



2022

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Foreword



Caroline Landon
Director General, Health and Community
Services

2021 was a challenging year for Jersey's health and care system, as the Department continued to respond to the Covid pandemic and move back towards Business As Usual.

For HCS colleagues, as we continue to live with Covid, the challenges of last year and our ongoing work to care and support all Islanders continues. I want to thank everyone who works for HCS for all they have done and continue to do for the patients we serve.

The Covid pandemic allowed us to adopt new ways of thinking, and we adapted to the pandemic challenges by transforming our clinical, professional and operational procedures and policies. This couldn't have been achieved without the flexibility, hard work and commitment of our health and social care colleagues within Government and across all our partners, including primary care, social care, and the numerous local charities we work with.

Now to the future. Every day, we aim to provide timely access to safe and high-quality health and social care services for Islanders, whether that is in a hospital setting or in the community.

We know Islanders need services which work for them and fit their lives, it is for this reason that in 2022, we will be doing more work around integrated care services and the provision of some services so they're easier for Islanders to access whenever they may need them.

This is in line with the work, that is ongoing with the Jersey Care Model, which was approved by the States Assembly in November 2020. 2022 will be a key year for the Jersey Care Model as services begin to work together in the community. To facilitate some of this work, our Help At Home campaign, began earlier this year and aims to get 100 Islanders into key roles as carers in our community.

We have undertaken detailed work on our Oral Health Strategy. This includes looking closely at the work of our Dental Department within the Hospital and investigating the oral healthcare habits of children and parents so we can help plan effectively for this important service in the future. By collecting detailed data around the way our services are accessed helps to inform service planning going forward. I am aware that sometimes, this quiet, detailed ongoing work is not always apparent or visible but it is an essential part of maintaining our sustainability, delivery and service for patients.

Our data gathering and analysis has allowed us to record more accurate data across HCS, to produce our Quality and Performance Report and strengthen our commissioning partnerships.

Great data lets us know what we are getting right, where we need to improve, and what we need to do now to future-proof our services.

And we do not work alone. We achieve what we do as part of a Care community working with our partners such as GPs as well as our expert colleagues in the charity sector and the hospitals and centres we work with in the UK to ensure Islanders who need off-island treatment receive it. In the community, we work with nursing and residential homes and care agencies. Everyone has a part to play in delivering great care across our community.

We look to digital and technology to help us deliver great care, and this continues at pace with the signing of a contract in October 2021 to help us deliver a new Electronic Patient Record (EPR). This will modernise and improve the way patient care across Jersey is delivered and will replace the existing limited system used within Health and Community Services.

An EPR is software that brings together key clinical and administrative information involved in the care and management of patients, providing the right clinical information, at the right time, in the right place.

The EPR will allow medical records to be retrieved and consulted by patients and healthcare providers more efficiently without depending on paper files. It will help clinicians diagnose patients more effectively as well as reduce medical errors and provide safer care.

An improved EPR will also support the continued improvement in the quality and safety of care within Jersey, provide accurate, up-to-date, and complete information about patients at the point of care and enable quick access to patient records for more coordinated, efficient care.

The pandemic may have given us many operational challenges to overcome, but the ambition of the skilled, expert workforce which makes up Health and Community Services remains the same; to ensure that our services are there for Islanders of all ages, providing care in the right place, at the right time, to all who need it.

HCS will continue to focus on developing the Jersey Care Model to allow Islanders to easily access services in the community. It will do this by:

- Continuing to develop design and pathway plans for the 'Our Hospital' programme
- Ensuring the Island's Digital Health ambition is delivered
- Helping and supporting Islanders to manage their own long-term conditions wherever possible
- Providing more and better-connected services in the community to support people who need care, but don't need to be in hospital
- Catering for the needs of Jersey's growing, older population by ensuring that care can be provided for people at home where appropriate and possible
- Improving patient pathways by working with our expert community and voluntary sector partners and primary care colleagues
- Continuing our improvements in mental health services with new facilities and new services
- Ensuring the General Hospital and wider HCS estate delivers to the required backlog maintenance schedule
- Providing additional, appropriate capacity to treat Islanders in Jersey who have, in the past, required treatment in the UK
- Providing a positive, safe and rewarding working environment for our staff, attracting and growing new talents whilst retaining the vast experience we have on Island

- Ensuring our Adult Social Care services are supporting our most vulnerable Islanders working collaboratively with Adult Mental Health and Physical Health services
- Further developing our Learning Disability services working with key partners including new estate solutions for some of our clients
- Supporting our colleagues in Children's Services to deliver child health improvements as well as preventative child and adolescent mental health services
- Providing an efficient and effective service by ensuring our resources are well managed through initiatives such as Zero-Based Budgeting
- We are always interested to hear your comments, to provide us with some feedback please contact us



Caroline Landon

Director General, Health and Community Services

Our purpose

During 2021 all Health and Community (HCS) staff were asked to support the co-design of a new vision and mission statement for HCS. This was developed through an on-line and paper survey to all clinical and non-clinical staff to ascertain what they aspire HCS to be and to provide its direction.

The survey results showed that HCS staff are focused on providing outstanding care to our Islanders.

This outcome of the survey is represented in the illustration below which sets out our vision and strategic ambitions (mission) for HCS for 2022. We aim to expand on the work further in 2022 to develop a comprehensive strategy for HCS as a department.



HCS encompasses a range of Clinical and Professional Care Groups, some services are provided in partnership with our external partners.

Care Groups and key clinical services across HCS comprise the following:

- **Adult Social Care, Mental Health & Community Services:** works collaboratively with adults and their families in Jersey alongside hospital colleagues and key Government of Jersey departments such as Customer and Local Services (CLS), Children Young People Education and Skills (CYPES), the States of Jersey Police, the third Sector and charitable agencies. The aim is to provide effective support services, safeguard vulnerable adults as well as to promote health, wellbeing,

welfare, and quality of life. Multi-disciplinary working is key to ensuring care and support is respectful of human rights and is strength-based in nature. We believe that all individuals have the right to expect a high standard of compassionate, individualised, person-centred and, in relation to mental health, recovery-focused care and treatment.

