Health and Care Jersey
Chief Officer

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Dear Advocate Berry,

Response to the Prevention for Future Death Report (PFDR) submitted to Health and Care Jersey (HCJ) on 30 March 2026.

Thank you for your report following the inquest into the death of Mr Victor Tinley, concluded on 19 March 2026. On behalf of HCJ, I would like to offer my condolences to the family of Mr Tinley. We are committed to ensuring that we learn from his death, both in terms of the Serious Incident review and this Prevention of Future Deaths Report.

You asked "whether work can be expedited to ensure that medical records prepared by different primary and secondary care services are processed, stored and shared in a manner that enables timely and appropriate access for all healthcare professionals. This has the potential to ensure that incomplete or fragmented records do not impede clinical decision-making or delay treatment as they did in Mr Tinley's case."

We recognise the risks that can be created when medical information is not easily available to clinicians. Our response seeks to summarise what we have already put in place, what we are strengthening over the coming year, and our longer-term plan to improve how medical information is shared across services.

1. **What we have already put in place**

We have taken immediate steps to improve how test results are seen and acted on:

- Clinicians are now required to actively confirm they have reviewed results in the hospital system. This creates a clear record of review.
- Worklists are being monitored so that any delayed reviews can be identified and escalated.
- Processes are being introduced to track paper-based results, ensuring they are logged, assigned, and followed up.

These measures provide stronger oversight and reduce the risk of results being missed in the hospital.

2. **What we are strengthening during 2026**

We are introducing clearer and more consistent ways of working to help reduce this risk further:

- Standard procedures for results management, to help ensure results are monitored and acted on reliably across all services.
- Clearer handover arrangements, so responsibility is more clearly defined when clinicians are away or leave the organisation.
- Team-based oversight of results, enabling clinical teams, rather than individuals alone, to share visibility and responsibility.
- Improved alerts and escalation through introducing automated prompts to highlight results or situations that need attention.

We are also intending to enable patients to view their own results online later this year. This will provide an additional safeguard, helping patients raise concerns if needed.

These actions will be implemented and monitored through 2026 with appropriate clinical oversight.

3. Longer-term solution: Shared Care Record

Our longer-term solution is to introduce a Shared Care Record for Jersey.

This will bring together key patient information from across health and care services into a single view, so that healthcare professionals can access the medical information they need, when they need it.

The Programme to deliver the Shared Care Record is funded through to 2029 and will be delivered in phases, with initial system capabilities planned from 2027. Early delivery will focus on the most safety-critical information and will expand over time.

This will reduce reliance on fragmented records and significantly improve coordination of care.

Oversight and assurance

Dedicated programmes of work are in place to deliver these improvements, with executive and clinical oversight, supported by regular monitoring of progress.

We hope this response provides assurance that we are taking both immediate and sustained action to address the risks identified, and to improve the safety and continuity of care for patients through better sharing of medical information.

Yours sincerely

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