



Family Nursing
& Home Care

Strategy 2015 - 2018

States of
Jersey
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Provider

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Help

Association
of
Jersey
Charities



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Executive Summary

- Family Nursing & Home Care (FNHC) has been in the forefront of community care services for both children and adults in Jersey for over a century. The well trained and highly committed team of nursing and care staff have a wide breadth of knowledge and experience. Professionalism, care and compassion will remain at the heart of all the services.
- More systematic evaluation of the outcomes of treatment as well as research into best practice and innovation designed to suit Jersey's needs, will drive the development of FNHC's services.
- Over the years FNHC has developed and integrated services for the benefit of the patient, notably between District Nursing and Home Care in the 1970's. Since then, the Home Care team has been trained to the highest standards and now carries out many of the more routine health care tasks which would previously have been undertaken by District Nurses. Recently, a Rapid Response Team, which also has the support of Home Care staff, was set up to deliver more immediate care in the home rather than hospital. FNHC is, therefore ideally placed and committed to deliver and influence the development of community care services. It is rooted in the Jersey community and will always ensure that patients get the best possible treatment, organised for their benefit, within a well governed, professional environment.
- FNHC continues to offer universal services to children and their families. In 2014 almost half the island's children had contact with our services. The Health Visiting service will contribute to the Island's 1001 critical days agenda through both the universal and the targeted services such as the early sustained home visiting programme, MECSH. The School Nurses as well as the Health Visitors will play a key role in the early help response to safeguarding children.
- FNHC will need to continue to build strong partnerships with both statutory and voluntary services, all of which have a responsibility to ensure that the patient is cared for in the best way, at the right time and place. Technology can aid this process but the Island has some way to go before there is a truly integrated patient based computer system. The right technology solutions and funding are needed, particularly for community services. FNHC really is "in the dark ages" on the technology front and considerable energy and investment will be needed in the next few years to turn this around.
- The current Health Strategy, approved by the States, promoted the development of Community Care Services, recognising the need to expand and integrate the work of those services to help cope with demands of an expanding elderly community and reduce pressures on the hospital system. However, the Health Strategy did not fully address the funding needs of such an expansion. Whilst investment monies were secured for some additional hospital services and agreement was reached to fund a new hospital, community organisations, like FNHC, will also need additional funding in the future. The Long Term Care

Scheme only addresses the needs of the elderly where care is required at least four times a day, seven days a week. Sizeable proportions of elderly are likely to need less and will not be funded by this scheme.

- The States of Jersey currently meet about 80% of FNHC expenditure. In the past, this was provided through a Service Level Agreement with the Health Department. The process is changing with FNHC having to bid for certain work in competition with other providers using a formal tender process. This does create considerable additional work for a very small administration, but FNHC's commitment to the Jersey community is such that it will continue to bid for work which is integral to its remit and which will make a difference to the care of patients in the community.
- There are concerns regarding future funding in a difficult financial climate with rising demands on our services. Due to the ageing population by 2020, the increased requirements for our adult nursing and home care could see an additional £300,000 per annum in staff costs, at current pay levels, if our support from HSSD remains similar to current percentage levels. FNHC also has relatively low numbers of registered district nurses, health visitors and school nurses (being 52 per 100,000 populations compared to an English average of 115 per 100,000 populations) which, if addressed would increase our funding requirements further.
- The remainder of FNHC's funding is provided by contributions to Home Care, charitable donations, membership fees and bequests. With continued demands, this report sets out the need to address what will be a potentially difficult gap for FNHC to fill through charitable donations alone. It is expected that if adult nursing levels are increased to service the ageing population our future funding requirements will be in excess of £2m per annum.
- FNHC values its charitable status as additional funding raised enables higher quality services to be provided, particularly where specialist equipment is needed and time given to patients would have to be limited. It also enables new services to be set up to trial different approaches, for example, where an urgent need is identified such as the all day and night service provided to patients who wish to reach the end of their lives in their own homes. Further emphasis will be placed on improving fundraising. Realistically, in the current climate, FNHC will have to work hard to compete with other charities and maintain current levels of around £1.7m per annum. This is an important initiative for FNHC as it is the "extras" that can make a real difference to people's lives.
- As a Charitable Association, FNHC has 5,000 members who are a very important link to the community. Their scrutiny and support, including financial contribution, are highly valued. It has been recognised that FNHC needs to continue to attract more members and improve communications with all stakeholders. Further priority will be given to improving all communications over the next few years, particularly electronic media.

