



Health and  
Community Services

# BeOurBest Monthly Report

August 2023

## Introduction

The aim of the BeOurBest Programme is to move HCS services in Jersey towards an open, transparent, and accountable model which strives for continuous quality improvement. Utilising data, technology, clinical standards, and benchmarks will assure Islanders that they receive high quality, safe healthcare, with staff and patient involvement critical to the success of this vision.

BeOurBest is progressing change and improvements within HCS that were identified in the 'Review of HCS Clinical Governance Arrangements within Secondary Care', by Professor Hugo Mascie-Taylor published in August 2022. The response is being led by colleagues across the organisation. The programme has been initiated to drive change and improvements within HCS, to build on the work that staff do every day. HCS staff want to deliver the best possible care for all our patients and service users and this initiative gives all staff the power to make change happen. This Monthly Report details the current progress and future tasks assigned to each of the Recommendations.

## Governance Arrangements

- The Improvement and Innovation Team (I&I) will hold the primary copy of this BeOurBest Monthly Report [email: BeOurBest@health.gov.je]
- Each Recommendation Owner will finalise their monthly update of the BeOurBest SharePoint Tracker by the penultimate Friday of each month.
- I&I will establish the BeOurBest Monthly Report from the BeOurBest SharePoint Tracker and submit for review, comments, and approval to the HCS SLT Change Programme Board (CPB).
- Recommendations will be highlighted in blue once approved as completed.
- Oversight and assurance will be provided by the CPB, with the BeOurBest Monthly Report distributed to the Quality and Risk Assurance Committee, Health Board, Change Team, Chief Executive Officer and Minister for Health and Social Services.
- I&I will host progress meetings with each of the recommendation owners on a monthly, as needed, basis to support and explore the progress of the recommendation.
- Proposals by the Recommendation Owner to close recommendations will be submitted with evidence via I&I to CPB. Recommendations will only be closed internally when the CPB is assured that compliance with the recommendation has been achieved.

## High level progress to date

Currently 7 out of 61 recommendations have been identified by HCS Change Programme Board as complete and have been confirmed as having robust evidence and business-as-usual processes in place. 11 recommendations are under review to ensure robustness of evidence and sustainability of any business-as-usual processes.

<b>Total Number of recommendations</b>	<b>61</b>
<b>Completed</b>	7
<b>Submitted for approval</b>	0
<b>Almost complete</b>	11
<b>In progress</b>	41
<b>Delayed</b>	0
<b>Not started</b>	2
<b>Key:</b>	
Completed recommendations are shaded in blue	
Recommendations submitted for approval are written in blue	

Rec. ID	Recommendation Description	Progress to date and impact	Future tasks	Rec. Owner	Next Milestone
1	<p>The lack of availability of clinical output and benchmark information placed in the public domain must be addressed as a matter of urgency. This should be at organisational, service, ward and consultant levels, and the information provided both at public meetings and on the website.</p>	<p><b>In progress</b></p> <p>HCS Quality and Performance Report is published quarterly on <a href="http://www.gov.ie">www.gov.ie</a> and will be submitted to the HCS Board on a monthly basis.</p> <p>The current report is at service level and discussion is taking place around ward and consultant level publication.</p> <p>There has been a coding backlog which has been addressed for a first cohort of data but requires further investment.</p>	<p>Decision on publication at ward and consultant level data to be taken by Clinical Outcomes and Effectiveness Group.</p> <p>Coding resource dependent on approval of business case.</p>	Medical Director	Sep 2023
2	<p>The consultant staff should embrace their professional role and leadership responsibility to drive system-wide (not just in their own practice) change to deliver improvement in patient safety, governance, and assurance processes.</p> <p>HCS should be prepared to provide them with the necessary expert support to achieve this, notably in data gathering, analysis and benchmarking.</p>	<p><b>In progress</b></p> <p>Through supervision and care group inset days, consultant staff will be supported and held to account to drive system-wide improvements, including sharing of examples of benchmarking.</p> <p>A benchmarking guideline paper was agreed by HCS in February and distributed across specialties.</p> <p>Dedicated Care Group Analysts are in post to support each Care Group with their data requirements.</p> <p>In addition, HCS Informatics Direct has been created on the intranet and provides a list of all available data.</p>	<p>Join the national audit programme which will benchmark HCS against NICE guidance. Full audit programme due to start imminently, data is already being input for this.</p> <p>This will be dependent on coding resource (as described above).</p> <p>From September a Clinical Outcomes and Effectiveness Group will be established and supported by clinical leads. This will meet on a regular basis and will cover some aspects of this recommendation.</p>	Medical Director	Sep 2023

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3	<p>Structures and processes need to be in place to make the line of accountability of HCS and its employees to the Government and people of Jersey explicit and meaningful.</p> <p>It will be difficult or even impossible to drive approaches to quality and safety if the architecture is not fit for purpose, widely understood and accepted. Government must hold HCS to account, and then those who lead HCS would be empowered to hold its employees to account and drive change.</p> <p>For many this would result in an improved working environment as well as, most importantly, the assurance of safe patient care</p>	<p><b>Almost complete</b></p> <p>HCS Board proposition approved (14 June 2023) P.19/2023. The first public meeting will be held on the 4<sup>th</sup> October 2023. The board will ensure the structures and processes that are in place meet the requirements of this recommendation.</p>	<p>Ongoing recruitment to the Board.</p>	<p>Associate Director Policy</p>	<p>Sep 2023</p>
4	<p>Individuals and care groups must act responsibly in the interests of all patients and consider carefully what is within their legitimate remit. They must offer constructive input and expect to be accountable to HCS for the advice which they give, and for their behaviour.</p>	<p><b>In progress</b></p> <p>A cultural change programme is being led by an internal change group and the Executives.</p> <p>Measures are now in place to enable individuals and care groups to provide constructive input including:</p> <ul style="list-style-type: none"> <li>Team HCS team talk - monthly</li> <li>Top leaders meeting - monthly</li> <li>BeOurBest Open Forums - monthly</li> <li>Service visits by the Execs.</li> <li>Be Heard survey and resulting actions.</li> </ul> <p>Interim Freedom to Speak Up Guardian (FTSUG) allows staff to speak up in an independent, impartial and confidential capacity.</p>	<p>Culture working group to meet regularly to be chaired by the Chief Officer.</p> <p>Further communications to staff on initiatives that are taking place.</p> <p>To recruit to a substantive FTSUG (September)</p> <p>Determining how to measure progress of improved culture.</p>	<p>Chief Officer</p>	<p>Dec 2023</p>

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		<p>Wellbeing team run events for staff. Civility Saves Lives programme initiated in Surgical Care Group and now being rolled out across HCS. Patient feedback about staff behaviour is being discussed and addressed with individuals and within care groups. Appraisal and supervision process is being enhanced.</p> <p>FTSUG determining reporting framework to highlight themes to organisation.</p>			
5	<p>Staff should recognise that the reporting of incidents is a professional duty. If incidents are not reported, then opportunities to improve patient care are lost. The professions need to act with courage and with a strong focus on the patient, and not the protection of individual members of staff.</p>	<p><b>In progress</b></p> <p>In a survey of approx. 100 staff undertaken by the Culture working group, staff said that, on the whole, reporting of clinical incidents would take place without hesitation. However, they noted a lack of feedback from their reporting.</p> <p>The Serious Incident Policy is being updated, to include scoping what can be implemented from latest NHS guidelines. This will include the levels of responsibility for care groups and individuals and focus on patient care.</p> <p>Datix B reporting system has been implemented and enables staff to report incidents as part of business as usual, including those at a low level, with improved data reporting to Care Groups. When staff join HCS, they are offered Datix training but many have joined from</p>	<p>Consultation on the revised Serious Incident Policy- an interim policy may come into place from Sep/Oct as the proposed national policy may not be suitable for a hospital of this size.</p> <p>Implementation and communication to staff about the updated Serious Incident Policy.</p> <p>Themes and learning from incidents to be used and regularly monitored through Care Group Performance Reports (CGPRs) and Quality and Risk Assurance Committee.</p>	<p>Medical Director / Chief Nurse</p>	<p>Oct 2023</p>