- **Primary and Preventative Care (PPC):** is responsible for the undertaking of governance functions, performance management and oversight of the primary care service. The team works in partnership with primary care and community-based health care providers as well as external regulators and other Government departments. PPC is responsible for preventative programmes including cancer screening for breast, bowel, and cervical cancer. The team also run comprehensive services for both diabetic retinopathy and smoking cessation. In addition, PPC is accountable for the administrative functions of delivering child health programmes and immunisations.
- **Women's, Children's, and Family Services:** provides services throughout the Hospital and community that relate to women, children and families, including functions such as maternity, gynaecology, assisted reproduction and the special care baby unit. Maternity services provide ante, intra and postnatal care for women until 28 days after giving birth. This comprises monitoring the health and wellbeing of mother and baby, providing advice and support, including caring for vulnerable women and their families, women with medical complexities, fetal medicine and perinatal loss. The care group is responsible for gynaecology outpatient services offering an early pregnancy assessment, colposcopy, assisted reproduction clinics, termination of pregnancy service and other specialist clinics relating to women's health. The care group supports the delivery of physical health care of children both within the inpatient and outpatient setting. The care group works closely together with Children, Young People, Education and Skills (CYPES) around Child and Adolescent Mental Health (CAMHS) services.
- **Surgical & Scheduled Care:** provides specialist hospital functions covering our inpatient wards, the Day Surgery Unit, the Operating Departments, and Intensive care. The Pain Service, Radiology Department, and Private Patient Services are also included.
- **Medical & Un-Scheduled Care:** supports our emergency care and medical speciality services. It includes the Emergency Department and Emergency Assessment Unit at the hospital as well as the medical inpatient wards and outpatient specialisms. This care group works closely together with colleagues in Justice and Home Affairs who lead the Ambulance Service, a critical part of our unscheduled care pathway.
- **Therapies:** this comprises Occupational Therapy, Physiotherapy, Speech and Language Therapy, Dietetics and Podiatry teams. Therapies provide timely and excellent therapeutic assessment and intervention for Islanders. The service aims to develop and provide unification of therapies across multiple patient pathways and to provide a bridge between acute hospital and community provision. They have a key role in multi-disciplinary team working and within the development and implementation of the Jersey Care Model.
- **Intermediate Care:** refers to services provided to people after leaving hospital, or when they are at risk of being sent to hospital because of their health condition.

Intermediate Care helps people to avoid going into hospital or residential care unnecessarily and keeps them living at home independently for longer. Intermediate Care can be provided in different places, for example in a residential home or in a person's own home.

The JCM Intermediate Care programme is designed to:

- Sustain independence for people to allow them to stay in their own homes for as long as possible
- Expand the scope and size of the current intermediate care provision, in collaboration with other health and care providers across the Island
- Prevent unnecessary hospital attendances and admissions
- Centralise and provide 24-hour provision of health advice and care
- Support the discharge process from hospital

In addition to the clinical care group structure, HCS provide the following non-clinical support services:

- **Quality & Safety:** overarching all our care group functions is our quality and safety function which incorporates the offices of the Chief Nurse and Group Medical Director. This care group ensures our services are delivered in line with professional standards, with the required level of oversight and assurance. Infection prevention and control is also part of this service.
- **Non-Clinical Support Services:** encompasses HCS's logistics and administration functions. Working in direct support of the clinical groups, this group provides the essential professional services that support the patient pathway at every stage of the process. It is responsible for patient-facing administration, including medical records, appointments, and off-Island care processes. The Health and Safety team is responsible for corporate level advice and guidance to ensure the organisation can suitably identify and manage risk to protect its patients, staff, and reputation. The estates compliance and sustainability manager's role is to manage the development and implementation of an estate's compliance and sustainability assurance framework. Soft facilities include a myriad of services that support the day-to-day running of all HCS groups and services.

The housekeeping service is responsible for the cleanliness of all HCS buildings. HCS laundry represents one of only two industrial laundry facilities on the island. It supports not only the hospital but all satellite HCS services and various healthcare partners including care homes. The catering service works closely with patients and dieticians to provide a variety of nutritious meals across multiple sites as well as facilities for staff, 365 days a year. The Switchboard manages all the alarm systems for the hospital, the multitone bleep system, emergency team calls and FIT pack distribution. Porters support the internal movement of patients and equipment as well as being the first responders for security issues. Finally, the HCS stores service is responsible for providing every item of materiel that passes through the organisation.

- **Corporate Nursing:** responsible for the delivery of Nursing and Midwifery services it provides a corporate nursing function that includes professional leadership and development for registered nurses and midwives working in HCS and across the

Island. Core to the work of the team is the oversight and assurance on the delivery of care across all services to ensure a positive patient experience and that patient safety and quality is prioritised.

This assurance comes through the work of the Practice Assurance Team who lead on the process of assessment of all clinical nursing and midwifery services using a quality assurance and accreditation framework for nursing and midwifery which is benchmarked against national care standards.

The outcomes of the assessments are used to inform improvement activity and a programme of work led by a senior nurse takes this work forward across all care groups.

Safeguarding adults and children is a key priority for health professionals and this work is led through the Designated Doctor and Designated Nurse working to national guidance for best practice to support services to safeguard those in our care.

Infection Prevention and Control is delivered through a team of clinical nurse specialists who work across the health and care system to support good practice.

How we support our workforce is a key component to our recruitment and retention strategy, which also includes the wellbeing of our staff. We have a team in place, led by the Chief Allied Health Professional, which provides a range of services, some which are targeted interventions and some more generalised to support staff.

Good patient care and outcomes are very connected to our workforce, how we support, deploy, and manage our staffing resource is important and this is supported by a temporary workforce and underpinned by a good electronic rostering system and safe staffing tool. We have a team that fully manages the resource, through effective and efficient use of rostering, sourcing, and placing of staff, and through appropriate supervision and training.

A Nursing, Midwifery and AHP Education and Training Department supports the growth and development of the workforce through education and training to support sustainability, workforce growth, staff development and retention of the workforce. The portfolio of programmes delivered include the Regulated Qualifications Framework, the undergraduate degree nursing programme, and the postgraduate programmes at degree and masters level. Due to these programmes we are well positioned to support the workforce requirements of the JCM

- **Service Improvement and Innovation:** comprises five core elements.

Strategic Planning and Reporting is responsible for driving the strategic planning of departmental and service business plans to ensure clear direction across the department and that objectives are in line with overall Government priorities and goals.

A dedicated Quality Improvement team supports staff across the organisation to embed continuous improvement thinking and processes across all services.

A Programme Management Office supports, oversees and reports back on progress against the Jersey Care Model and internal strategic service improvement projects.

The Informatics team, an essential component of HCS, provides operational health and care data which support and inform operational delivery and continuous improvement initiatives provided on the Island.

