Health and Care Jersey
Chief Officer

Peter Crill House
Gloucester Street
St Helier
Jersey, JE1 3QS

Dr Deryn Evans
Viscount's Department
Morier House
Halkett Place
St Helier
JE1 1DD

26 May 2026

Dear Dr Evans,

Response to the Prevention for Future Deaths Report submitted to Health and Care Jersey (HCJ) on 11 March 2026.

Thank you for providing the Prevention of Future Deaths Report following the inquest looking into the death of Mrs Elaine McKenna that concluded on 21 January 2026.

I am providing this formal response on behalf of the Minister for Health and Social Services, to address the concerns outlined, as below:

(1) No rapid access pathway for investigations for suspected cancer
(2) Delay in conducting investigations for suspected cancer
(3) Delay in diagnosis and treatment for cancer which may impact prognosis.

HCJ has openly acknowledged the need for further development of cancer pathway processes and has been taking steps to address this. The HCJ Annual Plan 2026 recognises that demand continues to rise and includes a commitment to make improvements to waiting times, with a particular focus on cancer pathways. We have been working to develop the infrastructure needed to ensure improved oversight of cancer patients, including investment in both staffing and digital resources.

I have outlined below some of the main actions HCJ is taking to improve cancer pathway management and our plans for further progress.

Development of the Cancer Triumvirate

A Cancer Triumvirate is being established consisting of a Clinical Lead (Oncologist), Lead Cancer Nurse and General Manager (for Cancer, Access & Performance) with the remit of improving our cancer pathways. This integrated governance model will ensure the necessary triumvirate of leadership across clinical operations, patient care and strategic performance.

HCJ will also be enhancing our performance management across all tumour sites, through cancer performance accountability meetings. Also, our cancer multi-disciplinary team

(MDT) co-ordinators will be led by a Service Line Manager, who will report into the cancer triumvirate and be responsible for the tracking and reporting performance of tumour sites and escalating any blockages in pathways for patients. Recruitment to this post is currently underway.

Access Standards

The HCJ Access Policy includes a suite of access standards that we are striving to achieve, which support our process of continuous improvement. These standards relate to outpatient and elective waiting times, but also access to diagnostic testing, including suspected cancer referrals. This includes monitoring access times for diagnostic tests against the national NHS DM01 (Diagnostics Waiting Times and Activity) standard, with priority given to suspected cancer and urgent referred patients.

We expect that the national Faster Diagnosis Standard (FDS), which to date has included a measure of the percentage of patients that have cancer ruled out or diagnosed within 28 days of an urgent referral, will be included as a performance measure in HCJ's cancer waiting times. Our Clinical Lead for Oncology is committed to using these nationally recognised standards and performance results to benchmark and support continuous improvement. This benchmarking will also help us understand better where improving aspects of cancer waiting times may require re-prioritisation of other service delivery or fresh investment.

To support this improvement, HCJ has recently introduced 'suspected cancer' as a specific patient referral category, to ensure greater visibility of these patients and so be better placed to prioritise access to diagnostics and care.

The Somerset Cancer Register (SCR) was initially implemented in 2024, and full implementation of this system is currently being completed. The SCR has been adopted by national healthcare providers as the standard system for managing patients with suspected or confirmed cancer. This is now the top priority for digital delivery and has been escalated above all other digital projects. A dedicated SCR training programme will cover the new functionality arising from full implementation, enabling MDT co-ordinators to better track, manage and escalate issues with individual patient care.

National Clinical Audit

Once the SCR is fully implemented, and we have obtained NHS numbers for Islanders, HCJ will be able to join relevant national cancer audits, such as those conducted by National Cancer Audit Collaborating Centre (NATCAN). These audits are conducted to improve patient outcomes through measuring the quality of care against evidence-based standards (NICE guidelines) to pinpoint where services vary, identify best practice, and accelerate faster diagnoses. The audits will be a useful additional tool for quality improvement, and it is hoped that we can begin onboarding to NATCAN by the end of 2026.

Ongoing Assurance

As the Chief Officer for HCJ, I will have oversight of the action plan to ensure progress against these key improvements is tracked through to completion and deliver the intended results.

We will also provide assurance to the HCJ Advisory Board on cancer waiting times through inclusion in the quarterly Quality and Performance Report (QPR) and through the relevant Board Committees. In addition, diagnostic improvement plan reports provided to the Quality and Safety Committee will include access to timely diagnostics for suspected cancer patients.

HCJ is committed to delivering improvements to our cancer pathways that will enhance patient safety and high-quality clinical outcomes for our patients. We are grateful for your report in highlighting the need for improvements in this important area of care and are fully committed to ensuring the best outcomes for Islanders

Yours sincerely

Tom Walker
Chief Officer
Health and Care Jersey

D +44 (0)1534 442272