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		<p>an NHS organisation where they were already familiar with this.</p> <p>Incidents are reported in the Quality and Risk Assurance Committee and Care Group Performance Reviews (CGPRs). There is no disciplinary process if an incident is not reported (unless it was done with intention) as there is a no blame culture for incidents.</p>			
6	<p>Similarly, there needs to be a low threshold for commencing objective, fact-finding investigations, with relevant help and support being sought from appropriate external resources where independence, transparency and expertise are required. An independent investigation avoids any perception of lack of openness and transparency.</p> <p>Whilst it is the role of the Executive and Serious Incident Review Panel (SIRP) to manage the process by which investigations occur and serious incidents are identified, the responsibility for enacting the change which must follow, needs to sit firmly at care group level. This process must be seen as an opportunity to improve patient care and not primarily a threat to individuals. Changing any current negative perceptions will require strong executive leadership to build trust in the process.</p>	<p><b>In progress</b></p> <p>Please see Rec.005 regarding thresholds within the Serious Incident Policy and Datix reporting system.</p>		Medical Director / Chief Nurse	Oct 2023

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7	<p>In the absence of governmental policy, private and public patients should be managed employing identical policies, pathways and procedures. (It would be most helpful if Government could be explicit about its wishes and policies in this regard). Clinical leads should ensure that this occurs unless there are explicit exceptions agreed with the professional head.</p> <p>It is a reasonable starting point to indicate that it is the policy of HCS to follow all relevant guidelines. If pressing reasons exist for not following them, and these reasons cannot be successfully mitigated, then the alternative agreed approach of HCS should be explicit. It should be argued and promoted by the Care Group leader, signed off by the relevant Head of Profession and then signed off in summary form by the HCS board.</p> <p>The new guideline or process must be recorded, be available and placed in the public domain (through and endorsed by the HCS board).</p> <p>This explicit and transparent process would protect both patients from harm and individual staff from an obvious source of criticism - potentially both reputational and legal. It may though expose HCS itself to reputational and medico-legal risk, so the process needs to be evidence-based and</p>	<p><b>Almost Complete</b></p> <p>HCS agreed in June 2023 that NICE and Royal College guidance for public and private pathways and procedures would be adopted.</p> <p>The policy was published in June 2023, having been ratified by the Policy and Publication Ratification Group.</p> <p>Where a service considers that NICE/Royal College guidelines are not appropriate, or require significant adaptation, or more recent guidance is available from other sources, the policy contains a process and form to propose a variation – exemption form.</p> <p>The policy was also shared with the HCS Shadow Board in July 2023.</p>	<p>Support for each specialty to transition to new guidelines, where this is not already followed, and identifying where there are gaps in service and the requirements to achieve the standards.</p> <p>Communication with consultants around adhering to this policy.</p> <p>Guidance will be sent to service leads who will determine if it is relevant to their area and, if so, will have six months to write up a draft operational policy.</p>	<p>Medical Director / Chief Nurse</p>	<p>Dec 2023</p>

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	well documented so as to generate a defensible position.				
8	<p>HCS has a clear responsibility and duty of care towards its employees, and it needs to give this issue its full attention and to act as assertively as it can to deal with poor and unprofessional behaviour. Such behaviour is a matter not only for HCS but should be brought to the attention of the relevant professional regulatory process. For example, for doctors, the Medical Director for the HCS and Responsible Officer for the GMC.</p> <p>It is the responsibility of all the clinical professions not to tolerate, and to challenge and report poor behaviour</p>	<p><b>In progress</b></p> <p>Guidance being created to improve managers' consistent application of HR policies and processes.</p> <p>Flowchart drafted to help colleagues make decisions on what steps to take in the event of inappropriate behaviour. Using an informal approach as far as possible.</p> <p>Civility Saves Lives programme initiated in Surgical Care Group and now being rolled out across HCS.</p> <p>Where poor behaviours are identified actions will be taken with individuals where behaviour falls short of expectation. Improving the culture to support speaking up is central to addressing this action.</p> <p>An anti-racist statement was agreed by the Senior Leadership Team and will be launched in October 2023.</p> <p>Chief Officer has made a clear statement on zero tolerance of bullying.</p>	<p>Toolkit for line managers to be shared with guidance and training.</p> <p>Communication of flowchart to all HCS staff.</p> <p>Devising a Speak Up, Listen Up, Follow Up approach to use in communications.</p>	Chief Officer	Sep 2023



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9	<p>There appear to be areas of good multi-disciplinary team working within HCS. This approach needs to be extended to every area across the organisation, and no other approach tolerated.</p> <p>Ensuring that this occurs must be clearly within the remit of the Clinical Leads and is an approach that the HCS leadership must insist on.</p>	<p><b>In progress</b></p> <p>Please see Rec.028 regarding multi-disciplinary approaches being addressed through the Recognise, Escalate, Rescue (RER) programme.</p>		Chief Officer/ Director of Culture Engagement & Wellbeing	Dec 2023
10	<p>HCS and its consultants must recognise that they have a joint responsibility for the safe care of all patients, both public and private, in the hospital. Linked to this must be the recognition that all the metrics which are needed to assure the safe care of patients apply equally to public and private patients.</p>	<p><b>In progress</b></p> <p>Safe care of all patients is being met and recognised through the adoption of NICE and Royal College guidelines, as per Rec.007, for both public and private patients.</p> <p>Private Patient (PP) Committee established to review PP processes and develop strategy to include collection of PP data and reporting in line with public practice processes, which will be included in the updated PP policy, as per Rec.038 and 039.</p> <p>PP Project is due to provide final report on review of current services at the end of August 2023. This will provide information to support identifying the direction of a Strategy for private patients.</p>	<p>Collection of PP data and reporting in line with public practice processes to be included in new PP Strategy.</p> <p>Initial report on current PP Services due at the end of August 2023.</p>	Chair of the Private Patient Committee	Sep 2023
11	<p>More information about HCS and individual performance should be routinely placed on the website and put in the public domain through HCS board meetings.</p>	<p><b>In progress</b></p> <p>Individual practice data is currently not suitable for publication and as stated in Rec.001 a decision on publication at ward</p>	Decision on publication at ward and consultant level data. See Rec.001	Medical Director	Sep 2023

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	<p>In fairness, a number of individual clinicians make strenuous effort to monitor their own practice and to benchmark their results against other clinicians. This should be applauded and vigorously supported by HCS. The ownership of the data must be with HCS who are responsible for service, quality and safety.</p>	<p>and consultant level data is to be determined.</p> <p>Please see Rec.002 regarding publishing of metrics.</p> <p>HCS Quality and Performance Report is published quarterly on <a href="http://www.gov.je">www.gov.je</a> and is submitted to the HCS Board. The current report is at service level.</p> <p>Identified a process for internal reporting of data through SharePoint. External reporting to continue on gov.je.</p>	<p>Investigate a separate web page to provide a platform for individual consultants to publish their data.</p> <p>To transform the Transparency Agenda and Publication Scheme into a Transparency Policy to be approved by the Senior Leadership Team and Health and Community Services Patient and User public engagement panel.</p>		
12	<p>[It is the case that positive moves are being made by the organisation to have greater public and patient involvement. These include the commitment to a fully functioning Patient Advisory and Liaison Service (PALS), the use of patient stories at HCS Board and the development of the Ladder of Engagement tool.]</p> <p>The developments briefly mentioned above should be enhanced as rapidly as possible. Clinical performance reporting is well developed in many areas of the world and Jersey does not need to reinvent these processes but to adopt the best available. It may require technical support in doing this but the drive to do so must come from the Government of Jersey and the HCS board.</p>	<p><b>In progress</b></p> <p>Recruitment has been progressed towards the PALS offering and a team is in place. A PALS Lead Nurse has been recruited. Head of PALS post is currently vacant pending confirmation of team structure.</p> <p>Patient story process written. Patient stories will be a regular agenda item when the HCS Board is in place. Process awaiting approval from Information Governance, to then be ratified by the Policy and Publication Ratification Group.</p> <p>A Patient and User Involvement Panel has been launched, with the first meeting held in June 2023.</p>	<p>Undertake a review of the current HCS offer in relation to feedback, complaints and the Patient Advice and Liaison Service to ensure its effectiveness and capacity.</p> <p>Establish the flow of insights and involvement between the Patient Panel and HCS operational teams.</p>	Chief Nurse	Sep 2023

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		Please see Rec.001 for updates regarding Quality and Performance report data being published on <a href="http://www.gov.je">www.gov.je</a> .			
13	<p>Consideration must be given to creating a conventional HCS board with non-executive leadership and it accounting for the performance of HCS directly, or less desirably, indirectly, to the Minister.</p> <p>This widely adopted model would allow the Minister (with the necessary policy support) to hold the organisation more effectively to account on behalf of the Government and people of Jersey, and to focus on leading the development of policy.</p>	<p><b>Almost complete</b></p> <p>Recruitment for Board members underway. Non-executive members to include:</p> <ul style="list-style-type: none"> <li>- Substantive Chair</li> <li>- 1 x Jersey resident NED</li> <li>- 3 x NEDs</li> <li>- 1 x NED with strategic finance experience.</li> </ul> <p>Three potential NEDs selected by Minister for Health and Social Services. Contracts currently being negotiated. Once contracts signed a formal announcement will be made.</p> <p>A strategic finance NED not initially identified from applicants, resulting in amendment to the brief to allow for off-island working. Two potential candidates to be interviewed by early September. This is an area of potential risk due to high levels of remuneration generally associated with this skill set.</p> <p>Interviews for the Jersey resident NED were held in August. Interviews for the Substantive Chair post will be in early September.</p>	<p>Ongoing appointment of Non-Executive Directors (NEDs).</p> <p>First Board meeting to be held 4 October 2023.</p>	Associate Director Policy	Sep 2023