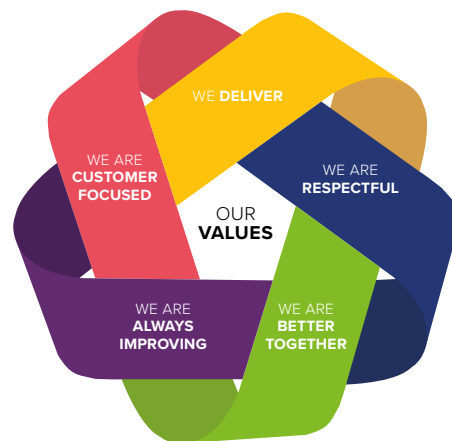
The Commissioning team work in partnership with all stakeholders to develop, deliver and monitor services that meet the needs of the population. Utilising best practice, they reduce duplication and make sure the right services are accessible at the right time for Islanders.

Our Values

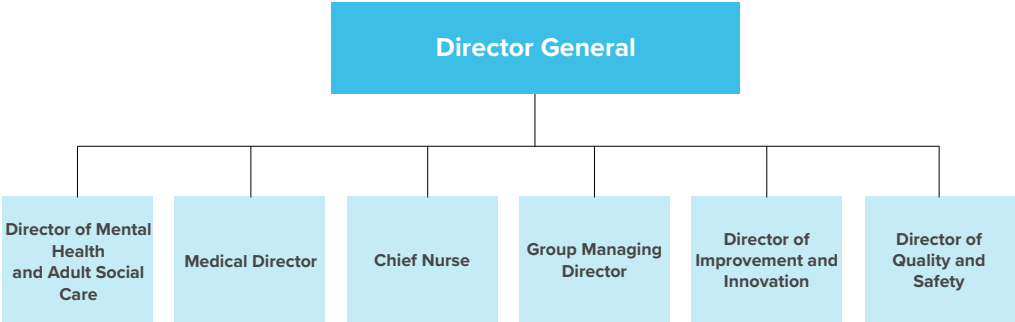
We are One Government, passionate about delivering public services for Jersey. Our 5 core values as an organisation are:

- We are respectful
- We are better together
- We are always improving
- We are customer focused
- We deliver

Our values are supported by a set of high-level behaviours, which guide us in our individual roles and how we work together to achieve our objectives.



Our Department Structure



What will we do in 2022? Our key objectives

The table below sets out the means by which the objectives for the department will be translated into action.

Key Objectives

We will provide high quality care, and continuously improve health and care standards

We will continuously improve the customer experience for our services and will ensure Islanders are actively engaged in planning health and care services

We will make HCS an outstanding place to work where staff feel valued and are supported to reach their potential

We will continue to strengthen our relationships with partners on and off-Island

We will, in partnership with other Government departments, deliver the milestones set for the Jersey Care Model Project in 2022

We will, in partnership with other Government departments, deliver the milestones set for the Our Hospital Project in 2022

We will deliver services within the HCS financial envelope

We will, in partnership with the Modernisation and Digital team, continue the implementation of the Digital Health Strategy

Our Key Deliverables

We will provide high quality care, and continuously improve health and care standards

- We will focus on reducing and managing waiting times to ensure patients are seen within appropriate timescales. This includes setting job plans for all clinical staff and best practice waiting list management.
- We will review the processes within the Outpatients' Department to ensure patients are seen by the appropriate person in a timely manner and receive high standards of care.
- We will review our rehabilitation services to ensure our Islanders are given optimal evidence-based rehabilitative care in the right place, at the right time.
- We will investigate options for improving the patient experience and outcomes for Islanders who need radiotherapy.
- We will continue to embed a culture of continuous service and quality improvement by using, for example, different audit and quality improvement methodologies.
- We will expand the Jersey Nursing Assessment and Accreditation System (JNAAS)

across HCS and community services where appropriate.

- Within our support services we will conduct a service-by-service review to ensure we are delivering the right outcome in the right place at the right time.
- We will continue to develop and improve our governance framework to ensure we provide the right framework to deliver quality care.

We will continuously improve the customer experience for our services and will ensure Islanders are actively engaged in planning health and care services

- We will review and develop our Patient Advice and Liaison Service (PALS).
- We will strengthen how we capture and learn from complaints and compliments and utilise this learning to improve services.
- We will involve partners and Islanders in the development of new service strategies and service pathways that are planned for 2022. This includes the development of an Island cancer strategy and a rehabilitation pathway.
- We will start exploring how we can embed the 'patient voice' in our services.

We will make HCS an outstanding place to work where staff feel valued and are supported to reach their potential

- We will encourage positive employee engagement through the Be Heard Survey Action Planning for all colleagues.
- We will provide continued professional development through formal educational and vocational courses delivered by our Education Department.
- We will continue to provide role specific and mandatory training, as well as general and bespoke managerial and leadership courses for aspiring managers.
- We will continue to deliver wellbeing support across HCS including wellbeing checks, with the offer of psychological support for colleagues.
- We will initiate further wellbeing activities including dedicated Wellbeing days for colleagues, following the success of our Wellbeing Week in 2021
- We will continue to develop strong professional communities of practice through our professional forums.
- We will create specific events for new starters, colleagues who are celebrating ten or more years of continuous service and re-introduce the HCS achievement awards.
- We will provide a good induction experience for all new starters.
- We will continue to strengthen our communication and engagement throughout the organisation through formal and informal methods.

We will continue to strengthen our relationships with partners on and off-Island

Our services are delivered in partnership with many organisations and providers. We could not achieve it without them. For example, the Jersey Care Model is a cross-departmental programme led by HCS; however, many aspects are dependent on or are led by other departments or teams including Public Health, Community and Local Services, Treasury & Exchequer and Children, Young People Services.

Key deliverables such as the redesign of primary and community services will be developed in partnership working with external partners. To enable productive and effective partnership working, HCS has worked with partners in 2021 to create the foundations for collaborative working and co-design. This includes a new governance framework comprising the first Island-wide health and care partnership group.