Introduction

We are all becoming acutely aware of the challenge to all health and social care providers of the “demographic time bomb”. Life expectancy has increased by 2.4 years for women and three years for men in the last decade. The population is aging rapidly - over the next thirty years from 2010 to 2040 the number of Islanders over the 65 years will increase from 15,000 to almost 30,000. The number of over 80 years old will almost triple. The evidence is clear that as a society people are living longer and on one hand that should be celebrated but conversely a long life brings with it particular health and social care challenges.

As people live longer they are more likely to suffer from long term conditions such as respiratory and cardiac failure and diabetes. The incidence of dementia, cancer and arthritic conditions also increases with age. Older adults tend to require more services and a greater range of services.

The birth rate has remained stable at between 10.7 and 11.7 per 1000 over the last ten years. Overall the island’s population is estimated to grow by 8% over the next thirty years. By 2035 there will be 66 dependent children and adults to every 100 of working adults, assuming nil net immigration.

The baby boomers are now entering their early old age and as in other areas of their lives will demand to have a greater say in their care and an expectation that their voice is heard when services are being planned and delivered.

The challenge is meeting this increasing demand for services and with a decreasing pool of working adults available to deliver the services. It is expected that half of the current workforce at the charity will be retiring in the next decade.

This strategic document will outline how the charity is going to tackle the challenges through a comprehensive range of actions that will address our plans to deliver safe, affordable, sustainable services that are based on integrated and partnership working.

Vision

We will be the Island's leading nursing and care service in the community.

We will provide services that allow people to be cared for and remain at home.

Our care we give will be compassionate and excellent to enable you to live your life as fully as possible.

We will develop and improve to ensure that people receive the best care.

Values

Respect

We respect the rights of our patients, clients and employees to be treated with dignity, empathy, and equity, having due regard for differences in culture, philosophy and outlook.

Care and compassion

We aim to deliver services that are caring and compassionate, where health, healing and well being and empowerment of all are supported, reliable, effective and wherever possible maintains a continuity of care.

Integrity

Our communications are effective and open in all that we do and our behaviour is ethical, honest and responsible at all times.

Professionalism

We work cooperatively with patients, clients and other agencies, ensuring our practice is safe, proactive and supports continuous learning and improvement in relation to the care we give.

Fair value - clinical and financial

We strive to ensure the services we provide represent fair clinical and financial value; that are both effective and efficient so that stability and clinical excellence can be maintained and continuously improved to the benefit of all.

Aims 2015-2018

Aim

- To ensure that our services are clinically safe, sustainable and resilient to meet the demands
- To develop care with patients/clients and partners that provide the patient /client with the best possible outcomes
- To provide care that is effective, efficient and affordable
- To provide services that are informed by patients/clients

Safe

Will govern evidence based care delivered by skilled staff

Affordable

Provide services that are effective and efficient and provide value for money

Sustainable

Develop and retain a skilled workforce. Secure long term contractual funding streams

