been developed further and the 2023 dashboard was an appendix to February's HCS Advisory Board report (reviewed at HCS Senior Leadership Team meeting on 15th February).

To enable clear comparison with another maternity provider, Maternity Services have benchmarked their 2024 service dashboard against Norfolk and Waveney Local Maternity and Neonatal System, due to the delayed reconfiguration of the Hampshire and Isle of Wight Integrated Care Board (ICB). Once this has been finalised, it will then be benchmarked against this Board. This is to be included as an appendix in HCS Advisory Board April papers. The 2024 dashboard is used within the Women's and Children's Care Group Performance Reviews and is part of business-as-usual processes.

Key actions for April:

- The culture improvement plan for the remainder of 2024 includes specialist mediation, values and behaviours sessions, psychological safety, restorative behaviours, reflective safe spaces and dedicated leadership sessions for the Women and Children's Senior Leadership Team as part of the HCS wide offering.
- Following presentation of the Maternity Improvement Plan at the Women's and Children's Inset Day and Maternity Away Days, to support the co-design of the Maternity Strategy which will ensure sustainability of the completed recommendations and see the completion of the outstanding recommendations.
- Following reconfiguration of the Hampshire and Isle of Wight Integrated Care Board (ICB), to align with this ICB further and commence attendance at Boards.
- To refine the 2024 Maternity dashboard.

Progress to date

Currently 99 out of 127 recommendations have been identified by Women and Childrens Senior Leadership Team as complete (up from 96 in February), of which 96 have been confirmed as having robust evidence/ business-as-usual process. Three are under review to ensure robustness of evidence and sustainability of any business-as-usual processes.

High level progress to date can be found below:

Total Number of recommendations	January	February	March
	127	**127**	**127**
Complete signed off	78	92	96
Complete	9	4	3
Green	19	25	22
Amber	20	6	6
Red	1	0	0

Maternity Improvement Plan - transfer to business-as-usual

As each recommendation is approved by Women and Children's Senior Leadership Team, the project management support is undertaking 30-, 60- and 90-day reviews to ensure that each recommendation is embedded within business-as-usual activities. Process is in place to ensure areas of non-compliance are identified and escalated first to the Director of Midwifery, then to the Maternity Improvement Plan Monitoring Meeting. To date, 70 out of 99 recommendations have completed 30-, 60-, 90- day follow-up reviews, evidencing ongoing embedment of recommendations. A further 10 recommendations have extended follow-up reviews to ensure embedded business-as-usual processes, these have been escalated and confirmed with the Director of Midwifery and to the Maternity Improvement Plan Monitoring Meeting.

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

3. Finance / workforce implications

Workforce:

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

4. Risk and issues

To date, Maternity Services have completed 99 out of 127 recommendations, owing to the

dedication of staff within the service to ensuring that the plan is successful.

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

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

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

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

5. Applicability to ministerial plan

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

6. Main Report

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

Appendix:
202402 – Maternity Improvement Plan – Poster – Approved 20240301

END OF REPORT

Maternity Improvement Plan

February 2024

What is the Maternity Improvement Plan?

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

What has progressed in February?

- 99 completed recommendations out of 127 (up from 91 in January)
- Birthrate Plus report received and reviewed. The Birthrate Plus acuity tool is essential for understanding the midwifery workforce requirements and development of a workforce strategy.
- 2024 Perinatal Mental Health Training Calendar approved.
- Ongoing development of presentation for WACs Inset Day and Maternity Away Days to enable the co-development of the Maternity Strategy and sharing of the detail of the Maternity Improvement Plan.

What's happening in March?