- We will support and participate in the first island-wide Health and Care Partnership Group to work closely with all health and care partners across the Island.
- We will implement our commissioning framework with our community and social care partners to ensure that the right services are provided at the right time, in the right place, in the community.
- We will review our contracts we have with on and off-Island providers to ensure they are outcome focused and provide value for money.
- We will work in partnership with Guernsey to explore the development of healthcare services that are beneficial to both islands.
- In collaboration with partners, we will develop a free to access electronic mental health service that can be accessed by all Islanders.
- We will complete the Help at Home scheme with Jersey homecare providers to strengthen the domiciliary care sector and support care in the community.
- We will work with internal and external stakeholders to deliver services that are adaptable and responsive to the needs of Islanders through active engagement via feedback and outcome measures
- We will continue to work with other Government of Jersey departments to deliver the key projects of the Jersey Care Model, the Our Hospital project and the ITS project.

We will, in partnership with other government departments, deliver the milestones set for the Jersey Care Model Project in 2022

We will continue to deliver the Jersey Care Model (JCM) programme. The key deliverables for 2022 are:

- a. Continue to embed the new governance framework for the JCM including:
 - Collectively, the Clinical and Professional Advisory Forum (CPAF); the User Experience Panel (UEP) and the Island-wide Health and Care Partnership Group (HCPaG) will begin to review the health and care needs of Islanders in detail and start to design targeted pathways of care.
 - JCM programme board to monitor the programme and ensure the benefits are realised
 - Independent Oversight Board to provide independent assessment and assurance on the delivery of the programme
- b. Continue to drive innovation and change to:
 - Ensure care is patient-centred and delivered in the community, where feasible, to support Islanders to sustain independence or re-gain to allow them to stay in their own homes for as long as possible

- Deliver a more integrated system making access to health and care easier and more consistent.
- Implement a commissioning framework with community and social care partners, to strengthen our Island-wide health and care system.
- Develop the Intermediate Care programme to provide new services to help people remain independent; to stay at home or to get home quicker.
- Create effective means for health and care professionals and Islanders to share information safely with one another when needed, which is crucial for the delivery of patient-centred care across the Island.
- Implement an Island-wide health and care workforce strategy to deliver the right care, in the right place, at the right time.

We will in partnership with other government departments deliver the milestones set for the Our Hospital Project in 2022

- We aim to submit planning determinations for the demolition planning application in January/February 2022
- The Our Hospital Project design will continue to be developed, taking on board feedback from stakeholders including clinicians, statutory bodies and from public consultation prior to the submission of the main works planning application in November 2021.
- The main works planning determination is expected during Q2 2022. As determined by the Our Hospital Political Oversight Group the main works contract is due to be signed in May 2022.
- We will work with partners across the Island to develop the Art Strategy for the new hospital.

We will deliver services within the HCS financial envelope

This objective and its deliverables are highly dependent on good finance business partnering resources provided by the Treasury and Exchequer Department, and on the digital infrastructure providing easily accessible, accurate and complete financial information to budget holders

- We will continue to use zero-based budgeting.
- We will monitor our finances monthly at budget holder level.
- We will further reduce agency spend by recruiting permanent staff where appropriate and safe to do so.
- We will work closely with the NHS supply chain to reduce costs associated with the Subsidised Products Scheme.
- We will implement the commissioning strategy and monitor our contracts against set objectives and metrics.

We will in partnership with the Modernisation and Digital team continue the implementation of the Digital Health Strategy

The Digital Health Strategy is led by Health and Community Services and supports the delivery of effective, efficient, safe and responsive health and care services. However, the actual delivery of the strategy sits with the Modernisation and Digital (M&D) team within the Department of the Chief Operating Office. We will therefore provide clinical guidance and leadership on the strategy and its prioritisation but are dependent on the M&D team to design and implement the delivery plan. We will hold M&D to account on the delivery through regular reports on progress against objectives and budget.

Government Plan and Departmental Initiatives

This table shows the Government Plan initiatives that we will deliver in order to support the Government of Jersey’s strategic priorities as set out in the Common Strategic Policy.

For more information on each of the initiatives, please see the published Government Plans , which include:

- Government Plan 2022-25 and the Government Plan Annex 2022-25,
- Government Plan 2021-24 and Government Plan Annex 2021-24, and Government Plan 2020-23 and the Government Plan Additional Information Report 2020-23

CSP Reference	Description of Initiative	What we will do in 2022?	Island wellbeing outcomes impacted by success	Island indicators or service performance measures impacted by success	Departmental Lead	Service Area	Ministerial Lead	Project/ Programme/ BAU	Target Delivery Date	Project Status
GP21-CSP2-1-05	<p>Jersey Care Model</p> <p>The Jersey Care Model has three overarching objectives, which are aligned with the Government strategic ambitions. These are to:</p> <ul style="list-style-type: none"> • Ensure care is person-centred with a focus on prevention and self-care, for both physical and mental health • Reduce dependency on secondary care services by expanding primary and community services, working closely with all partners to deliver more care in the community and at home • Redesign health and community services so that they are structured to meet the current and future needs of Islanders" 	<ol style="list-style-type: none"> 1. The newly formed Clinical and Professional Advisory Forum will lead the joint commissioning (with Public Health) of a Strategic Needs Assessment for the Jersey. 2. Work started in 2021 on workforce strategy development will continue into 2022. Working in conjunction with health and care service delivery 3. Advised by the Strategic Needs Assessment, and sponsored by the clinical and professional advisory forum, pathway redesign will start in 2022. It will involve a review of high impact health and care pathways, co-designing new pathways with those involved in the provision and receipt of care.partners, we will review of workforce requirements and put in place plans to ensure the enabling policy on items such as training and education, recruitment and retention, communications and change management, immigration policy, and key worker housing are in place and support a thriving workforce. 4. Recruitment and set up of the Health and Care Partnership Board will be completed in late 2021, enabling the groups to make an impact in 2022. The JCM engagement programme will start to be more visible in 2022 with a number of exciting initiatives in plan. 	Islanders can access health care	The JCM contains a vast range of performance metrics and uses also the QPR metrics as reference for increasing service activity improvements	Health and Community Services (HCS)	SPP/Innovation and Improvement	Minister for Health and Social Services (MSS)	Project	Q4 2025	On track