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14	<p>The possibly emerging plan to have the assurance committees chaired by informed external experts could transform these processes and make them of benefit to all. Patient safety would be enhanced, and greater assurance would be provided to the Government and people of Jersey.</p>	<p><b>In progress</b></p> <p>Terms of Reference (ToR) for the Interim HCS board requires the Board to establish an Audit Committee.</p> <p>The ToRs set out that Board may establish a separate Quality and Risk Assurance Committee, as the Board deems necessary. Fixed Term Chair has indicated that Quality and Risk Assurance could form part of Audit Committee pending decisions to be taken by the Board.</p> <p>The ToRs set out that Board may establish a separate People and Organisational Development Assurance Committee, as the Board deems necessary.</p> <p>Once the board is established the development of the governance model will commence.</p>	<p>Please see Rec.013.</p> <p>To undertake a specialist search for an appropriate strategic finance expert.</p>	Associate Director Policy	Sep 2023
15	<p>What should not be open for discussion is the need for the organisation to be held to account by the Government of Jersey in a more rigorous and robust way, and importantly the authority of the Government of Jersey transmitted downwards through the DG and Executives to bear on HCS and its employees.</p> <p>Discussion needs to occur between relevant parties to design a more effective system building on the progress which commenced in 2019</p>	<p><b>Almost complete</b></p> <p>Please see Rec.003 regarding accountability.</p>		Associate Director Policy	Sep 2023

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16	<p>The Managing Director role is crucial and the incumbent needs to be a highly competent and energetic operational manager (who can come from a variety of backgrounds e.g. general management, nursing, medicine).</p>	<p>The role of the Group Managing Director (or equivalent(s)) is appointed to on a permanent basis, providing a key point of contact(s) for the day-to-day operational responsibilities.</p> <ul style="list-style-type: none"> <li>Acting Executive Director of Clinical Services commenced in post 28th February 2022.</li> <li>Director of Mental Health / Adult Social Care appointed 4th November 2022.</li> </ul> <p><b>Both roles now permanent</b></p>		Chief Officer	Dec 2022
17	<p>In the current HCS structure, the Managing Director should meet the Chief of Service (Currently known as Associate Medical Directors (AMD)) collectively at least weekly and more frequently at times of crisis. Individual meetings would also be required.</p> <p>The Managing Director should chair the monthly Performance Review Meetings on behalf of the DG (this allows the DG to focus on the external environment and managing upwards). At these meetings, the Chief of the Care Group (AMD) and their teams should be held to account whilst receiving support and guidance.</p> <p>The title of Group Managing Director is part of a wider Jersey model but is not a title used in hospitals. It may help understanding if the title were altered to Chief Operating Officer (COO).</p>	<p><b>Almost complete</b></p> <p>Meetings are scheduled between the Director of Clinical Services and Chiefs of Service collectively at least weekly and more frequently at times of crisis.</p> <p>Updated HCS structure chart depicts Director of Clinical Services and Director of Mental Health and Adult Social Care with responsibility in lieu of a 'Group Managing Director' title.</p> <p>Terms of reference for the Care Group Performance Review Meetings that detail that either the Director of Clinical Services, Medical Director or Director of Mental Health &amp; Adult Social Care are the Chair, that the meetings are held monthly, and that Quality &amp; Safety is an agenda item have been drafted and submitted for approval.</p>	<p>Terms of Reference for the Care Group Performance Reviews to be approved, issued and applied consistently.</p>	Director of Clinical Services	Sep 2023

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18	<p>There is a need to make clear again, and make certain that it is understood by all, the accountabilities of all those in the triumvirate so that no lack of apparent understanding can occur or be expressed. Close working and positive relationships with regular meetings are essential.</p> <p>Appraisals must recognise the line management relationships.</p>	<p>An updated organisational chart with clear lines of accountability of the triumvirate within each Care Group, ensuring clarity of the triumvirate role and responsibilities. This line of accountability has been reflected in updated job descriptions for the triumvirate which have been issued.</p> <p>Further to this, the Appraisal Policy recognises these line management relationships.</p>		Director of Clinical Services	August 2023
19	<p>The title of Associate Medical Director is inappropriate and misleading. It should be changed to a suitable alternative. The title 'Chief of...' is used elsewhere.</p> <p>The monthly performance meetings should be chaired by the Managing Director (COO) and attended routinely by the AMD (Chief of Care Group). Both the COO and the Chief of the Care Group must require their immediate team to attend.</p> <p>Accountability for safety and quality must be clear to all and the processes within the organisation must reflect the accountabilities. The accountability of the Chief of... is for all aspects of the function of the care group, not just those that interest them. The role is that of a senior manager focusing on operational management and not strategy.</p>	<p><b>Almost complete</b></p> <p>Titles of Associate Medical Directors amended to "Chief of..." for Medical and Surgical Services on 10th November 2022.</p> <p>Chief of Preventative, Primary and Intermediate Care Group to be advertised.</p> <p>Please see Rec.017 regarding Terms of Reference for the Care Group Performance Reviews.</p> <p>Updated job descriptions for "Chief of..." roles have been issued which include accountability and operational management responsibilities.</p> <p>Updated organisational chart with clear lines of accountability for the Chiefs of Service.</p>	Terms of Reference for the Care Group Performance Reviews to be approved, issued and applied consistently.	Director of Clinical Services / Medical Director	Sep 2023

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20	<p>One member of the triumvirate should be accountable to the Managing Director (usually called COO) and the other two account to that individual. Sometimes the individual is the Doctor but not always - they are often referred to as the 'Chair'</p>	<p>Update job descriptions for the triumvirate details the accountability structure of the triumvirate within each Care Group and their accountability up to the Director of Clinical Services.</p> <p>An updated HCS structure chart depicts a clear accountability structure of Mental Health and Adult Social Care, and the accountability structure of the triumvirate (or equivalent) within each.</p>		Director of Clinical Services	Dec 2022
21	<p>The author's experience is that when the Doctor is placed in the chair role and acts appropriately and competently, then this model is probably the optimum. It is an operational management role and usually requires at least 50% of the Doctors time.</p> <p>The care group will continue to require business partners and expert professional advice in other areas, most obviously, but not exclusively, Finance and Human Resources, Health and Safety, Infection Control, Training and Development.</p> <p>The fact that a range of skills is required to manage a complex group should not generate confusion as to who is accountable to all aspects of performance within the care group.</p> <p>To discharge their responsibilities, the chief of the care group will need to meet regularly, at least weekly, with their teams and meet with them individually on a regular basis.</p>	<p><b>In progress</b></p> <p>The Care Group structures, and their business partners allocations are under review.</p> <p>Chiefs of Service meet several times a week with their teams and individually on a regular basis</p>	<p>To continue the review of Care Group structure with business partner allocation</p> <p>Address the gaps identified to have dedicated business partners</p>	Director of Clinical Services	Sep 2023



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22	<p>At service level there is frequently a similar triumvirate doctor, nurse and manager. If the doctor i.e. clinical lead, is the accountable manager, then the role will require at least one day a week. If either the nurse or manager is in this role, then they may well be able to undertake the role in tandem with another service role or managerial work.</p> <p>The responsibilities and accountabilities of the role must be spelt out with clarity, understood by all, and then managed</p>	<p><b>In progress</b></p> <p>Please see Rec.020 regarding triumvirate accountability.</p>	<p>Review and map service and departmental level for each care group to understand the management requirements and improve responsibilities and accountability.</p>	<p>Director of Clinical Services</p>	<p>Sep 2023</p>
23	<p>All of those in management roles within the organisation need training and development consistent with and targeted at their current and future roles (as agreed with their line manager). Much of this could be provided in house.</p> <p>For example, lead clinicians and most nurse-managers not at executive level do not need training in strategic management but in basic managerial competencies including finance, HR, holding others to account, and having difficult conversations with colleagues.</p> <p>The drawing up of a series of competency frameworks could well be useful and aid selection and development processes.</p>	<p><b>In progress</b></p> <p>A suite of training has been rolled out to support managers with Performance Management Conversations with Connect, both in person and online.</p> <p>Further to this finance and budget training has been delivered to managers by the Treasury team, with a cohort of operational managers attending the World Class Manager Programme which is provided by the Government of Jersey. The World Class Managers course is a mixture of leadership modules and Action Learning Sets.</p> <p>Please see Rec.004 regarding the competency framework and training for line management skills.</p>	<p>To establish and implement a comprehensive training and education series for management based on the competency framework, including recruitment processes and using standards and data to drive improvement.</p> <p>Clarify the definition of manager to establish those eligible for training.</p>	<p>Associate Director of People - HCS</p>	<p>Dec 2023</p>