- WACs Inset Day 12 March
- Maternity Away Day 14 & 21 March
    - Maternity staff have the opportunity to develop the Maternity Strategy and review the Maternity Improvement Plan
- First Perinatal Mental Health training course to be launched

Your voice

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

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

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

Health and Community Services

Health and Community Services Advisory Board Report

Report to:	Health and Community Services (HCS) Advisory Board		
Date of meeting:	28th March 2024		
Title of paper:	Mental Health and Capacity Law Report		
Report author (& title):	Andy Weir Director of Mental Health and Adult Social Care	**Accountable Executive:**	Andy Weir Director of Mental Health and Adult Social Care

1. Purpose

What is the purpose of this report? What is being asked of the HCS Advisory Board?	This report provides information and assurance to the Board in relation to the current use of both Mental Health and Capacity Law across HCS, including developmental work being done in this area.	Information	X
		Decision	
		Assurance	X
		Update	

2. Executive Summary

A multi-agency Mental Health Law and Capacity Legislation Oversight Group was established to oversee and develop the use of this legislation across HCS. The group meets monthly and collectively reviews our use of this legislation, identifying any challenges and risks associated with this and developing work plans to address these. This report provides a summary of activity in this area for the period August 2023 – December 2023 inclusive.

3. Finance / workforce implications

The regular detailed review of the use of legislation, in particular the identification of any gaps or difficulties, has allowed the Oversight Group to commission training, review procedures and support the workforce to ensure the safe and lawful use of mental health and capacity legislation.

4. Risk and issues

The Oversight Group maintains and regularly reviews a risk register specific to this area.

5. Applicability to ministerial plan

This report supports the intention to advance the quality of services, ensuring they are well governed, safe and patient centred, using information necessary to drive up standards of care.

6. Main Report

6.1 The Mental Health and Capacity Legislation Oversight Group was established in April 2022, and meets monthly. This is a multi-agency group that includes representatives from mental health and adult social care services, Child and Adolescent Mental Health Services (CAMHS), police, ambulance, the General Hospital, pharmacy and patient advocacy. The Assistant Minister for Health and Social Services with responsibility for mental health attends the meeting on a regular basis. The Oversight Group is coordinated by the Head of Mental Health and Capacity Law, who also has the delegated authority of the Minister for Health and Social Services to manage the day-to-day implementation of the law and ensure strict compliance with all the relevant statutory duties.

6.2 Importantly, the Oversight Group provides a regular opportunity for all partners who have a role in the implementation of Mental Health and Capacity Legislation to come together and discuss this in practice. This has resulted in much improved joint working across the system, which is evidenced by some of the changes in use of legislation and practice.

Mental Health Law Assessments

6.3 During the period of August – December 2023, there were a total of 120 Mental Health Law assessments undertaken. Of these, 75 detentions occurred – representing 63% of the assessments undertaken.

6.4 The process of undertaking a mental health law assessment has been the subject of both Serious Incident reports and an Inquest during this period. This has led to reflective discussion within teams, and a clear position statement from the service that when a referral for a Mental Health Law assessment is made, this cannot be rejected without discussion with the Team Manager or on-call manager.

6.5 A recurring concern was identified in relation to rectifiable errors on detention papers in August; a number of actions were taken to address this, and this has subsequently reduced.

Article 36 – police holding powers.

6.6 Much work has been undertaken in partnership with the police to reduce the use of Article 36 - which provides a police officer with the power to detain for assessment a person who they believe may be suffering from a mental disorder and presenting a potential risk to themselves or others - where an appropriate alternative is available.

6.7 The use of article 36 has significantly reduced over the last year, with only 17 uses in the period of August-December 2023 – and notably, 2 months (October and December) where Article 36 was used on only one occasion in the month.

6.8 Of the 17 uses, 5 people were detained to hospital and 1 person was admitted informally. This represents a positive conversion rate of 35%.

6.9 As reported elsewhere, joint work with the police has also significantly reduced the amount of time police are spending on mental health associated work (by 32%).

Restrictive Practices

6.10 The use of restrictive practices within the inpatient service are monitored and discussed on a monthly basis, in order to ensure these are used only when absolutely required. This includes the use of MAYBO (physical interventions to maintain safety), seclusion, individuals subject to planned searches, and restriction of access to electronic media and communications (which may include mobile phone). The data for August – December 2023 is shown below.

	August	Sept	Oct	Nov	Dec
Seclusion	1	2	2	0	0
Use of MAYBO	10	14	20	8	6
Individuals subject to planned search	0	0	0	2	0
Restricted electronic media	0	0	0	0	1

6.11 Use of physical intervention (MAYBO) frequently relates to the management of potential violence / aggression or prevention of harm to self, or the use of physical restraint to administer medication by injection. However, these figures also include the use of low-level physical holds to manage safety and reduce distress for patients with dementia on Beech ward.