CSP Reference	Description of Initiative	What we will do in 2022?	Island wellbeing outcomes impacted by success	Island indicators or service performance measures impacted by success	Departmental Lead	Service Area	Ministerial Lead	Project/ Programme/ BAU	Target Delivery Date	Project Status
GP20-CSP2-3-03	<p>Maintaining health & care standards</p> <p>1. Deliver outcomes identified in the Mental Health Improvement Plan</p>	<p>Although significant progress has been made in 2021 it is likely that some projects will need to be completed in 2022. There will also be reviews of previously completed initiatives</p>	<p>Islanders enjoy positive mental health and wellbeing</p>	<p>The Mental Health Improvement Plan contains a vast number of projects, each of these has their own success measures. E.g. The triangle of care scheme involved teaching staff and monitoring the completion of carer involvement forms to evidence adherence to the new practice</p>	<p>Health and Community Services (HCS)</p>	<p>Mental Health & Social Care Group</p>	<p>Minister for Health and Social Services (MSS)</p>	<p>BAU</p>	<p>On-going</p>	<p>On track</p>
GP20-CSP2-2-02	<p>Maintaining health & care standards</p> <p>2. Co-design of Long Term care pathways commencing with:</p> <p>a. Diabetes Pathway</p> <p>b. End of Life Care</p> <p>to ensure high quality care whilst maximising efficiency</p>	<p>a. Diabetes Strategy development progressing. Diabetes pathway work to commence in 2022.</p> <p>b. Multi agency partnership formed to develop and co-produce island end of life care strategy consistent with the Ambitions for End of Life Care national framework including key underpinning themes of education, digital innovation and integrated pathways to improve patient and carer experience.</p>	<p>Islanders with long-term health conditions enjoy a good quality of life</p>	<p>Specific metrics to be developed as part of pathways</p> <p>% of Islanders with a long-term health condition that affects their day-to-day activities</p>	<p>Health and Community Services (HCS)</p>	<p>Innovation and Improvement/Care Groups</p>	<p>Minister for Health and Social Services (MSS)</p>	<p>Project</p>	<p>Q4 2023</p>	<p>On track</p>

CSP Reference	Description of Initiative	What we will do in 2022?	Island wellbeing outcomes impacted by success	Island indicators or service performance measures impacted by success	Departmental Lead	Service Area	Ministerial Lead	Project/ Programme/ BAU	Target Delivery Date	Project Status
GP20-CSP2-3-01	<p>Digital Health & Care strategy</p> <p>Continued implementation of the digital Health Strategy</p>	<p>In 2022, in addition to concluding the ongoing projects [includes Telecare/Teleguidance solutions]. Phase 1 of the EPR will be implemented across the hospital and exiting the TrakCare contract.</p>	<p>Islanders can access health care</p>	<p>Achievement of project milestones</p>	Chief Operating Officer (COO)	M&D	Minister for Health and Social Services (MSS)	Programme	Q4 2025	On track
GP21-CSP2-CAPITAL GP20-PFV-12-N	<p>Our Hospital</p> <p>Support IHE in the development of the Our Hospital programme</p>	<p>2020 - site selection process completed and Overdale approved by States Assembly (Nov) as preferred site. Work began on design, preparation of the business case and assembling the land.</p> <p>2021 - access route options appraisal completed and States Assembly (Feb) approved Westmount Road as preferred two-way access route. July 2021 Outline Business Case published as a Report to the States Assembly and P.80/2021 to ask States Assembly (Oct) to approve the £804.5m budget, financing via borrowing and CPO as a last resort for land assembly. Stakeholder consultation including Clinical and Public, ongoing to inform design. Planning application submission anticipated in November.</p> <ol style="list-style-type: none"> Public Inquiry will be held in early 2022 with Planning decision anticipated in May. Services currently housed at Ovedale will move to Les Quennevais and demolition begin on site to allow building to begin mid-2022, subject to Planning consent being granted. 	<p>Islanders can access health care</p>	<p>Achievement of project milestones</p>	Infrastructure, Housing and Environment (IHE)	HCS Estates	Minister for Infrastructure (MINI)	Programme	Q4 2026	On track
GP20-CSP2-1-02	<p>Preventable Diseases</p> <p>Improving health outcomes by reducing mortality, the incidence of disease and injury</p>	<ol style="list-style-type: none"> Improve access to healthcare for the financially vulnerable Reverse the current upward trend in overweight and obesity Increase the number of Islanders eating recommended levels of fruit and vegetables Reduce smoking rates 	<p>Jersey has a healthy population</p>	<p>Healthy life expectancy at birth for previous three-year period</p>	Health and Community Services (HCS)	HCS	Minister for Health and Social Services (MSS)	Project	Q4 2022	Delayed

CSP Reference	Description of Initiative	What we will do in 2022?	Island wellbeing outcomes impacted by success	Island indicators or service performance measures impacted by success	Departmental Lead	Service Area	Ministerial Lead	Project/ Programme/ BAU	Target Delivery Date	Project Status
GP21-CSP2-3-06	<p>End of Life Care</p> <p>Development of end of life strategy and integrated care pathway</p>	<p>Multi agency partnership formed to develop and co-produce island end of life care strategy consistent with the Ambitions for End of Life Care national framework including key underpinning themes of education, digital innovation and integrated pathways to improve patient and carer experience.</p>	<p>Islanders can access health care</p>	<p>% of people who achieve their preferred place of care</p>	Health and Community Services (HCS)	HCS	Minister for Health and Social Services (MSS)	Project	Q1 2022	On track
GP21-CSP2-3-06	<p>Maintaining Health Care Standards</p> <p>Diabetes pathway Improvements</p>	<p>Diabetes Strategy in progress.</p> <p>1. Pathway work to comence in 2022</p>	<p>Islanders with long-term health conditions enjoy a good quality of life</p>	<p>To be specified in pathway development</p>	Health and Community Services (HCS)	HCS	Minister for Health and Social Services (MSS)	Project	Q4 2022	Delayed