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24	<p>It should be made clear that the Quality and Safety function is to support the general management structure by organising investigations and audits. Enacting the recommendations is the responsibility of the AMD (Chief of Care Group) who is accountable to the Managing Director (COO).</p>	<p><b>Almost complete</b></p> <p>A multi-disciplinary group of stakeholders have been collaborating on the Quality and Safety Strategy across HCS, Jersey Ambulance Service and Child and Adolescent Mental Health Service. The strategy will provide clarity on the function and roles. This new strategy is under development.</p>	<p>Launch the Quality &amp; Safety Strategy with associated communications.</p> <p>To implement a clear process that dictates that the Q&amp;S function supports the general management structure by organising investigations, audits and advising on recommendations. The enacting of recommendations are to be reported and monitored in Care Group Performance Reviews.</p>	Medical Director	Sep 2023
25	<p>There is an innovative opportunity to bring the expertise in Health and Safety to bear on other Quality and Safety Functions.</p>	<p>Regular meetings between Health &amp; Safety and Quality &amp; Safety mean that there is a conduit for information to be passed.</p> <p>A HCS Quality and Safety strategy is being developed with contribution from Health and Safety, which will include all quality and safety functions.</p>		Medical Director	Dec 2022

Rec. ID	Recommendation Description	Progress to date and impact	Future tasks	Rec. Owner	Next Milestone
26	<p>HCS is a small organisation with limited capacity, and it must surely be the case that the overall strategic direction for Quality and Safety is placed in the hands of one executive director, preferably a new appointment of an individual capable of marshalling the available resources as effectively as possible, but if this is not achievable, then under an existing Executive Director.</p> <p>The function of the collective resource should be to work through (not around) the core general management function, to improve overall quality and safety. In this model, the leader of each care group is responsible and accountable for the quality and safety of staff and patient care in their areas, being very actively supported by coherent corporate safety and quality function.</p> <p>If a Director of Quality and Safety is appointed at Executive Director level, then the available resource should be placed at their disposal. The Director would need to collaborate closely with the Chief Nurse, Medical Director and Director for Improvement and Innovation but importantly work through the Managing Director (COO) in driving the agenda.</p>	<p><b>In progress</b></p> <p>It has been confirmed that the accountability for Quality and Safety is with the Medical Director.</p> <p>Recruitment to a fully staffed Quality and Safety team ongoing and the final structure is yet to be confirmed.</p> <p>Please see Rec.020 regarding the accountability of the triumvirate.</p>	<p>Quality &amp; Safety Team business case to be submitted.</p> <p>The structure of the organisation, and the forums, boards and committees that are responsible for escalation of issues and decision making to be fully accessible and documented.</p>	Medical Director	June 2024
27	<p>HCS and executives must make it clear that failure to report incidents is unacceptable to the organisation and is unprofessional. Sadly, there is a need to make it abundantly clear that those</p>	<p><b>In progress</b></p> <p>Please see Rec.004 regarding improvements in cultural change.</p>		<p>Chief Officer/  Director of Culture,</p>	Dec 2023

Rec. ID	Recommendation Description	Progress to date and impact	Future tasks	Rec. Owner	Next Milestone
	<p>reporting incidents will be protected from any form of intimidation and that anyone attempting to stop reporting will find themselves in serious difficulty, both managerially and professionally.</p> <p>It would be helpful if those with professional regulatory responsibilities made this clear.</p> <p>Failure to report a potentially serious incident is to directly undermine patient safety and staff should be held to account for this failure.</p> <p>The triumvirate leadership of the care groups must understand their role in this important domain and be performance managed in delivering it.</p>	<p>Please see Rec.005 regarding incident investigations.</p> <p>Please see Rec.017 regarding terms of reference for the Care Group Performance Reviews.</p>		<p>Engagement and Wellbeing /</p> <p>Director of Clinical Services</p>	
28	<p>Further evaluation of alleged intimidatory behaviours is needed, and this should be followed by clear and measurable remedial action if indicated. It should be made clear to all the employees that bullying is unacceptable and will be vigorously dealt with by the organisation through appropriate processes.</p> <p>Whilst most reported the quality of nursing to be usually acceptable, areas which require attention are effective communication with relatives (training for both doctors and nurses) and consistent and accurate monitoring of sick patients with timely escalation of problems.</p>	<p><b>In progress</b></p> <p>Please see Rec.004 regarding improvements in cultural change.</p> <p>The Culture Working Group are meeting early September to discuss how to progress this further and to identify next steps.</p> <p>Communication with relatives has been included within Jersey Nursing Assessment and Accreditation System assessments, which covers 17 clinical areas. The outcome of this review is to be discussed and evaluated for next steps.</p>		<p>Chief Officer / Chief Nurse</p>	<p>Sep 2023</p>

Rec. ID	Recommendation Description	Progress to date and impact	Future tasks	Rec. Owner	Next Milestone
	<p>A proactive auditing approach would be desirable to allow the scale of the problem to be quantified and, if necessary, remedial action to occur. The threshold for escalation may need to be lowered and then escalation met by medical staff with an understanding that it is in the interest of patients, even if it proves, in retrospect, to have been unnecessary.</p>	<p>The Recognise, Escalate, Rescue (RER) programme has introduced a new Treatment Escalation Plan process and guideline which have been approved and published on the Intranet. This enables the consistent and accurate monitoring of sick patients.</p>			
29	<p>The author found it difficult to evaluate these points in relation to recruitment and retention and would ask that Human Resources give a written report based on exit interviews and other intelligence. An expert external view might be helpful.</p>	<p>HCS commenced face-to-face exit interviews in December 2022, with 80% of leavers taking up the offer. The face-to-face exit interview process was ratified by the People and Organisational Development Committee in February 2023, and these have become business as usual. It has been agreed to audit the application of the process on a quarterly basis to the People and Organisational Development Committee.</p> <p>A written report was presented to the HCS People and Organisational Development Committee in March, containing themes retrieved from data from 2021 exit interviews.</p> <p>Quarterly reports on exit interview data are now produced by People &amp; Corporate Services. These are then presented to the People and Organisational Development Committee and shared with care groups so that themes can be identified and to improve management learning. This data will also feed into ongoing recruitment and</p>		Associate Director of People - HCS	August 2023

Rec. ID	Recommendation Description	Progress to date and impact	Future tasks	Rec. Owner	Next Milestone
		retention strategies to improve the experience for staff.			
30	<p>The solution to the difficulties in the admission from ED process is first to make it clear to all doctors that when they are asked to see a patient in the ED, they must do so and failure to do so should be documented in the notes and the doctor held to account.</p> <p>A second and highly effective approach is to give the unfettered right of admission to the hospital to ED consultants. The author has seen this work to very good effect despite fears expressed that ED consultants would be unable to differentiate between different clinical problems and would admit patients inappropriately. In practice the performed better than predicted by their peers and this was very rarely a problem.</p> <p>The concern sometimes derives from a feeling that beds within the hospital are the property of doctors or groups of doctors. This is not the case. The beds belong to the institution which employs the doctors.</p> <p>If a genuine problem arises over inappropriate admissions, then this is appropriately dealt with by constructive discussions between groups of medical and sometimes nursing staff but not by denying patients care.</p>	<p><b>In Progress</b></p> <p>Admission rights in regard to Emergency Department (ED) consultants have been confirmed.</p> <p>Professional Standards document detailing the requirement for doctors to see patients in ED drafted and out for consultation and approval with key ED stakeholders.</p>	<p>Finalise the Professional Standards document consultation and approval with key ED stakeholders and to be taken to the Policy and Publication Ratification Group to be ratified.</p> <p>To review whether the new HCS IT system, IMS-MAXIMS, will capture waiting times post decision to admit to enable capturing of key performance indicators to use as a success measure for this.</p>	Director of Clinical Services	Sep 2023
31	The solution to any lack of clarity about the availability of consultant staff is	<b>In progress</b>		Medical Director	August 2023