6.12 The significant increase in the use of MAYBO in October particularly related to one individual in Orchard House, who required 7 episodes of restraint and seclusion.

Mental Health and Capacity Law changes

6.13 The first tranche of amendments to the Capacity and Self-Determination (Jersey) Law 2016 and the Mental Health (Jersey) Law 2016 have been drafted, with the aim of addressing a range of issues and will be put before the Scrutiny panel in the near future. The first tranche of amendments predominantly deals with typographical errors and missed consequential errors. Most significant for the Capacity Law are amendments to correct drafting so that restraint can be both physical and medical in nature; clarify the means of assessment for a significant restriction on liberty under Part 5; and the introduction of a provision whereby the Court's approval is required for the resignation of a delegate(s).

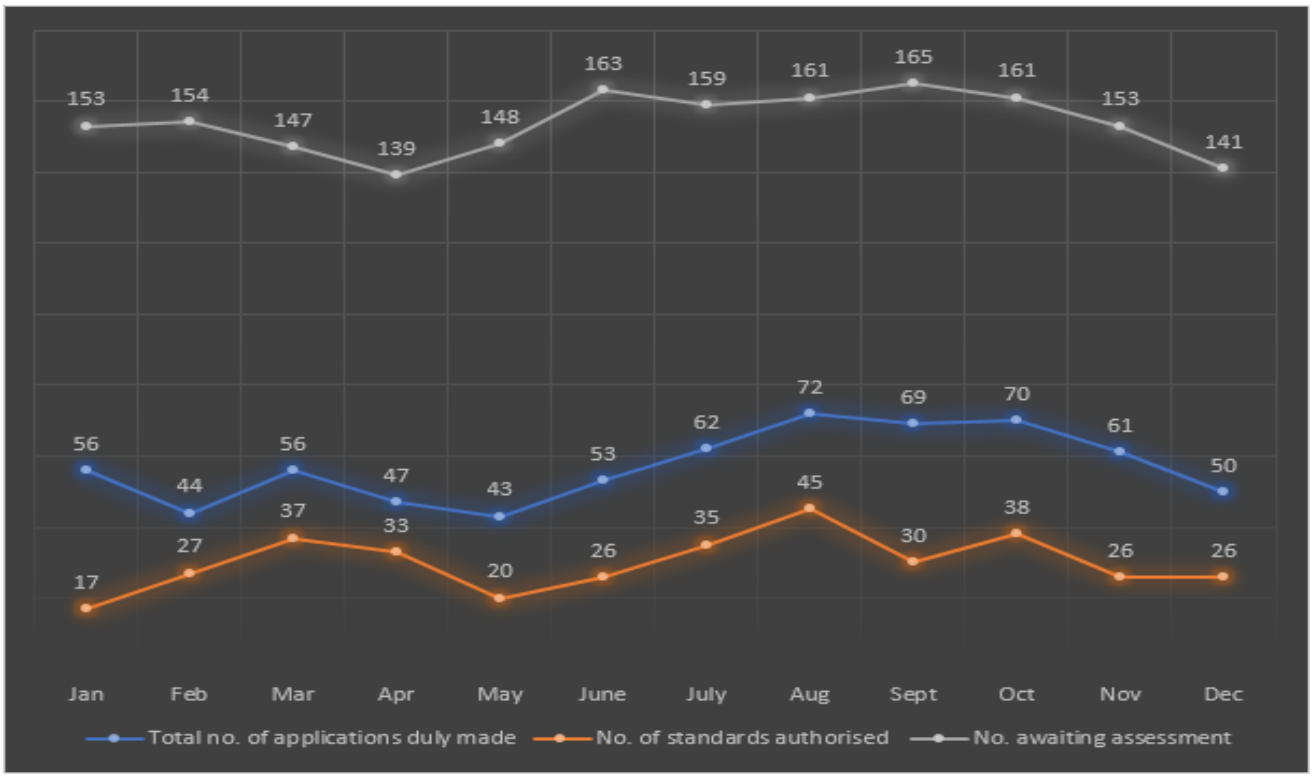
6.14 The most noteworthy changes to the Mental Health Law in tranche one includes clarification of the wording of the test that determines nearest relative; expansion of who must be consulted over treatment by a second opinion doctor; and confirming the right to appeal a restriction on access to electronic media and communications. Also, the term 'Authorised Officer' will be changed to 'Approved Mental Health Professional' to improve understanding of the role. It is anticipated that the second tranche will be fully scoped by the end of 2024.