CSP Reference	Description of Initiative	What we will do in 2022?	Island wellbeing outcomes impacted by success	Island indicators or service performance measures impacted by success	Departmental Lead	Service Area	Ministerial Lead	Project/ Programme/ BAU	Target Delivery Date	Project Status
GP20-CSP-2-2-02	<p>Mental Health Programme</p> <p>In March 2021 the Mental Health Network page was launched with provides information for islanders of the services available. There is also an app called the Hub of Hope which is now available on-island.</p>	<p>Work is already underway to work with partners on positive mental health awareness campaigns and links are being made with Public Health.</p> <ol style="list-style-type: none"> 1. To support people to continue to obtain support which is free at the point of access and available outside of normal working hours. 2. Continued free to access courses on health and wellbeing 	Islanders enjoy positive mental health and wellbeing	The Mental Health Improvement Plan contains a vast number of projects, each of these has their own success measures. E.g. The triangle of care scheme involved teaching staff and monitoring the completion of carer involvement forms to evidence adherence to the new practice	Health and Community Services (HCS)	HCS	Minister for Health and Social Services (MSS)	Project	BAU	On track
Capital	<p>Estates including new Schools</p> <p>Learning difficulties - Specialist Accommodation</p>	<p>Aviemore - It is unlikely that the works will be delivered this year. The design team still need to agree and prepare the room data sheets.</p> <ol style="list-style-type: none"> 1. The current programme prepared by JPH takes the completion date well in to 2022. 2. JPH have been asked to review the programme to complete the 1st part of the works. 3. It is intended to have all tenders back and instruct the contractor by March 2022. 			Health and Community Services (HCS)	HCS	Minister for Health and Social Services (MSS)	Project	Q4 2022	On track
Capital	<p>Estates including new Schools</p> <p>Health Services Improvements</p>	<p>The Health Services Improvement programme has identified 27 new risk rated projects for 2021. The Health estates team have progressed with the procurement and detailed design elements of the projects to date with the majority of projects planned to be live in Q3 and Q4. Careful planning of inpatient are works is ongoing as we exit from Covid restrictions. Forecast to deliver the programme of works on time and budget. A number of projects such as Maternity (Phase 1), Blocks E & F ventilation replacement will commence this year but will not be 100% complete. These projects will extend in to March 2022.</p>			Health and Community Services (HCS)	HCS	Minister for Health and Social Services (MSS)	Project	BAU	On track

CSP Reference	Description of Initiative	What we will do in 2022?	Island wellbeing outcomes impacted by success	Island indicators or service performance measures impacted by success	Departmental Lead	Service Area	Ministerial Lead	Project/ Programme/ BAU	Target Delivery Date	Project Status
Capital	<p>Estates including new Schools</p> <p>In-patient/support services refurbishments</p>	<p>On the basis there is currently no decant wards, there is very little work that can delivered. However, we are currently looking at some minor works on Robin Ward, scoping small improvement works in Ophthalmology and undertaking a review to create a medicine room on Sorel Ward and the implications of undertaking Back Log Maintenance and Ward improvement works on Bartlett Ward.</p>			Health and Community Services (HCS)	HCS	Minister for Health and Social Services (MSS)	Project	BAU	On track

CSP Reference	Description of Initiative	What we will do in 2022?	Island wellbeing outcomes impacted by success	Island indicators or service performance measures impacted by success	Departmental Lead	Service Area	Ministerial Lead	Project/ Programme/ BAU	Target Delivery Date	Project Status
GP22-CSP2-2-04	<p>Children's Health Recovery Plan</p> <p>We will increase the access of children, young people and families to assessment, treatment, and support. This needs to include the capacity to manage the backlog of assessments, tests and support for our most vulnerable children and young people.</p> <p>There has been a significant increase in caseload for more complex multi-agency support and statutory care services, as well as an increase in complexity following the start of the pandemic.</p> <p>The health recovery plan will deliver:</p> <ul style="list-style-type: none"> • Increased access for children, young people and families to support, following the short and longer-term impacts of Covid-19 on their health and wellbeing • Reductions in hospital admissions and length of stay, as a Specialist CAMHS Home Treatment/ Psychiatric Liaison Team will work proactively with the CAMHS Duty & Assessment Team, operating in the hospital, Orchard House, community and children and young people's homes • Reductions in the longer-term impact of perinatal mental health on the child and their parent • A new neurodevelopmental and integrated therapy service supported by sufficient paediatrician input. This will lead to a measurable improved service experience for families • A smooth, well supported Jersey transition offer with key working and navigation at its core, and sufficient capacity to manage the increase in need. 	<ol style="list-style-type: none"> 1. The Specialist Home Treatment and Liaison Team that will operate daily and provide an out-of-hours service. The aim of the team is to support those children and young people with most complex need, to prevent admission to hospital. 2. Specialist Perinatal Mental Health services will provide care and treatment for parents with complex mental health needs and support the developing relationship and bond between parent and baby. They will also offer parents with mental health needs advice for planning a pregnancy. 3. The Neurodevelopmental and Therapy team will manage the increase in cases to therapy services and neurodevelopmental type services that has developed partly as a consequence of Covid-19 and manage future assessments and treatments in a more integrated way. 4. The Child to Adult Mental Health Transition Pathway will be implemented to provide a consistent point of contact and service offer for young people (aged 16-25) that require continued support.5. Recruitment of additional medical leadership will support the introduction of each of the new services within this overall project. 	Children in Jersey live healthy lifestyles	A range of metrics are being measured by each recovery activity	Health and Community Services (HCS)	CYPES/HCS	Minister for Health and Social Services (MSS)	Project	Q4 2025	New

CSP Reference	Description of Initiative	What we will do in 2022?	Island wellbeing outcomes impacted by success	Island indicators or service performance measures impacted by success	Departmental Lead	Service Area	Ministerial Lead	Project/ Programme/ BAU	Target Delivery Date	Project Status
GP22-CSP2-C-07	<p>Covid-19 Vaccine</p> <p>We will fund the anticipated costs of a Covid-19 booster vaccination programme.</p> <p>The pandemic continues to be a global health emergency and a danger to the health and wellbeing of Islanders. A booster programme is expected to be required for September 2021 and to continue into Q1 2022.</p> <p>A largely vaccinated population will increase the level of safety the public has from the virus and allow the return to social and economic activities.</p>	<p>The covid vaccination programme will continue</p> <ol style="list-style-type: none"> 1. Continue to follow JCVI advice. 2. Vaccination free of charge for islanders. 3. Central procurement and distribution of vaccine. 4. Continued requirement for boosters for at least the most vulnerable. 	<p>Effective public health interventions help prevent avoidable deaths</p>	<p>% population vaccinated</p>	Health and Community Services (HCS)	SPPP/HCS	Minister for Health and Social Services (MSS)	Project	Q4 2025	On track
GP22-CSP2-3-07	<p>Obstetric and Gynaecological (O&G) Services</p> <p>We will enhance the standard of patient care by implementing changes to the O&G services provided at the General Hospital.</p> <p>This funding will address the gap between the increasing demand on O&G services and the current capacity to deliver high-quality, effective care at the point of need. Increasing consultant presence on the labour ward, and for acute obstetrics and gynaecology services, is a major step in achieving these objectives, by ensuring the senior level medical staffing resource is available.</p>	<ol style="list-style-type: none"> 1. Complete job planning for O&G consultants 2. Gynaecology Pathway Development 3. Upskilling of nursing and medical professionals in sonography 4. To review the current facilities and train and recruit new team members including nurses and other staff to support these services 	<p>Islanders can access health care</p>	<p>Timely access to O&G services</p>	Health and Community Services (HCS)	HCS	Minister for Health and Social Services (MSS)	Project	Q4 2025	New