Rec. ID	Recommendation Description	Progress to date and impact	Future tasks	Rec. Owner	Next Milestone
	<p>straightforward and long overdue. Robust job plans must be in place for all consultants and made widely available.</p> <p>Not only would this facilitate the hospital running more smoothly but it would also have a direct and positive effect on patient safety. Importantly it would end any unwarranted criticism of consultant staff whilst making explicit any gaps in service.</p>	<p>A robust job planning process improves patient's access to care with a well-planned workforce available to meet the needs of patients, higher quality of care with well trained and supported staff and increased patient satisfaction. Staff are supported to develop their careers and achieve their goals, encouraged to take new challenges and learn new skills, which all increases job satisfaction. It will also improve their commitment and accountability to the allocated tasks.</p> <p>As part of this new embedded practice, HCS has:</p> <ul style="list-style-type: none"> <li>• A clear and concise job planning policy that has been agreed upon by all stakeholders</li> <li>• Commenced the job planning process</li> <li>• Established a Job Planning Steering Group (Consistency Panel) which is chaired by the Medical Director</li> <li>• Developed a process for identifying and addressing workforce gaps</li> <li>• Provided regular updates at the Medical Staffing Committee within the Director's update, which will remain ongoing.</li> </ul> <p>Sustainability will be assured by continued leadership support, regular communication with staff and regular review and improvement of the job planning process.</p>			

Rec. ID	Recommendation Description	Progress to date and impact	Future tasks	Rec. Owner	Next Milestone
32	<p>Medical staffing is an issue of concern for many, and which is highly likely to have a direct effect on patient safety.</p> <p>The role of middle grade doctors needs to be fully assessed in a joint piece of work between the Medical Director's and the HR departments. This must result in a written report for the HCS board.</p> <p>The result must include details of the hours worked by middle grade doctors, how their competence is assessed, and the extent to which the consultants directly supervise them (It may be that external support is required to do this piece of work)</p> <p>If the concerns expressed prove to be upheld, then the solution will be to employ more consultants and move to a consultant-based service.</p> <p>Apart from the obvious direct benefit of having procedures undertaken by fully trained practitioners there are other benefits to this approach.</p> <ul style="list-style-type: none"> <li>- A more comprehensive rostering will be possible without placing onerous demands on consultants.</li> <li>- There will be more opportunities for a degree of sub-specialisation and the importing of techniques to the island.</li> <li>- Multi-disciplinary team working would be enhanced</li> <li>- There will be fewer lone practitioners</li> </ul>	<p><b>Almost Complete</b></p> <p>The concern identified regarding medical staffing has been recognised.</p> <p>The Royal College of Physicians undertook an acute medicine review, for which an action plan has been established to respond to these findings.</p> <p>As part of this action plan, a review is underway of consultant, middle grades and clinical fellows, which also links into the Financial Recovery Plan.</p> <p>The job planning process is also underway to support the development of this report.</p>	<p>To report the progress of the job planning process to HCS Executives.</p> <p>To continue the implementation of the action plan. This is to be:</p> <ul style="list-style-type: none"> <li>•Monitored by the HCS Change Programme Board and reported to the Health Board</li> <li>•From August all clinical fellows will have dedicated electronic timetable teaching, educational and clinical supervisors and will be using Royal College of Physicians competency framework mapping</li> <li>•Registrars needs to be looked at after consultation to change their working practice</li> <li>•F1 F2 done by the Deanery</li> <li>•Capturing Associate Specialist</li> <li>•Action plan being monitored by the Change Board and reported to Health Board</li> </ul> <p>Financial Recovery Plan:</p>	Director of Clinical Services	Sep 2023

Rec. ID	Recommendation Description	Progress to date and impact	Future tasks	Rec. Owner	Next Milestone
	<ul style="list-style-type: none"> <li>- Consultants will be able to leave the Island for Continuing Professional Development</li> <li>- Teaching and research would be improved, as would the quality of academic meetings on Jersey</li> <li>- Consultants would be available to take part in quality improvement initiatives.</li> </ul>		<ul style="list-style-type: none"> <li>•Review of consultants middle grades and clinical fellows</li> </ul>		
33	<p>There must be a physician of the day who is competent and available to manage or advise of acutely ill medical patients on the medical wards, acute admissions unit, emergency department, surgical wards and the intensive care unit or indeed anywhere else. The rota must be published and contact details made clear.</p>	<p>For patients, the physician of the day can provide continuity of care and ensure that they always have access to a qualified physician. This will improve patient safety and reduce the length of stay. This is especially important for acutely ill patients who may need urgent care. For staff, the physician of the day can provide support and guidance and can help to assure that patients receive the best possible care.</p> <p>The new embedded practice includes that the medical rota is reviewed by Care Group every Thursday to ensure following week's rota is complete. This is then sent to staff and available for consultation via switchboard and Medical Teams channel</p>		Director of Clinical Services	August 2023
34	<p>There are a variety of models available, but one solution to whom is responsible for the care of patients in ICU would be that patients under the care of an intensivist who should be immediately available at all times. The referring consultant should visit at least daily and more when requested or wishes to do so.</p>	<p><b>In progress</b></p> <p>Please see Rec.033 regarding a physician of the day.</p> <p>The Medical Workforce Plan is based on the Royal College of Physicians workforce requirements. This is being developed and</p>	<p>To create an action plan to meet the requirements of joining ICNARC and agree with Medical Director.</p>	Director of Clinical Services/ Medical Director	Oct 2023



Rec. ID	Recommendation Description	Progress to date and impact	Future tasks	Rec. Owner	Next Milestone
	<p>Many of the patients on ICU have complex medical problems and the safety of care would certainly be improved by having a physician of the day (See Acute Medicine) who was available to provide a rapid consult service.</p> <p>The Medical Director should ensure that ITU joins the national benchmarking framework as soon as possible (Intensive Care National Audit and Research Centre (ICNARC)) and the results of this process placed in the public domain.</p> <p>Access to ICU beds should be based on clinical need and no other consideration. This determination is the responsibility of the intensivist in charge who is, of course, accountable for their decision making.</p>	<p>currently recruiting all doctor levels to answer demand.</p> <p>The Recognise, Escalate, Rescue (RER) programme has established a responsibilities flowchart detailing the responsibility of the intensivist for patients in the Intensive Care Unit.</p> <p>Requirements to join the Intensive Care National Audit and Research Centre have been confirmed. Awaiting the implementation of the Intensive Care Unit electronic patient record module, which is due in autumn 2023, to enable gathering of data in the correct format.</p>			
35	<p>The small number of births in maternity makes the need for clear patient pathways and standard operating procedures (SOPs) very pressing, and the requirement to develop very precise benchmarks of performance. There would be benefit in a close linkage with a larger unit which could include joint audit, joint benchmarking and rotation of clinical staff.</p> <p>The recommendations of previous reports should be enacted at pace.</p>	<p><b>In progress</b></p> <p>Work has commenced regarding gap analysis on standard operating procedures and pathways in maternity and across the Women, Children &amp; Family Care Group.</p> <p>A plan is underway to update guidelines, which is monitored through a dashboard and regular scrutinised within the Care Group.</p> <p>HCS has engaged discussions with Southampton, Hampshire, Isle of Wight and Portsmouth regarding closer links. The</p>	<p>Further work to be developed through the Maternity Improvement Group.</p> <p>Addressing this recommendation to be a standing agenda item at each Group meeting.</p>	Director of Clinical Services	Sep 2023

Rec. ID	Recommendation Description	Progress to date and impact	Future tasks	Rec. Owner	Next Milestone
		<p>outcome of these discussions is to be confirmed in due course.</p> <p>Within Maternity Services, they have commenced the Maternity Improvement Plan was established on 28th June 2023. The purpose of the plan 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 progress and embedding of completed recommendations of this plan is overseen by the Maternity Improvement Group, of which the Chief Nurse and Medical Director are members. This is further held to account through the HCS Change Programme Board for delivery.</p>			
36	The recommendations of the Mental Health report should continue to be implemented as quickly as possible	<p>The recommendations of the Mental Health report continue to be implemented. Quarterly reports on the implementation of recommendations of the Mental Health Review are presented at the Senior Leadership Team Change Programme Board.</p> <p>This process ensures the progress implementation of the Mental Health report has been confirmed, and further ensures that handover to business-as-usual functions is governed and scrutinised.</p>		Director of Mental Health and Adult Social Care	August 2023