6.15 Additionally, the Law Drafting Office are currently drafting Regulations to resolve known issues with applying Article 67 and 69 of the Mental Health Law to a child or young person held in secure accommodation.

Capacity Legislation

6.16 The Oversight Group also monitors the use of the Capacity and Self Determination (Jersey) Law 2016, and in particular the number of assessments requested and the number of those that result in Significant Restrictions of Liberty (SRoL).

6.17 As with other jurisdictions, an increase in awareness (supported in Jersey by system-wide training) has resulted in an increased use of capacity legislation. This has resulted in the current position as shown below:



6.18 As set out in the previous report, much work has been undertaken to both improve the quality of the applications being made, and to seek to reduce the number awaiting assessment. The improved position shown at the end of December unfortunately deteriorated again in early 2024 (related to a significant increase in referrals made) and further additional work is therefore being undertaken to address this (including increasing the number of satellite assessors available to undertake Capacity and Liberty Assessments).

Additional activity

6.19 A formal process for re-authorising Approved Practitioners, Authorised Officers and Capacity & Liberty Assessors on behalf of the Minister was implemented in January 2024. There are 2 outstanding authorisations, which are being worked through. Those re-approved are approved for a period of 3 years.

6.20 A protocol to improve the oversight and treatment of patients detained in the community on Article 24 long leave (approximately 10 at any time) was developed and implemented in August 2023. This ensures regular review by the Responsible Medical Officer, to ensure that detention is still warranted. In parallel, a piece of work has commenced (supported by the

Minister) to establish an alternative legal framework to manage patients who do not need to be in hospital but require some form of on-going detention / legal oversight - the equivalent of a Community Treatment Order in other jurisdictions- has commenced.

6.21 Finally, concerns around potential firearms access have been discussed with the police and we have agreed a protocol whereby, where a specific concern exists, mental health staff (through the General Manager) can request information from the police to populate our risk assessment / risk management plans.

7. Recommendation

The Board is asked to note and discuss this report.

Health and Community Services Advisory Board Report

Report to:	Health and Community Services Advisory Board		
Date of meeting:	28th March 2024		
Title of paper:	Winter plan 2023 Outcome		
Report author (& title):	Claire Thompson, Chief Operating Officer (COO) - Acute Services and Andy Weir, Director of Mental Health and Adult Social Care	**Accountable Executive:**	Claire Thompson, Chief Operating Officer (COO) - Acute Services and Andy Weir, Director of Mental Health and Adult Social Care

1. Purpose

What is the purpose of this report? What is being asked of the HCS Advisory Board?	To provide the health and Community Services (HCS) Advisory Board with a briefing regarding the Winter performance period and impact of planning.	Information	√
		Decision	
		Assurance	
		Update	√

2. Executive Summary

Key actions were planned and implemented to respond to and mitigate the impact of seasonal variation in healthcare demand. These included,

- a review of NHS Winter plan interventions to provide a framework for our approach,
- the resourcing and opening of additional bed capacity,
- the development of our ambulatory care model,
- focus on delayed transfer of care (DTOC) and working across the Government of Jersey (GOJ),
- Infection Prevention and Control (IPAC) measures,
- operational flow processes.

As part of the usual approach, any key learning from Winter 23/24 will be considered for our 2024/25 winter planning that will commence Q2/Q3.

3. Finance / workforce implications

Winter schemes were delivered from substantive allocation, but HCS needs to develop a mechanism that assesses the requirement for the winter cycle with Treasury so that in year schemes and mitigation can be planned in Q2-Q3, particularly in admission avoidance. Substantive recruitment alongside the use of temporary workforce continues to support the

additional capacity opened.