CSP Reference	Description of Initiative	What we will do in 2022?	Island wellbeing outcomes impacted by success	Island indicators or service performance measures impacted by success	Departmental Lead	Service Area	Ministerial Lead	Project/ Programme/ BAU	Target Delivery Date	Project Status
GP22-CSP2-C-10	<p>Personal Protective Equipment (PPE) Warehousing</p> <p>We will continue the implementation of a warehousing and logistics solution for both the Government’s Personal Protective Equipment (PPE) stock and for the decant and storage of the medical equipment. This funding provides the means to continue to store and distribute PPE needed to support public health measures and the operation of government services through 2022. Warehousing PPE is essential to provide the Government with the ability to respond rapidly and flexibly to public health needs</p>	<p>Ongoing work to identify an efficient means of disposing of quarantine stock to mitigate associated storage costs.</p>	<p>Islanders benefit from healthy, safe working conditions</p>	<p>Achievement of project milestones</p>	<p>Health and Community Services (HCS)</p>	<p>HCS</p>	<p>Minister for Health and Social Services (MSS)</p>	<p>Project</p>	<p>On going</p>	<p>On track</p>
GP22-CSP2-C-09	<p>Personal Protective Equipment (PPE) Provision and Supply</p> <p>We will continue to support public health and operational responses to Covid-19 for the foreseeable future, by providing the appropriate PPE and ensuring that there is a sufficient stock to meet the challenges. PPE is essential for:</p> <ul style="list-style-type: none"> • the continuing safe working practices of staff providing and working in social and health care for both government and non-Government services. • reductions in sickness absences • the economic and social wellbeing of the Island. 	<p>Strategic direction to be agreed in regard to the timescale as to when the offer of free PPE will cease.</p>	<p>Islanders benefit from healthy, safe working conditions</p>	<p>A range of measures are monitored in each service recovery plan</p>	<p>Health and Community Services (HCS)</p>	<p>HCS</p>	<p>Minister for Health and Social Services (MSS)</p>	<p>Project</p>	<p>on going</p>	<p>On track</p>

CSP Reference	Description of Initiative	What we will do in 2022?	Island wellbeing outcomes impacted by success	Island indicators or service performance measures impacted by success	Departmental Lead	Service Area	Ministerial Lead	Project/ Programme/ BAU	Target Delivery Date	Project Status
GP22-CSP2-C-08	<p>Covid-19 Health Service Recovery</p> <p>We will:</p> <ul style="list-style-type: none"> • Improve health outcomes for groups at risk of cancer by addressing a backlog of preventative screening • Improve health outcomes for patients who have been referred into therapy services (e.g., Physiotherapy, Children’s Speech & Language Therapy, etc.) • Improve health and care outcomes for clients of social care service that have been hard to reach during Covid-19 • Improve health and care outcome for patients requiring diagnosis and assessment of dementia • Improve health and care outcome for clients of the Autism assessment 	<ol style="list-style-type: none"> 1. Screening programmes continue with plans in place to recue waiting lists 2. Outpatient referral pathways for podiatry A formal review of the speech & Language service to be sought along with restructure of the service delivery model To contribute to the island wide Dementia Strategy Plan and to support both with (where possible) the prevention of Dementia and where it is suspected timely diagnosis 	Islanders can access health care	A range of measures are monitored on each service recovery plan	Health and Community Services (HCS)	HCS	Minister for Health and Social Services (MSS)	Project	Q4 2025	New

Departmental Initiatives

This table shows departmental initiatives not included in the Government Plan that we will deliver in 2022.

Initiative	What we will do in 2022? If this is an ongoing project insert brief context from previous years.	Island wellbeing outcomes impacted by success	Island indicators or service performance measures impacted by success	Departmental Lead	Service Area	Ministerial Lead	Project/ Programme/BAU	Target Delivery Date	Project Status
<p>Delivery of high quality services within the HCS financial envelope</p> <p>In partnership with T&E, SPPP and wider internal and external stakeholders, design and implement a sustainable funding model for future health care costs</p>	<p>This objective and its deliverables are highly dependent on good finance business partnering resources provided by the Treasury & Exchequer Department, and on the digital infrastructure providing financial information to budget holders including ability and ease of access, accuracy and completeness of records</p> <ol style="list-style-type: none"> 1. We will continue to use zero-based budgeting 2. We will monitor our finances monthly at budget holder level 3. We will further reduce agency spend by recruiting permanent staff where appropriate and safe to do so 4. We will work closely with the NHS supply chain to reduce costs associated with the Subsidised Products Scheme 5. We will implement the commissioning strategy and monitor our contracts against set objectives and metrics 	Islanders can access health care	To be defined	Health and Community Services (HCS)	Innovation & Improvement/ SPPP	Minister for Health and Social Services (MSS)	Project	Q4 2024	On track
<p>Review of Outpatient services and Waiting List Management</p> <p>We will provide high quality care, and continuously improve health and care standards</p>	<ol style="list-style-type: none"> 6. We will focus on reducing and managing waiting times to ensure patients are seen within appropriate timescales. This includes setting job plans for all clinical staff and best proactive waiting list management. 7. As a particular focus, we will review the services provided within the outpatients department to optimise resources to ensure patients are seen by the appropriate person in a timely manner and receive high standards of care. 8. We will continue to embed a culture of continuous improvement by using, for example, different audit and quality improvement methodologies including customer feedback. 9. We will expand JNASS across HCS incorporating new areas such as the prison and community. 10. Within our support services we will conduct a service by service review to ensure we are delivering the right outcome in the right place at the right time. 11. We will continue to develop and improve our governance framework to ensure we provide the right framework to drive high quality standards 	Islanders can access health care	Included in HCS Quality and Performance report	Health and Community Services (HCS)	HCS Care Groups	Minister for Health and Social Services (MSS)	Project	Q4 2022	On track