Rec. ID	Recommendation Description	Progress to date and impact	Future tasks	Rec. Owner	Next Milestone
37	<p>The recommendations of the Theatre Review should continue to be enacted at pace.</p> <p>However, there need be no delay in making it clear that lack of adherence to safety processes, failure to start lists in a timely way and bullying will not be tolerated and, if necessary, individuals held to account.</p>	<p><b>Almost complete</b></p> <p>The Theatre Review recommendations are being implemented and monitored through the monthly Theatre User Group. This Group has its own governance and handover to structure, moving completed recommendations into business as usual.</p> <p>To date 12 are complete and 14 ongoing.</p>	<p>To continue reporting progress to the Theatre User Group.</p>	<p>Director of Clinical Services</p>	<p>Sep 2023</p>
38	<p>There is a need for HCS and Government to address the vexed question of the degree of advantage enjoyed by private patients - an issue which generates strong and divisive emotions. These divisions undermine team working and therefore inevitably impact on patient safety.</p>	<p><b>In progress</b></p> <p>Government is addressing the Private Patient debate.</p> <p>A Private Patient Committee has been established, which will oversee the production of:</p> <ul style="list-style-type: none"> <li>- confirmation of Government Policy</li> <li>- a Private Patient Strategy</li> <li>- Operational procedures</li> </ul> <p>An agency has been appointed to advise on the private insurance market and to draft a Private Patient Strategy which will clarify the value-added offering to private patients.</p> <p>The agency will advise on the private insurance market and undertake a review and audit of current services. This report is due to be received at the end of August 2023. This will provide information to support identifying the direction of the Strategy.</p>	<p>Confirm Government policy and principles of how private patient services are delivered based on the outcome of the audit and market place review. This work should be complete by the end of October 2023.</p>	<p>Private Patient Committee Chair</p>	<p>Oct 2023</p>

Rec. ID	Recommendation Description	Progress to date and impact	Future tasks	Rec. Owner	Next Milestone
		<p>The next phase of work will seek to confirm Government policy and principles of how private patient services are delivered. This work should be complete by the end of October 2023.</p> <p>The Private Patient Strategy is due to be delivered by the end of 2023 and will include regular publication of Key Performance Indicators to provide assurance. The Strategy will also clarify the guidelines by which privately insured care will be delivered alongside publicly funded patients.</p>			
39	<p>It would be straightforward to conduct an audit to clarify whether the alleged focus of consultant staff on private patients is in fact the case.</p> <p>If it is, then, apart from the policy decision outlined above, the quality of care given to those patients who do not receive consultant-based care needs to be closely monitored and transparent.(To be clear this is not a criticism of middle grade medical staff but merely points out the greater degree of assurance required. The consultant must remain accountable for the quality of care delivered by those he or she supervises)</p>	<p><b>In progress</b></p> <p>Please see Rec.038 regarding the auditing of the current Private Patient offering and subsequent Private Patient Strategy.</p> <p>Please see Rec.019 regarding the quality and safety aspect of patients who do not receive consultant-based care.</p>		Private Patient Committee Chair	Sep 2023
40	<p>The relevant AMD/Chief of care group needs to work with the lead clinicians to ensure less individualistic behaviour and greater systemisation in the management of surgical patients. Standard operating procedures, consistent timings etc. will</p>	<p><b>Almost complete</b></p> <p>Please see Rec.042 regarding standardisation of ward rounds.</p>		Director of Clinical Services/ Medical Director	Sep 2023

Rec. ID	Recommendation Description	Progress to date and impact	Future tasks	Rec. Owner	Next Milestone
	<p>make the management of surgical patients safer and easier for all staff groups.</p> <p>The job planning process will address some, but not all, of these issues.</p>	<p>NICE guidelines approved and being implemented through standard operating procedures and frameworks developed for each specialty. Please see Rec.031 regarding job planning.</p>			
41	<p>The recommendation is that radiology, in common with all other specialities, should follow National and College guidelines unless there are convincing reasons which cannot be mitigated. When this is the case, alternative guidelines should be developed as described above.</p> <p>The constructive discussions between lead clinicians which have commenced should continue.</p>	<p><b>Almost complete</b></p> <p>HCS agreed in June 2023 that NICE and Royal College guidance for public and private pathways and procedures would be adopted. (A draft procedure for authorising exceptions in discussion). Please see Rec.007.</p>	<p>Support radiology to identify any gaps in meeting the guidelines and confirm the steps needed to address this.</p>	<p>Medical Director</p>	<p>Dec 2023</p>
42	<p>To reduce concerns about inconsistent timing and conduct of ward rounds, and insufficient MDT working, the first step is to introduce robust job planning and the second, to follow National Guidance on the conduct of ward rounds (See RCP / RCS / RCN) <a href="https://www.rcplondon.ac.uk/projects/outputs/modern-ward-rounds">https://www.rcplondon.ac.uk/projects/outputs/modern-ward-rounds</a></p>	<p><b>In progress</b></p> <p>Please see Rec.031 regarding progress on job planning.</p> <p>National Guidance on ward rounds has been reviewed and modifications identified where relevant due to staffing capacity. This has enabled updating the guidelines for ward rounds which have been agreed and awaiting ratification at the Policy and Publication Ratification Group. These are only relevant to Medical and Surgical ward rounds.</p> <p>Recognise, Escalate, Rescue (RER) programme continues to ensure a multi-disciplinary approach is applied.</p>	<p>Owners to be allocated to each ward meeting to ensure adherence to ward round guidelines. Standard Operating Procedure to be drafted. Audit to be arranged once these are embedded.</p>	<p>Director of Clinical Services / Medical Director</p>	<p>Oct 2023</p>

Rec. ID	Recommendation Description	Progress to date and impact	Future tasks	Rec. Owner	Next Milestone
43	<p>The organisation should recognise its responsibility to assure itself that patient volumes are at good and acceptable levels. The RO should engage strongly with this area so that good professional practice is driven through the appraisal and revalidation process. Good metrics are essential and should be presented at appraisal.</p> <p>Given the inevitability of its disadvantages then HCS and its employees must do everything possible to mitigate the potential problems which could emerge. Improved consultant staffing, as described above, would improve the situation.</p> <p>At an executive level, HCS should consider forming a closer relationship with a major centre. This would allow all forms of academic activity (which is a driver of quality and safety) to be undertaken in partnership.</p> <p>Such a partnership may have other advantages both for training and service delivery, potentially for both parties.</p> <p>For individual clinicians, the challenge is to keep up to date and have evidence that they are up to date. Many clinicians recognise this, but some do not. Individual clinicians CPD must recognise this challenge and address it directly. Of way of doing this would be to routinely spend one or two weeks a year in a relevant service</p>	<p><b>In progress</b></p> <p>The organisation recognises its responsibility to assure itself that patient volumes are at good and acceptable levels.</p> <p>Care groups to describe pathways of low volume and provide assurance these are services we should continue to offer which must be reviewed at the appraisal, in discussion with the Responsible Officer.</p> <p>Chiefs of Service are undertaking a review to identify where clinicians would benefit from visits with outside centres. This will consider specialist trained areas, medical education department and those areas of low volume.</p> <p>HCS Executives have explored strengthening relationships with a major centre.</p> <p>This approach is supported by the HCS Senior Leadership Team and requires significant cultural change and clinical by in going forwards. Discussions are underway for Maternity Services. Further debate is now required to establish a structured way forward.</p>	<p>Director of Clinical Services to discuss how this recommendation can be achieved with Change Team Clinical Lead.</p> <p>To identify during job plans and Quality and Performance Report where professional networking and benchmarking support for clinicians is required.</p> <p>HCS Executive Leadership Team to consider whether it would like to pursue forming a closer relationship with a major centre, and the resource and financial implications associated with this.</p> <p>HCS Executive Leadership Team to review whether progression into contractual arrangements with a major centre can be undertaken from Q3 2024.</p>	<p>Director of Clinical Services/ Chief Officer</p>	<p>Dec 2023</p>

Rec. ID	Recommendation Description	Progress to date and impact	Future tasks	Rec. Owner	Next Milestone
	<p>at a major centre in the UK or elsewhere. Again, relationships which this would forge could have benefits for service delivery and training.</p> <p>To be clear this is a challenge for all clinical professions and requires the development of suitable published strategies. This may well assist with recruitment and retention of staff.</p>				
44	<p>There is a delicate balance between destroying current referral pathways to UK centres and creating more robust links with Southampton. Whilst a link with a single centre might remove difficulties it could lose other real advantages, and so it is best to have a permissive approach but to ensure effort is made to mitigate the disadvantages of the current approach.</p> <p>To facilitate the increasing linkage with a tertiary centre, similar to that seen across the UK and elsewhere in the world, the executives should engage in early and meaningful discussions with their counterparts in Southampton. This should lead to robust clinical pathways being developed and followed, ready availability of clinical advice, opportunities for training, audit, CPD, rotations, etc. This would reduce the isolation currently experienced by HCS and its employees and so inimitable to safety and quality.</p>	<p><b>In progress</b></p> <p>Please see Rec.043 regarding tertiary centres.</p>		Chief Officer	Dec 2023
45	HCS should look closely at the paediatric model and evaluate its strengths and	<b>Not started</b>	Following the agreement of closer relationships with another service. HCS are	Director of Clinical Services	Dec 2023