4. Risk and issues

HCS via the Senior Leadership Team (SLT) will consider any steps regarding the financial planning for Winter 2024/25 period and how this can feature within the current Treasury business case process. Focus on admission avoidance, health and user support system alongside community and provider care including virtual ward will feature in future planning.

5. Applicability to ministerial plan

High quality care and support services, with good access to essential services and improving the experience of our workforce are all central features of the Ministerial plan for HCS.

6. Main Report -Activity

Measure	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
General Outpatient Attendances	18024	17733	14082	17997	17251
Elective Admissions	144	149	96	152	135
Elective Day Cases	722	702	496	632	763
Elective Regular Day Admissions (MDU/Renal)	1062	948	601	736	1043
Ward Attenders/ SDEC (Emer)	105	131	119	126	147
ED attendances	3309	3210	3343	3421	3480
Emergency Admissions	555	583	595	594	576

Operational performance

In January, HCS cared for 3,421 ED attendances (compared to 3,270 January 2023). The Emergency Department (ED) performance did not significantly deteriorate over winter months with the median time from arrival to triage between 16-21 minutes, with the median total stay in ED stable at 154 minutes (in standard tolerance). The total number of patients who waited in ED >10hours was higher in January and February than previous months. This is a metric of total attendances in month so includes Decision To Admit (DTA) and those that were also subsequently discharged with admission avoidance strategies or post treatment completed. Conversion rate to admission remained stable throughout.

The Emergency acute length of stay (LOS) stayed under the Quality and Performance Report (QPR) standard of 10 days, 5.7 to 6.6 February 24. Morning discharges continued to rise from October through to February 24 achieving the QPR standard of 15% in February as part of our clinical productivity workstream. Additional beds were opened on Samares ward to allow for more patients who were DTOC to be cared for outside acute inpatient beds which mitigated against additional winter demand until the opening of Plemont ward on 19th February 2024.

Whilst substantively funded, this additional capacity carried a premium impact to the financial run rate while recruitment processes continue. Opening Plemont was enacted due to the associated positive impact on patient experience (reduction of non-clinical transfers, waiting for admission in ED and elective access) and the ability to progress with our private patient strategy that underpins income generation as part of the financial recovery programme (FRP) and was subject to SLT approval. Same Day Emergency Care (SDEC) was relocated to the Acute Admissions Unit (AAU) to support activity, service development and patient experience and in response to an external peer review recommendation. The ability to describe and monitor Red2Green data was implemented in Jan-24. Red days are monitored at daily operations meetings and supportive actions taken to convert to a green day. The reporting suite will be developed at clinical productivity workstream for further assurance with the development of internal standards to drive internal efficiency regarding operational flow.

Delayed Transfers of Care.

The number of people waiting in hospital beyond their clinical need remained stable over the winter period (between 20-26 at any given point). Sustained positive impact to the number of delays due to waiting for packages of care was noted, likely due to the impact of the new brokerage system that was introduced in partnership with CLS. The larger cohorts of people waiting in hospital relate to those waiting for placements in nursing homes, residential care and specialist dementia care specifically. Over 2024 HCS will continue to develop Discharge to Assess and other strategies such as a choice policy. The Board will receive a separate DTOC / medically fit for discharge (MFFD) briefing paper.

Infection Prevention and Control

Between 18/9/23 – 10/3/24 HCS undertook 4,536 PCR swab samples across the island (albeit most from ED, Primary Care and HCS premises) which confirmed,

- 233 cases of flu A,
- 254 cases of RSV (respiratory virus)
- 493 cases of COVID
- 8 cases of flu B

This activity appears to be a moderately severe winter for Flu and RSV, Covid is undetermined as a seasonal infection yet. None of the peaks of winter infection coincided but ongoing presentation of these has therefore made for a prolonged winter presentation. Use of testing to better manage patients including isolation (or use of redirooms), cohort nursing, antivirals and screening of contacts and deployment of PPE essentially contained infection with the important contribution of orchestration via the HCS operational bed meetings held daily or more frequently (including weekends). Our experience and that in the UK and Europe suggests that this season (and year so far) COVID has behaved largely in a seasonal manner. Return to widespread COVID lateral flow tests (LFT) use was not needed. Staff numbers were not unduly affected. Norovirus activity has increased recently across the community and hospital and all the usual responses are in place. Numbers are likely to increase further before they decrease. There has been limited group A strep (GAS) activity this year and no invasive GAS thus far. We are now likely to be over the peak of GAS activity.