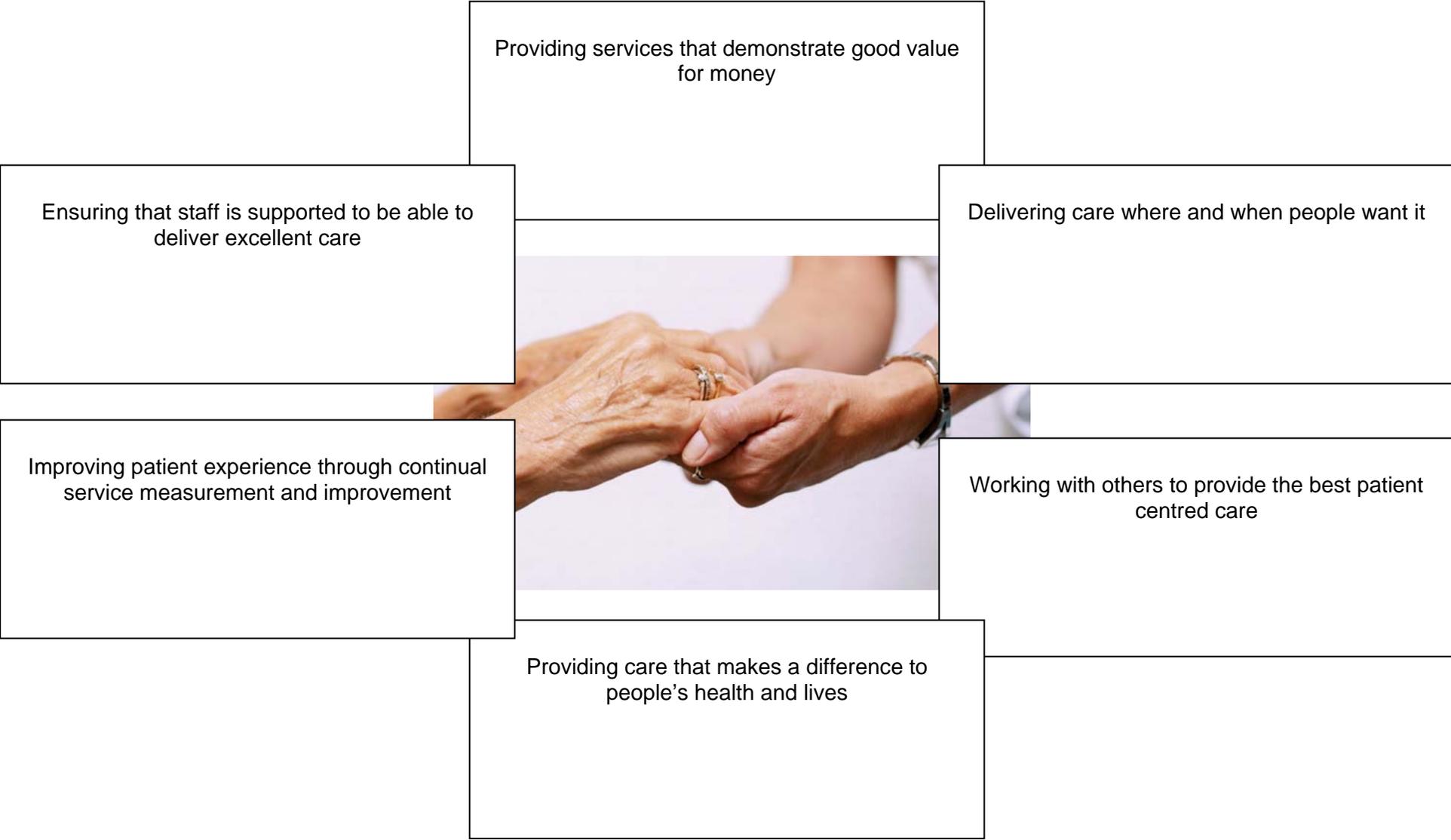
Partnership

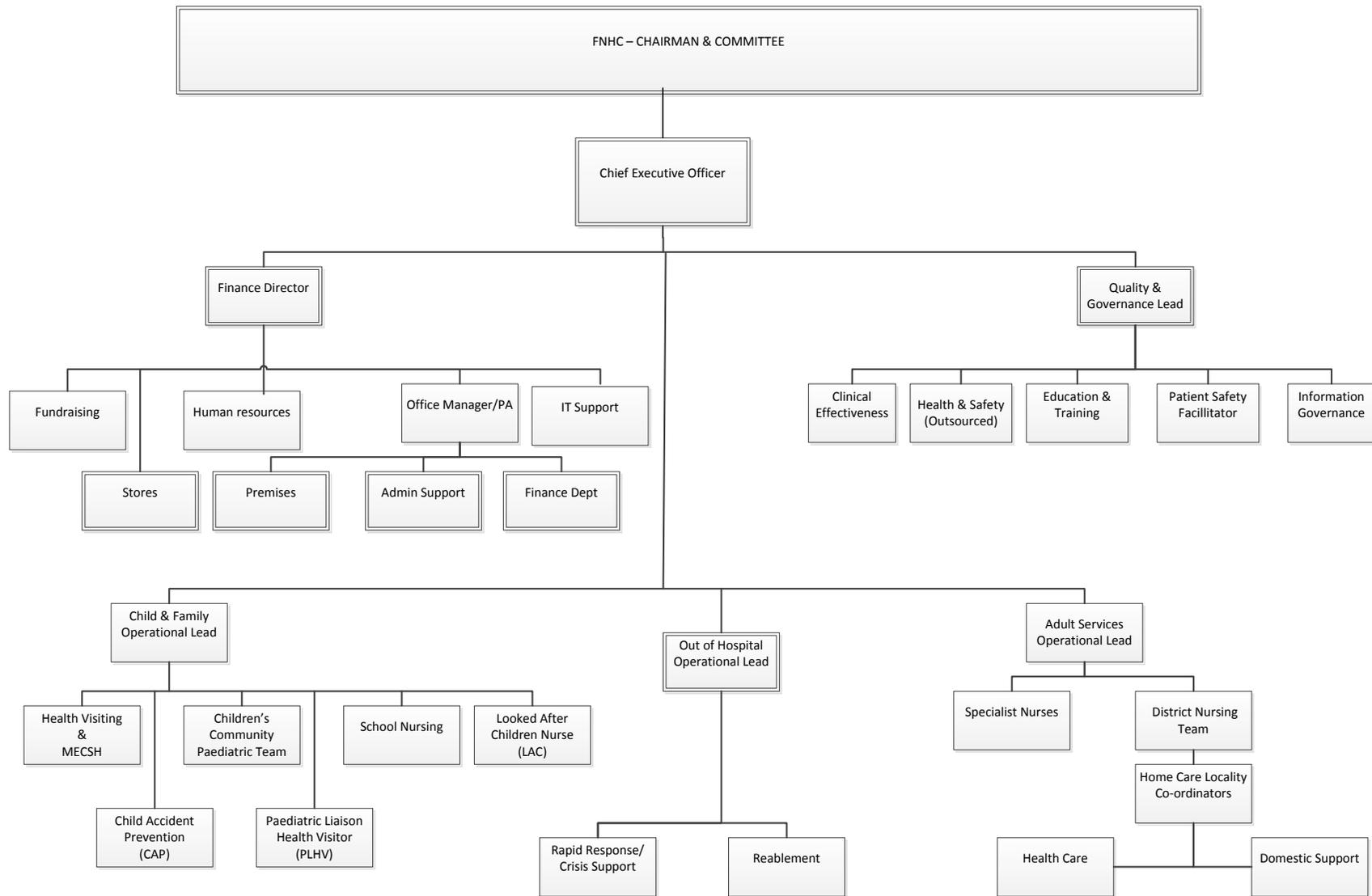
To work with partner agencies and people to develop effective care pathways to ensure people receive appropriate care

Integrated

To provide care that is patient / client centred through effective communication and across boundary working

Wrap Around Services that Prevent Illness and Promote Wellbeing





Links to other Strategic Plans

The States of Jersey Island Plan 2012 has a number of strategic priorities. The threads of those priorities are reflected in the Health and Social Services Department (HSSD) strategic document “Caring for each other, Caring for Ourselves” and FNHC’s Strategic Plan.

FNHC’s Strategic Plan will contribute to the Island Plan priorities by:

- Promoting family and community values
- Supporting reform of Health & Social Services
- Developing sustainable long term planning

To allow FNHC to flourish as an outward, proactive and successful Association, a dialogue between our partners and service users is essential. Feedback is to be encouraged and acted upon to improve the overall performance of the Association.

As part of the feedback process, in the last quarter of 2014 perceptions of the overall performance of the Association were taken from HSSD, Commissioners, and other external agencies. The anonymous views were gathered and analysed by an independent consultant. The main themes that emerged were for improvements in the areas of, Information, Communication, Responsiveness and Cost.

The views were noted and measures to make improvements have been incorporated into the strategic plan.

Strategic Priorities

FNHC has completed a Strategic Review of the challenges and opportunities created by the White Paper. In doing so it has decided to use the 5 key principles set out in the White Paper as a framework for the development of its Strategic Plan for the next 3-5 years namely:

FNHC strategic priorities are to provide nursing and care that is:

Safe	Affordable	Sustainable	Within partnerships	Integrated
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- 1. Safe: ensure good governance, using the best evidence to guide practice and evaluate outcomes. To ensure that islanders, including those who are economically or socially vulnerable are cared for, protected and supported in achieving their optimal health and well being.**

Deliver high quality capability in all new & existing services
Focus on developing nursing skills and capability across the teams
Deliver high quality governance and standards to ensure that patients/clients receive the best possible care
Establish evidence based metrics to assess standards and business, team and individual performance

- 2. Affordable: That cost is managed through effective planning processes and maximising resources. Those Islanders receive the best and most effective care.**

Improve business systems and processes to measure and manage effectiveness
Review Home Care services to assess future service requirement, structure, cost and funding
Review productivity across the key areas of the charity with the aim of removing inefficiencies and improving the match of skills against patient need
Deliver efficiency improvements through the implementation of new technology
To maximise the charity's fund raising potential to help to deliver better services

- 3. Sustainable: To ensure that we use innovative ways to deliver services by expanding the scope of both registered and non registered nurses by using technology to optimise services such as remote monitoring.**

Ensure that talented staff are recruited, developed and engaged to provide high quality services.