Rec. ID	Recommendation Description	Progress to date and impact	Future tasks	Rec. Owner	Next Milestone
	weaknesses. This potentially would further inform discussions with Southampton.		to complete a review of current paediatric model in comparison with a major centre to identify gaps, and the current model's strengths and weaknesses.		
46	<p>The Medical Director should assess the need to provide a more structured approach to support those wishing to go down the CESR route and, if indicated, HCS would be wise to place the organisation of this under an appropriate Deputy Medical Director and HR business partner.</p> <p>There may be similar approaches in the other clinical professions.</p>	<p><b>In Progress</b></p> <p>First meeting with the Medical Director held to develop a strategic plan and the needs for developing programmes for those wishing to obtain Certificate of Eligibility for Specialist Registration.</p> <p>Medical Director has met several stakeholders and have in principle agreement from HCS Senior Leadership Team for 4 hours protected teaching time each month (from September 2023) for Speciality and Specialist doctors which will help and focus on Certificate of Eligibility for Specialist Registration.</p>	<p>Awaiting the new General Medical Council (GMC) update on their Certificate of Eligibility for Specialist Registration policy due later this year.</p> <p>GMC are visited Jersey in July and Responsible Officer request updates on when the update is being released and whether it can be made aware of any changes beforehand so that we can start writing the local policy.</p> <p>Medical Education Leads to develop a structured approach for those wishing to obtain Certificate of Eligibility for Specialist Registration.</p>	Director of Clinical Services	Dec 2023
47	<p>HCS must develop and publish a mandatory training policy and insist that its employees complete their mandatory training.</p> <p>If they fail to comply they must be held to</p>	<p><b>In progress</b></p> <p>A draft Mandatory and Statutory Training Policy has been through full consultation, including with Unions. The Policy was ratified by the Ratification Group in June.</p>	<p>Communication and implementation of the policy across HCS.</p> <p>Install a process for documenting compliance</p>	Associate Director of People - HCS	Sep 2023



Rec. ID	Recommendation Description	Progress to date and impact	Future tasks	Rec. Owner	Next Milestone
	<p>account.</p> <p>In most organisations it is the responsibility of the local manager to ensure that this process occurs and is documented.</p> <p>If the individual is within a regulated profession, then the failure must be reported to the regulator.</p> <p>In Medicine it should be made clear by the RO that it is not possible to complete a successful appraisal whilst ignoring mandatory training requirements.</p>	<p>A matrix confirming the initial list of mandatory and statutory training for HCS has been approved but will require resource for ongoing maintenance.</p>	<p>with mandatory training for all professions, hopefully using Connect Learning.</p> <p>Allocate resource to monitor compliance and manage learning materials and virtual content for HCS.</p>		
48	<p>Consultants should be open about the CPD work done in their SPA time, which should be defined in their job plans and are as such, a contractual agreement.</p> <p>The organisation must insist that SPA time is used effectively and constructively. The activities undertaken should be documented and reviewed at appraisal.</p>	<p><b>In progress</b></p> <p>Consultant job plans include CPD work to be completed in their SPA. This ensures all consultants are aware of the expectations and monitoring of how SPA time is used. Logging of this work provides clear documentation and evidence of their CPD activities.</p> <p>Consultants are required to evidence the CPD work completed in their SPA time at their appraisal through completion of the HCS Appraisal Proforma, which is then reviewed through an appraisal audit.</p> <p>This will ultimately ensure the organisation that CPD work done in SPA is being used effectively and constructively to keep staff updated on best practice as well as enhance professional development which leads to improved patient care.</p>		Medical Director	March 2023

Rec. ID	Recommendation Description	Progress to date and impact	Future tasks	Rec. Owner	Next Milestone
49	<p>Mechanisms must be put in place to demonstrate that public money is being used to benefit patients.</p> <p>One additional way in which SPA time could be usefully used would be to spend time working in a major centre in the UK, or with good reason, elsewhere. There is no doubt that some consultants would welcome this opportunity.</p> <p>SPA time should also be used in a transparent way to attend clinical audit meetings, mortality and morbidity meetings, and other activities which drive quality and safety. Mandatory training should also occur during this time. This should all be part of the job planning process and performance managed.</p>	<p><b>In progress</b></p> <p>Mechanisms are being put in place to demonstrate that public money is being used to benefit patients. A procurement exercise has seen the introduction of an interim PMO to understand funding and spend. This will determine future use of public money.</p> <p>Please see Rec.048 regarding SPA.</p>	<p>Dependent on Quality Improvement/ Financial Recovery Plan.</p> <p>Director of Clinical Services to discuss with Medical Director and Chiefs of Service how to address whether SPA (Supporting Professional Activities) time could be used working in a major centre in the UK, or with good reason, elsewhere.</p> <p>Identify if the Job Planning Policy allow for staff to request to go off Island.</p>	Director of Clinical Services	Sep 2023
50	<p>Attendance at clinical [audit] meetings which drive safety and quality should not be optional and as such meetings should be included in job plans.</p>	<p><b>In progress</b></p> <p>A robust job planning process improves patient's access to care with a well-planned workforce available to meet the needs of patients, higher quality of care with well trained and supported staff and increased patient satisfaction. Staff are supported to develop their careers and achieve their goals, encouraged to take new challenges and learn new skills and all increases job satisfaction. It will also increase their commitment and accountability to the allocated tasks.</p> <p>As part of this new embedded practice, HCS has a clear and concise job planning</p>		Medical Director	August 2023

Rec. ID	Recommendation Description	Progress to date and impact	Future tasks	Rec. Owner	Next Milestone
		<p>policy that has been agreed upon by all stakeholders, which states that Clinical Audit meetings are mandatory.</p> <p>Failure to comply is monitored and discussed in revalidation, appraisal and in the following year's job plan through review of the minutes of Clinical Audit meetings and escalated if necessary.</p> <p>Including the mandatory attendance in clinical audit meetings ensures that staff are up-to-date on the latest clinical practices and can provide the best possible care to patients.</p>			
51	All patients, both public and private, should be included in audit processes.	<p><b>In progress</b></p> <p>Please see Rec.019 regarding quality and safety.</p>	Clinical Audit to confirm methods to include private patients in audit processes.	Medical Director	Sep 2023
52	The RO should insist on a review of the audit of "whole practice" in guidance to appraisers and appraises.	<p><b>In progress</b></p> <p>Work underway to establish data requirements for "whole practice" and their resource impacts.</p>	<p>Confirm data is available for presenting at appraisal.</p> <p>Meeting with Medical Director, Responsible Officer and Chief Officer to be arranged.</p>	Medical Director	Sep 2023
53	<p>The degree of sub specialisation versus generalisation needs to be constantly monitored and managed by clinical leaders. When subspecialisation is possible (to increase the volume of patients managed by doctors with skills in a particular area) it should occur.</p> <p>It is legitimate to recognise that the opportunities for sub specialisation in</p>	<p><b>In progress</b></p> <p>Identified appraisal and performance review policies that require updating to include the degree of sub specialisation versus generalisation. Discussions are underway with document owners to understand timeline for updating and re-ratification. This will then lead into implementation plans and auditing.</p>	Further actions to be identified by the Responsible Officer and Clinical Leads.	Medical Director	Sep 2023

Rec. ID	Recommendation Description	Progress to date and impact	Future tasks	Rec. Owner	Next Milestone
	Jersey are less than in larger organisations, but it is not legitimate to avoid sub specialisation to enhance private practice. Again, this needs to be actively managed by clinical managers and the RO.				
54	The financial arrangements of the management of private patients should be clarified and made transparent so that the benefit to HCS is clear and the public can be assured that care of public patients is not compromised, but hopefully is enhanced.	<b>In progress</b>  Please see Rec.038 regarding the Private Patient Strategy and Key Performance Indicators.		Chair of Private Patient Committee	Sep 2023
55	Allegations that the management of private patients is at the expense of the public patients are very damaging - a point made by several consultants - and HCS must audit the situation thoroughly to assure itself that the management of patients within its purview is equitable and equally safe for all. (Assuming that this is the wish of the people and the Government of Jersey)  If a robust audit is not reassuring, then the Government should make its position clear and HCS respond immediately to remedy the situation. This issue should also be a matter for the HCS board, should it be reconstituted along more conventional lines.	<b>In progress</b>  Please see Rec.038 regarding the auditing of the current Private Patient offering and subsequent Private Patient Strategy.		Chair of Private Patient Committee	Sep 2023
56	Many consultants themselves were concerned not only about patient care but about the tarnishing of their reputation and it might be most helpful if the issues were discussed in an open and transparent way	<b>In progress</b>  A Private Patient Committee has been re-established to provide links and discussion forum for management and providers of		Chair of Private Patient Committee /	August 2023