Planned care

Between the 1st January and 19th March 2024, 18 patients had their elective treatment cancelled

due to bed pressures (3 of whom specifically required critical care) and were listed mainly for orthopaedic procedures. This was 6% of the planned inpatient elective care. In the same period 1,395 patients received day surgery procedures which generally benchmarks positively to the previous 12 months of day cases activity as theatre utilisation improves. We have evidence from review of non-pay spend in the surgical care group of an increased activity month 1 and2 2024 (1,714) when compared to the same period in 2023 (1,501). HCS maintained all urgent (cancer and other) elective planned patients. Hip and knee surgery is a key focus as we exit winter with waiting list recovery and elective ring-fenced capacity. The Board is asked to note the emerging reduction in patients waiting over 52 weeks for elective care alongside the maintained reduction in this cohort in the outpatient patient tracking list (PTL) as displayed in this month's QPR.

7. Recommendation

The Board is asked to receive the briefing.

END OF REPORT

Health and Community Services

Health and Community Services Advisory Board Report

Report to:	Health and Community Services (HCS) Advisory Board		
Date of meeting:	28th March 2024		
Title of paper:	Delayed Transfers of Care		
Report author (& title):	Claire Thompson, Chief Operating Officer (COO) Acute Services and Andy Weir, Director of Mental Health and Adult Social Care	**Accountable Executive:**	Claire Thompson, Chief Operating Officer (COO) Acute Services and Andy Weir, Director of Mental Health and Adult Social Care

1. Purpose

What is the purpose of this report? What is being asked of the HCS Advisory Board?	This report provides information for the Board in relation to the current position regarding Delayed Transfers of Care (DToC) within both acute and mental health services, and the actions being taken in relation to this.	Information	X
		Decision	
		Assurance	X
		Update	

2. Executive Summary

This paper describes the current position across HCS in relation to Delayed Transfers of Care (DToC) and sets out the actions that we are currently taking in relation to this.

3. Finance / workforce implications

DToC has a significant financial as well as clinical and system flow impact.

4. Risk and issues

The primary risks in relation to DToC relate to the impact on individuals, families and the effective delivery of inpatient services. Risks in relation to resolution of the issue relate to availability of community capacity / the market, increasing demand and associated financial pressures, and potential challenges in ensuring effective system / partnership working.

5. Applicability to ministerial plan

This report supports the intention to advance the quality of services, ensuring they are well governed, safe and patient centred, using information necessary to drive up standards of care.

6. Main Report

6.1 Patients who remain in hospital (both the General Hospital and within mental health services) beyond clinical need are identified as Delayed Transfers of Care (DToC). Remaining in hospital beyond the point of needing to be there can impact significantly on the person's physical and emotional health, mobility and independence. DToC also significantly impact on bed availability and flow within inpatient settings (including delays in the Emergency Department (ED) and patients having to be located outside of their intended ward, potentially impacting on theatre lists).