Review current services and the associated costs to ensure they fit with future needs
Identify and assess the potential for new services and FNHC funding and capability to deliver

Maximise the fund raising potential to ensure additional funding streams are identified

Review corporate structure and funding to include the role of the charity's charitable status for next 3-5 years, inline with proposed Charities law

Establish long term contractual relationships with HSSD

Develop a Work force plan that addresses recruitment and retention issues

4. Partnership: Patient centred care, working with system partners in new ways and within across agency collaboration to address both the immediate needs and those factors that impact on our well being from infancy to our older years.

Establish FNHC as the lead provider and voice of community based care

Establish effective working relationships with other partners such as Jersey Hospice, Brighter Futures and Les Amis to develop high quality, seamless service provision.

Establish effective working relationships with all GP practices that make it easy for patients/clients to access FNHC services

Identify other areas of service overlap and develop effective working processes with other key providers

Establish long term relationships with all key stakeholders within HSSD

We will develop robust systems to ensure we are listening and engaging with the patients/ clients and the public about current and future services and that this will be acted upon.

5. Integrated: Collaborate with other disciplines in addressing service gaps by providing interventions for vulnerable groups and improved identification and care to those with complex needs through integrated case management

Provide services that enable a patient's needs to be met in a timely and appropriate manner, seamlessly between nursing, therapy and care services

Ensure that there is effective communication between nursing, therapy and care staff to optimise care delivery

Provide supervision and support from experienced, skilled nurses and therapist, to care staff

Current and Future Challenges

Intelligence Based Service Planning

A transformation is required within the charity to ensure that service planning is based on decisions that are informed by robust information. This requires a system that is able to continually evolve and one that is aligned with current and future realities is needs based, yet flexible and adaptive enough to address emerging challenges and opportunities.

FNHC needs to build a foundation of evidence to ensure a full and current understanding of needs. To guide transformation, a foundation of data will be updated and monitored to ensure that plans and decisions are based on the best and most current evidence. The data collected to date will add to the weight of evidence outlining the need for innovative service delivery, system change and integrated services.

Future service provision must meet the needs of clients/patients across a continuum, whilst still addressing the most urgent needs: the areas on which we have traditionally focussed much of our effort.

Integrated care requires the restructuring of services to ensure continuity, co-ordination and appropriate access to quality care that considers the patient as a whole. Planning and care delivery should be collaborative, internally and externally integrated with partners, and involve the patient throughout the stages. System change should ensure that services continually evolve and deliver innovation service delivery.

Clinical Service Plan

A Clinical Service Plan will be developed as a decision making tool to guide the planning of our services. This will ensure we make wise investments with our available resources. The wealth of information gathered in developing the clinical service plan will give FNHC a robust starting point for future development. There needs to be a commitment to keep the data meaningful, to fill the information gaps that remain, and to use the data to inform effective decision making. FNHC will then be able to identify and respond to existing health needs, but also be directed in ways of investing efforts that will slow down the growth of social care costs in the future.

Streamlining and modernising FNHC information systems will ensure an ongoing review of our infrastructure and information systems needs, building systems that work together, so we can capitalise on opportunities for improvements and efficiencies.

Service Provision

Family Nursing & Home Care Services are divided into three divisions, Child & Family Services, Adult Services and Home Care. The distinction is made for administration purposes only; in practice many patients receive integrated care from different divisions concurrently.

Child & Family

Our Child & Family Services provide a family focused service to all families in Jersey.

The Service provides comprehensive illness prevention, safeguarding, health promotion and nursing services to all children and their families, from conception up to 19 years of age.

In 2013 approximately half the children on the island had a face to face contact with Child & Family staff.

The services include Health Visitors, Nursery Nurses, School Nurses and Children's Community Nurses. There are several layers of service offered, dependent on the child and family's needs. The Healthy Child programme is delivered through universal services, universal plus to family's who require additional support and universal partnership plus offer which provides on going health visitor support plus a range of services working together with families who have complex needs.