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	<p>at the Medical Staff Committee (MSC). This is of course a matter for the MSC, which is not a management body but a representative body but can and should play an important constructive role.</p> <p>A robust job planning process would provide consultant staff with protection from reputational damage.</p>	<p>private services. This was discussed at MSC and in the development of the Committee, all MSC members were invited to nominate onto the committee. The Private Patient Committee has commenced meeting monthly from June 2023.</p> <p>Further to this, a Private Patient project is working to improve the private offering for patients in HCS, to provide greater choice and work to alleviate the pressure on the public budget. The Private Patient project provided an update to the MSC at its meeting in July 2023. Updates on the Private Patient project will be a regular standing agenda item at the Medical Staff Committee to ensure that consultant staff are kept informed.</p> <p>To further protect consultants from reputational damage, a robust job planning process has been put in place.</p> <p>A robust job planning process improves patient's access to care with a well-planned workforce available to meet the needs of patients, higher quality of care with well trained and supported staff and increased patient satisfaction. Staff are supported to develop their careers and achieve their goals, encouraged to take new challenges and learn new skills and job satisfaction. It will also increase their commitment and accountability to the allocated tasks.</p>		Medical Director	

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		<p>Sustainability will be assured by continued leadership support, regular communication with staff and regular review and improvement of the job planning process.</p> <p>The progression of these items of work will be owned by the Chief Officer and the Medical Director, and the updates will provide members of the MSC a conduit to discuss any issues.</p>			
57	<p>A crucial point is that it should be always clear for all patients which Consultant is responsible for their care - at all times, and available to see them when needed.</p>	<p><b>In progress</b></p> <p>To develop the Multi-Disciplinary Team framework further to ensure they are standardised and include space for the named consultant.</p> <p>Work to include consultant on PIPPA board is being undertaken.</p> <p>Recognise, Escalate, Rescue (RER) programme responsibilities flowchart addresses the responsibility of care of the intensivist re patients in ICU and cases of parenting care.</p>	<p>To develop the Multi-Disciplinary Team framework and template further to ensure they are standardised and include space for the named consultant.</p> <p>To implement a process to include named consultants on PIPPA Boards.</p>	Director of Clinical Services	Sep 2023
58	<p>It is the role and responsibility of the organisation to provide safe high-quality care, and to be certain that its employees are doing this, as well as performing clinically and behaviourally to a satisfactory standard. This applies to both public and private patients, when these private patients being managed within its purview - in the hospital using hospital employees and facilities.</p>	<p><b>In progress</b></p> <p>Medical Director and Responsible Officer meeting monthly regarding medical appraisal and revalidation. Additional monthly meeting with Co-Chief of Service for Medical Education, which supports achievements in appraisals and revalidation.</p>	<p>Clarify method of collecting data for appraisals.</p> <p>Work with new Electronic Patient Record team/supplier to enable medical professionals to capture any missing data for medical appraisals.</p>	Medical Director	Sep 2023

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	<p>Equally, those employed by the organisation must understand that they are employees of an organisation that is clearly accountable to the government and people of Jersey. To put it another way, they work for the organisation, not at it.</p> <p>It is the role of the regulatory bodies to regulate individual professionals. This includes the clinical competence of the professional, their behaviours and that they are conducting their affairs with probity.</p> <p>The two roles are therefore linked and should be symbiotic, but the presence of a regulator does not remove the responsibility of the organisation to provide safe services and the accountability of its employees to it. When confusion exists about these issues then the danger is that the lack of clarity and accountability has a direct and damaging effect on the effectiveness of the organisation and patient safety.</p> <p>The medical appraisal and revalidation process is well embedded in the UK and adopted in Jersey. It should be conducted to a high standard and the responsible officer should be rigorous in their assessment of doctors requiring revalidation (looking at and seeking evidence about all aspects of good medical practice including clinical</p>	<p>Required metrics for appraisals identified in order to provide relevant data. This is with the Responsible Officer to take forwards.</p>			

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	<p>outcomes, appropriate behaviours, organised and documented CPD and probity. These processes will clearly add value and a degree of assurance.</p> <p>It is rumoured that government in the UK may produce a more comprehensive picture of a doctors performance which could be used at appraisal, and it would be worth monitoring this development.</p> <p>In any event, HCS should seek to support the appraisal process by providing as comprehensive a picture of the doctors performance as possible, including both public and private patient outcomes, details of complaints and compliments, use of SPA time, etc.</p> <p>Whilst not diminishing in any way the role of the employer, the GMC and the responsible officer have a key role in maintaining medical professional standards and assuring the public that the requirements of Good Medical Practice are met in full.</p> <p>An active dialogue between the Medical Director and RO would be useful in driving the recommendations of this report.</p> <p>The informatics should be of considerable assistance in this process and must also assist in obtaining good benchmarking data.</p>				



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59	<p>The job planning process for consultants needs to be undertaken and completed as a matter of urgency by clinical line managers driven centrally from the Medical Directors office. The Medical Director should chair a high-profile steering group charged with driving the process through the organisation at pace.</p> <p>Job planning could also be a useful process for other groups including middle grade doctors, some are whom are said to work excessively long hours of 15 PAs or more. There is a well understood argument about the effect of excessive hours on patient safety and these hours need to be reduced (with the appointment of more consultants to provide an increasingly consultant-based service), as is common elsewhere.</p> <p>If the hours quoted are a true representation of the workload, then it is likely that more consultant appointments are required (see elsewhere in the report)</p>	<p><b>In progress</b></p> <p>A robust job planning process improves patient's access to care with a well-planned workforce available to meet the needs of patients, higher quality of care with well trained and supported staff and increased patient satisfaction. Staff are supported to develop their careers and achieve their goals, encouraged to take new challenges and learn new skills, which all increases job satisfaction. It will also increase their commitment and accountability to the allocated tasks.</p> <p>As part of this new embedded practice, HCS has:</p> <ul style="list-style-type: none"> <li>• A clear and concise job planning policy that has been agreed upon by all stakeholders</li> <li>• Commenced the job planning process</li> <li>• Established a Job Planning Steering Group (Consistency Panel) which is chaired by the Medical Director</li> <li>• Developed a process for identifying and addressing workforce gaps</li> <li>• Providing regular updates at the Medical Staffing Committee within the Director's update, which will remain ongoing.</li> </ul> <p>A process to finalise job plans for SAS doctors can also standardise the hours they work and improve their work-life balance.</p>		Medical Director	August 2023

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60	<p>The recruitment process needs to be both timely and robust. For both locums and lone practitioners, the best mitigation is good induction and then close monitoring of performance. The development of suitable metrics (many of which can be lifted from elsewhere) is central to this.</p> <p>It may be worth obtaining advice on recruitment and retention. It is not the authors area of expertise</p>	<p><b>In progress</b></p> <p>Work has commenced on the recruitment process with internal resource identified to address recruitment and retention of nurses and other professionals and is currently focusing on the cost of living/housing problem in Jersey.</p> <p>A standardised induction process for locums and agency staff has been introduced to include a new checklist and induction pack.</p> <p>Telephone interviews have been reintroduced prior to temporary staff taking up their placements.</p> <p>Improvements to IT access for new temporary starters have been made.</p> <p>Drafting generic objectives for locums with Care Group leads to feed into a performance monitoring procedure.</p>	<p>Monitoring compliance with the induction process to ensure all staff have complied.</p> <p>Introduce regular monitoring of performance for locums and temporary staff via their clinical leads.</p>	Associate Director of People - HCS	Oct 2023
61	<p>The Medical Director should issue a clear statement as to where the responsibility lies for signing off results from radiology and laboratories.</p> <p>The responsibility for ensuring that this is done, and appropriate action taken sits with the Consultant under who care the patient is being managed.</p> <p>This does not mean that those in service specialities should not continue to raise</p>	<p><b>Not started</b></p> <p>The implementation of this procedure is dependent on the successful rollout of IMS Maxims which has been ongoing during June 2023.</p>	Medical Director to confirm correct process.	Medical Director	Sep 2023

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	issues with clinicians directly and immediately if they are concerned about a result or a finding. Their expert opinion is invaluable in driving safety and good care.				