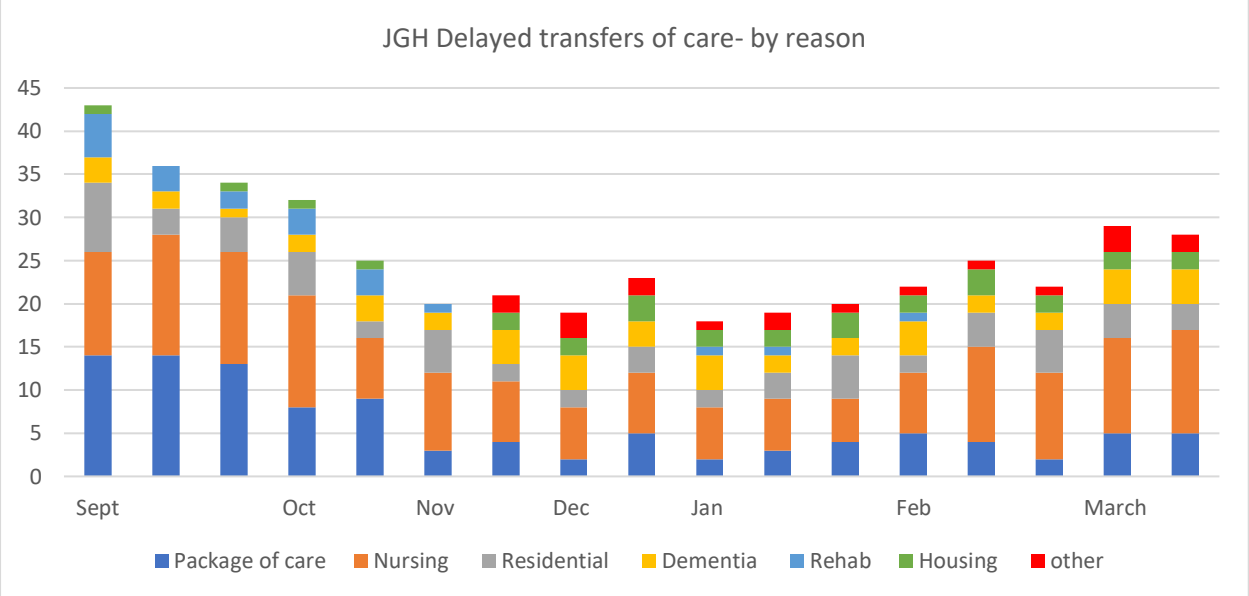
6.2 DToC can occur for a variety of reasons, but most frequently relate to a lack of availability of appropriate care / services required to facilitate discharge. This may include placements (such as a nursing or residential home), provision of community care packages, or housing. In recent years demand for social care assessments and packages of support has increased in Jersey, with a doubling of demand for care services, and there has been a reduction in the availability of community / nursing home beds. DToC can also occur as a result of patient or family choice.

6.3 Within HCS, we have established (in 2023) a discharge team comprising a (nurse) discharge coordinator and two social workers. This team works closely with the hospital operational leads to plan and facilitate discharge in a timely way, and to address / unblock causes of delays. A meeting is held on a weekly basis to review and discuss all DToC, which is jointly chaired by the Chief Operating Officer for acute services and the Director of Mental Health and Adult Social Care. This allows us to clearly identify the volume of DToC and the reasons for this.

6.4 As a result of the migration of our electronic patient record systems, we have in recent months experienced a number of challenges in consistently obtaining data from the system in relation to DToC. However, because we discuss the information in detail on a weekly basis, we are confident in the weekly data that we produce.

Current position

6.5 **Within the General Hospital,** DToC have significantly reduced from the summer of 2023, where the figure was frequently 40-50 people delayed per day. In recent months this has been between 20-28 people. The numbers of DToC within the General Hospital, by reason, are shown below:



6.6 At the point of writing this paper, there are 28 DToC within the General Hospital. This represents 19%

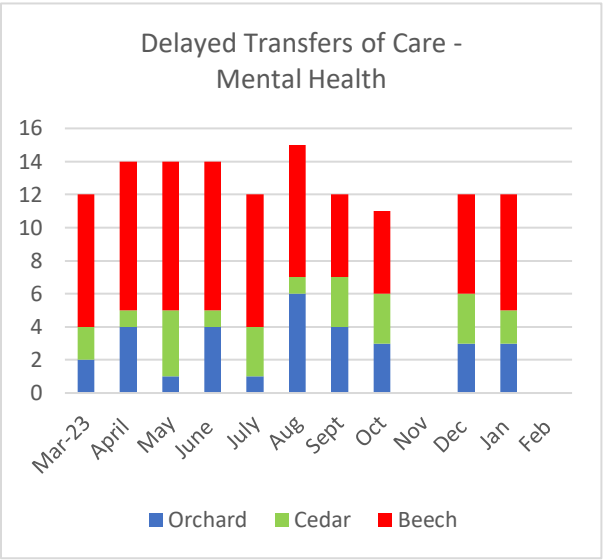
of the available bed base (150 adult beds).