Health Visitors, through the communities offer, empower all families by maximising family resources and community resources through group and family centre work.

A Sustained Home Visiting Programme (MECSH) funded by the White Paper investment and delivered by the Health Visiting Service. The new programme provides a structured, highly skilled, early intervention for families who have particular vulnerabilities and are at risk of experiencing difficulties in coping with parenting their children.

Children's Nurses provide care to ill or complex needs children in their home or in the school setting.

Adult Services

Adult Nursing Services provide nursing care to patients in their own home or in a clinic setting dependent on the patients care needs. The service provides a core District Nurse function which includes holistic health assessments for complex patients who require nursing and care in the community. Adult Services also deliver episodes of nursing care to patients residing in Residential Homes. In addition, the team offers support and advice to nurses delivering care in Nursing Homes.

District Nursing

The District Nurses have an active caseload of 600 patients at any one time, with an additional 8,438 patients seen at clinic in 2014.

Within the Adult Team are Specialist Nurses in tissue viability, continence/stoma and respiratory care. The Specialist Nurses offer advice and training to FNHC District Nurses and the wider nursing services on the island: working to prevent the onset of complications or secondary disease, so that those living with a chronic condition can live as independently as possible.

Home Care

FNHC is the largest provider of Domiciliary Care (Home Care) on the Island, providing care to approximately 450 islanders at any one time. Home Care can be described as being a variety of practical and personal tasks provided to vulnerable people in a community based setting as opposed to institutional care, to enable them to live as independently as possible at home.

Home Care offers a seamless provision that crosses over from domiciliary care to clinical and recognises when clients are deteriorating and require clinical or nursing interventions, thus preventing unnecessary hospital admissions.

The Future of Clinical & Care Services

Clinical Service developments need to move from reactive care to prevention and early intervention, thus reducing the likelihood of people developing long term illnesses, complex needs or safeguarding concerns.

To improve the quality of care in the face of increasing demand and limited resources by:

Aligning clinical service delivery with the commitment to patients via the 6 C's.

Compassion, Courage, Competency, Commitment, Care, Communication (Jane Cummings 2012 Chief Nurse England) In 2015 candour has been added as the seventh "C".

Developing effective patient / client pathways that are understood by both patients and other service providers. Working within multi-disciplinary and agency teams to ensure that the patient receives the most timely and effective care.

The role of the Health Visitors and School Nurses will increase, particularly in the area of primary prevention of child maltreatment. This will be evident through the MECOSH programme, early help assessments and the Island 1001 days agenda.

The Children's Community Nurses will be expanding the provision of home based care to families whose children require palliative and end of life care.

FNHC has a pivotal role in the development of the Out of Hospital Services. The Rapid Response Team has been developed during 2014 and began taking patients in May 2014. In November 2014 FNHC began a period of proof of concept of the Crisis Intervention and Reablement Team (previously known as CICS). Both these teams will be reviewed in 2015. It is hoped that Rapid Response, Crisis Intervention and Reablement Services will be permanently funded and that FNHC will continue to lead and develop Out of Hospital Services in the future.

To support people at home, to avoid hospital admission and facilitate hospital discharge, Home Care is delivered both alongside and in an integrated way with FNHC Nursing Services. This includes the current District Nursing Teams, Rapid Response and Crisis Support, as well as Reablement Services and Palliative Care.

Reablement services in the UK have demonstrated a 48 % reduction in the number of clients requiring on going care after a period of reablement. FNHC has skilled Health Care Assistants, supported by a Nursing Service to potentially develop this service further.

Requests for support at home could be filtered through the Reablement Service to ensure that people are connected with community support, technologies that support independence, and have their daily living skills maximised before considering the extent of any ongoing care needs.

Home Care Services within FNHC will provide layers of care that supports people to remain independent at home:

- Specialist support where tasks are over and above basic personal care
- Intermediate Care in partnership with nursing services to enable people to receive “treatment” and support at home rather than in hospital
- Reablement to assist people in regaining independence and reduce reliance on ongoing paid support

The Home Care Service in its broadest sense has more potential to work alongside nursing and therapy services to:

- Promote and assist reablement
- Delay or prevent admission to residential care
- Delay or reduce demands on HSSD by providing early warning of deterioration that may respond to rapid intervention. Health Care Assistants working in Home Care can respond to emergencies and prevent admission to hospital and facilitate early discharge, through intensive short term care and support.
- Improve the quality of a patient’s life by supporting health maintenance such as ensuring adequate nutrition and fluid intake and promoting and supporting appropriate exercise.
- Encourage continued involvement in community and family life and supporting participation in meaningful activity such as leisure pursuits.
- Assist in ensuring that there is a satisfactory home environment.

Support plans for individuals with ongoing care needs to be outcome focused with the emphasis on the individual working with the Care Assistant to implement a programme of support that helps achieve their identified outcomes.

Expanding the Out of Hospital Services to work seamlessly with the existing adult nursing services to ensure that patients receive effective, flexible care in the community. (See model diagram)

Risk and Dependencies

A major risk to maintain the service delivery is the challenge of being able to recruit, develop and retain sufficient skilled staff to carry out and complete the strategic aims and objectives of this plan. Steps will be made to mitigate wherever possible and maintain excellent levels of care.

Compared to the main provider of health care services HSSD, FNHC is a relatively small organisation - the advantage of this is that the Association is able to react and respond to new service demands in a timely manner. A disadvantage is that it is necessary to have a sufficient infrastructure to support service delivery. This poses an additional risk and cost implications to the Association. Many essential functions such as finance, HR, Training, and Governance rely on key individuals to be in post and to function unsupported by a team.

Co-dependence on HSSD in terms of premises and IT systems poses a risk to the Association in terms of independence and on our ability to introduce more efficient systems to support care delivery. The association needs to ensure that the impact of the relationship with HSSD is understood and future decisions are based on accurate information and analysis.

The move to electronic monitoring systems (which will also support staff and service user safety) will inform commissioning and care management of decision making with service users.

Financial & Resource Implications

KPMG identified in the 2010 report the current and future resource implications to meet the growing demands of an aging population. They estimated that there needed to be an increase of 13.7 FTE District Nurses and 33.7 FTE Home Care staff by 2020.

A recent report by Professor Wilson, identifying mechanisms for promoting Early Child development in Jersey for UBS Optimus Foundation (2015) suggested that the current Health Visitor caseloads were double the UK CPHVA best practice guidance 2013. There are currently 4 FTE School Nurses for a school population of 10,000 children. The CPHVA recommend a caseload of no more than 1,200 children per school nurse if we are to make a difference to children's public health outcomes.

Clearly there will need to be substantial investment in community services for the charity to be able to continue delivering a high standard of care to islanders.

The charity's main source of funds continues to be from the States of Jersey, administrated by HSSD. Over the last two years considerable efforts have been made on both sides to establish an agreement of service that reflects the services contracted the service delivery and the difference these make to patients.

Value for money is effectively achieving the optimum balance of cost and quality. This requires accurate and timely information upon which to base judgements.

Substantial investment on information technology and systems will need to be made from our charitable funds.

The economic future suggests that there will be an increasing pressure on the public sector to deliver more services with the same or less financial resource. To allow the Association to manage financially there will need to be a considerable drive for increased fund raising activities through the charitable arm of the Association

Family Nursing & Home Care Action Plan – 2015 – 2017

No.	Objective	Year	Quarter	Action	By Whom	Quality Standard
1 4 5	Deliver high quality capability in the Rapid Response, Crisis Intervention and Re-enablement Teams	2015 2015 2015 2016 2017	3 1234 34 1234 1	Design Out of Hospital Services Measure service delivery Evaluate service Redesign Expand service	Op Lead	1,8,10
1	Focus on improving nursing skills and capability across the teams	2015 2016 2017		Ensure clear lines of accountability Manage and support staff performance	Op Leads	1,5,6,7,9, 10,16
1	Deliver high quality governance and standards to ensure that patients receive the best possible care	2015 2016 2017	34 1234 1	Review governance framework Analyse effectiveness of practice improvements Engage staff in monitoring success	Governance Dept	5,6,7,9,10 15
1 2	Establish evidence based metrics to assess standards and business – team and individual performance	2015 2016 2017	34 1234 1	Review information requirements Analyse business information requirements Develop analysis and feedback to inform service delivery	Corporate Dept	5,10
2	Improve business systems and processes to measure and manage effectiveness	2015	34	To streamline databases to provide effective, accessible information to inform service delivery	Corporate Dept	15,17
2 3 5	Review Home Care to assess future service requirement, structure, cost and funding	2015 2016 2017	234 1 1	To analyse Home Care services To devise an option plan To develop a phased plan to be responsive to any changes in the domiciliary economy	Op Lead/ Corporate Dept	1,5, 7,17
1 2 3	Review productivity across the key areas of the organisation with the aim of removing inefficiencies and improving the match of skills against patient need	2015 2016 2017	1234 12	Ensure that the appropriately skilled staff are able to deliver excellent patient care Reduce any non-essential non-patient facing time	Op Lead/ Corporate Dept	1,7,9,16