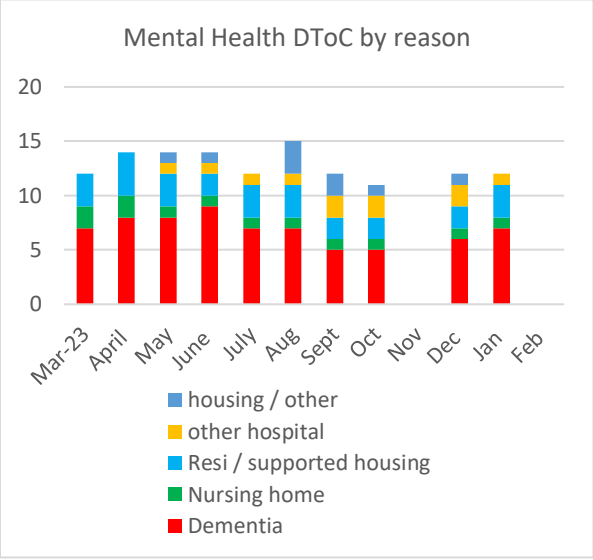
6.7 As shown above, the number of people waiting for community-based packages of (domiciliary) care has significantly reduced. This is due to the introduction of a new brokerage system in partnership with Customer and Local Services (CLS) colleagues, which facilitates improved and speedier access to requests for care packages from providers, alongside the work of the two dedicated social workers within the discharge team.

6.8 The two most significant causes of delay are access to nursing home beds (currently 12 people) and specialist dementia care (currently four people). This can relate to a wait for an assessment to be completed; a wait for an identified bed to become available; funding issues; or issues relating to patient / family choice (around location or specific placement). Specialist dementia beds are at a premium, and the lack of availability of these beds can result in a person remaining in hospital as a DToC for up to a year.

6.9 The lack of a formalised commissioning framework, exacerbated by supply/demand economics, has led to a position where providers are able to work in an ad-hoc way in terms of who they provide for (and to an extent at what cost). As commercial businesses, all community providers – except for HCS provided Sandybrook – are able to choose which clients they accept, and frequently have lengthy waiting lists of clients in the community waiting for placements.

6.10 **In mental health services**, the DToC position is currently 12 patients – representing 30% of the available beds (40 beds). As shown below, the main cause of delay is awaiting specialist out of hospital dementia care – it is very usual for more than half of the beds in the dementia assessment unit (Beech ward) to be occupied by people no longer needing hospital care.





6.11 Other reasons for delay in mental health services relate to access to supported accommodation / community placements, housing and transfer to other hospital beds (including off-island UK placements). The recruitment of a dedicated social worker to the inpatient mental health team has had a positive impact in identifying and resolving potential discharge delays within the working age service in particular.

Planned actions

6.12 Clearly, the issue of DToC is a priority for HCS, with a high percentage of beds occupied by people

who no longer need to be in hospital.

6.13 Whilst the situation has greatly improved since September 2023, there is still further work that is required to further improve this, and importantly this work will require engagement and partnership across the health and social care sector. Currently our plans include;

- Further development and strengthening of the discharge team, to include a third social worker and an assistant (recognising the current demand and pressure on the team, particularly in relation to assessment requirements).
- Strengthening our discharge model to include discharge to assess and increased reablement, in collaboration with HCS community-based health and social care staff and other partners.
- Refresh of the current discharge policy, to include a clear position around patient choice with a view to reducing the number of people waiting in a hospital bed until their preferred placement becomes available (when an alternative option may be present).
- Exploration of the options to provide increased specialist dementia care outside of hospital – which may include both strengthening the market and the potential provision of some intermediate care arrangements within HCS.
- Expansion of the available beds on Beech ward (subject to completion of refurbishment works).
- Review of community mental health accommodation models to create a pathway of supported accommodation and facilitate early supported discharge from hospital.
- The development of a system-wide commissioning approach, supported by the current review of Long-Term Care benefit being led within CLS. The positive benefits that we have seen from the introduction of the brokerage system in terms of access to packages of care clearly demonstrates the benefits of working collectively in a different way.
- Working collectively with the whole health and social care system and care sector, to build trust and establish a collective, system wide approach to addressing this problem in the long term.

7. Recommendation

The Board is asked to note and discuss this report.