No.	Objective	Year	Quarter	Action	By Whom	Quality Standard
1	Deliver efficiency improvements through the implementation of new technology	2017	1	Aim for the staff to have access to patient records to enable improvements in assessments and practice through the introduction of electronic records and mobile access.	Corporate Dept	10,15,16
3 4	Identify and assess the potential for new services and FNHC funding and capability to deliver	2015 2016 2015	34 1 34	Scope the training opportunities in the domiciliary sector Expand Out of Hospital Services to include mental health Expand the clinic provision	Training, OoH Lead, Adult Op Lead	8,9,16
2	Maximise the fundraising potential to ensure additional funding streams are identified	2016 2016 2016	1 1	To expand individual and corporate donations To view the charging structure for Home Care To create a training hub for care staff	Fundraising/ Corporate Training	16,17
2 3	Review corporate structure and funding to include the role of the Association's charitable status for the next 3-5 years	2016 2016 2016	1 1 1	To agree services to be commissioned over the next three years To demonstrate the cost of service delivery To create a funding model that clarifies the fundraising requirements for the next three years	Corporate Fundraising	1,8,17
2 3 4	Establish long term contractual relationships with HSSD	2017		To establish a three year contract with HSSD in line with the medium term States Of Jersey plan	CEO	1,8
1 5	Develop a Workforce Plan that addresses recruitment and retention issues	2015 2016		To review the skills required for service delivery To create a dynamic workforce plan that maintains the skilled workforce in line with current and future service delivery	HR	7, 9,16

No.	Objective	Year	Quarter	Action	By Whom	Quality Standard
4	Establish FNHC as the lead provider and voice of community based care	2015 2016 2017	4	Raise the profile of FNHC at all levels ensuring that the key messages are understood To influence and inform the design of the health economy establishing FNHC as the lead of community services	CEO	1,5,8
4	Establish effective working relationships with other partners such as Jersey Hospice, Brighter Futures and Les Amis to develop high quality, seamless service provision	2015 2016	4 1	To develop patient pathways that optimise the FNHC care delivery and the patient care experience That reduces any duplication or misunderstanding of role and remit	Op Leads	1,8
1 4	Establish effective working relationships with all GP practices that make it easy for them/patients to access FNHC services	2015 2016 2017	4 1 2	To develop effective communication routes with GPs that inform improvements and timeliness of care delivery To take an active role in the review of primary care services and support the introduction of increased nursing roles in primary care Pilot multidisciplinary teamwork in primary care	Op Leads	1,8
1 3 4	Identify other areas of service overlap and develop effective working processes with other key providers	2015	4	To develop patient pathways with other agencies to ensure that the patient receives the best available care	Governance Dept/ Op Leads	1,8
4	Establish long term relationships with all key stakeholders within HSSD	2015 2016 2017		FNHC staff to be represented on all relevant strategic planning to ensure that the charity's aims are upheld	Senior Management Team	1,8,10

No.	Objective	Year	Quarter	Action	By Whom	Quality Standard
1 5	Provide services that enable a patient's needs to be met in a timely and appropriate manner, seamlessly between nursing, therapy and care services	2015 2016 2017		To ensure that all services within FNHC work seamlessly to ensure that the patient's nursing and care needs are met appropriately, timely and in an acceptable manner. That the value of integrated services is gathered and demonstrated	Governance Dept	1,5,10
1 4 5	Ensure that there is effective communication between nursing, therapy and care staff to optimise care delivery			To develop systems that optimise the multidisciplinary approach to holistic patient care that makes best use of the available resources	Op Leads	1,10,13
1 3 4 5	Provide supervision and support from experienced, skilled nurses and therapist to care staff			To develop care pathways that allow staff to easily assess evidence to best inform patient care and to always have available professional support if needed.	Op Leads	7,9,10,16