Initiative	What we will do in 2022? If this is an ongoing project insert brief context from previous years.	Island wellbeing outcomes impacted by success	Island indicators or service performance measures impacted by success	Departmental Lead	Service Area	Ministerial Lead	Project/ Programme/BAU	Target Delivery Date	Project Status
<p>Review and develop the PALS service</p> <p>We will continuously improve the customer service experience for our services and will ensure Islanders are actively engaged in planning health and care services</p>	<p>12. We will review and develop our Patient Advice and Liaison Service (PALS)</p> <p>13. We will strengthen how we capture and learn from complaints and compliments and utilise this learning to improve services</p> <p>14. We will involve partners and Islanders in the development of new service strategies and service pathways that are planned for 2022</p> <p>15. We will start exploring how we can embed the 'patient voice' in our services</p>	Islanders can access health care	To be developed as part of the project	Health and Community Services (HCS)	All HCS Departments	Minister for Health and Social Services (MSS)	Project	Q4 2022	On track
<p>Improve HCS as a workplace</p> <p>We will make HCS an outstanding place to work where staff feel valued and are supported to reach their potential</p>	<p>1. We will encourage positive employee engagement through BeHeard Survey Action Planning for all colleagues</p> <p>2. We will provide continued professional development through formal education and vocational courses delivered by our Education Department</p> <p>3. We will continue to provide role specific and mandatory training, as well as general and bespoke managerial and leadership courses for aspiring managers</p> <p>4. We will continue to deliver wellbeing support across HCS including wellbeing checks, with the offer of psychological support for colleagues</p> <p>5. We will initiate further wellbeing activities including a dedicated wellbeing week for colleagues, following the success of our wellbeing week 2021</p> <p>6. We will continue to develop strong professional communities of practice through our professional forums</p> <p>7. We will create specific events for new starters, colleagues who are celebrating 10 or more years of continuous service and reintroduce the HCS achievement awards</p> <p>8. We will provide a good induction experience for all new starters</p> <p>9. We will continue to strengthen our communication and engagement throughout the organisation through formal and informal methods</p>	Perception of government	BeHeard survey and additional specific measures on training and induction and wellbeing	Health and Community Services (HCS)	All HCS Departments	Minister for Health and Social Services (MSS)	Project	Q4 2024	On track

Initiative	What we will do in 2022? If this is an ongoing project insert brief context from previous years.	Island wellbeing outcomes impacted by success	Island indicators or service performance measures impacted by success	Departmental Lead	Service Area	Ministerial Lead	Project/ Programme/BAU	Target Delivery Date	Project Status
<p>Deliver the milestones set for the Jersey Care Model Project</p> <p>Key deliverables such as the redesign of primary and community services are dependent on external partners. To enable productive and effective partnership working, HCS has worked with partners in 2021 to create foundations for collaborative working and co-design. This includes a new governance framework comprising the first island-wide health and care partnership group.</p>	<ol style="list-style-type: none"> 1. We will implement our commissioning framework with our community and social care partners to ensure that the right services are provided at the right time in the right place in the community 2. We will review our contracts we have with on and off-island providers to ensure they are outcome focused and provide value for money 3. In collaboration with partners we will develop a free access to electronic mental health service that can be accessed by all Islanders 4. We will complete the Help at Home Scheme with Jersey homecare providers to support safe discharge and care in the community 5. We will work with internal and external stakeholders to deliver services that are adaptable and responsive to the needs of islanders through active engagement via feedback and outcome measures 6. We will continue to work with other Government of Jersey departments on key projects such as the Jersey Care Model, the Our Hospital Project, the ITS project 	Islanders can access health care	To be developed as part of the project	Health and Community Services (HCS)	Improvement & Innovation	Minister for Health and Social Services (MSS)	Project	Q4 2024	On track
<p>Work in partnership to deliver the milestones set for the Jersey Care Model Project</p> <p>We will work in partnership with other Government departments to deliver the milestones set for the Jersey Care Model Project in 2022</p>	<ol style="list-style-type: none"> 1. We will continue to embed the new governance framework for the JCM 2. Start the development of care pathways to review and establish how prevention and care is best delivered for specific conditions or population groups in the community, for example, Islanders with long-term conditions 3. Implement a commissioning framework with community and social care partners, building on the care at home initiative 4. Develop and launch intermediate care schemes with partners, including rapid access team and enhanced reablement services 5. Launch of long-term staff training programme to ensure model of care delivery 	Islanders can access health care	Achievement of key project milestones	Health and Community Services (HCS)	Improvement & Innovation	Minister for Health and Social Services (MSS)	Project	Q4 2024	On track
<p>Work in partnership with other Government departments to deliver the milestones set for the Our Hospital Project 2022</p> <p>We will work in partnership with other government departments to deliver the milestones set for the Our Hospital Project in 2022</p>	<ol style="list-style-type: none"> 1. We aim to submit planning determinations for the demolition planning application in Jan/Feb 2022 2. The Our Hospital Project design will continue to be developed, taking on board feedback from stakeholders including clinicians, statutory bodies and from public consultation prior to submission of the main works planning application in November 2021 3. The main works planning determination is expected during Q2 2022. 4. As determined by the Our Hospital Political Oversight Group the main works contract is due to be signed in May 2022 5. We will work with partners across the Island to develop the Art Strategy for the new hospital 	Islanders can access health care	Achievement of key project milestones	Health and Community Services (HCS)	Cross Government	Minister for Health and Social Services (MSS)	Project	Q4 2024	On track

Initiative	What we will do in 2022? If this is an ongoing project insert brief context from previous years.	Island wellbeing outcomes impacted by success	Island indicators or service performance measures impacted by success	Departmental Lead	Service Area	Ministerial Lead	Project/ Programme/BAU	Target Delivery Date	Project Status
<p>Work in partnership with the Modernisation and Digital Team</p> <p>We will work in partnership with the Modernisation and Digital Team to continue the implementation of the Digital Health Strategy</p>	<p>The Digital Health Strategy is led by HCS and supports the delivery of effective, efficient, safe and responsive health and care services. However, the actual delivery of the strategy sits with the Modernisation and Digital (M&D) team within the Department of the Chief Operating Office. We will therefore provide clinical guidance and leadership on the strategy and its prioritisation but are dependent on the M&D team to design and implement the delivery plan. We will hold M&D to account on the delivery through regular reports on progress against objectives and budget.</p>	<p>Islanders can access health care</p>	<p>Progress against delivery plan</p>	<p>(HCS)</p>	<p>Innovation & Improvement / M&D</p>	<p>Minister for Health and Social Services (MSS)</p>	<p>Project</p>	<p>Q4 2024</p>	<p>On track</p>

Legislation Programme

This section outlines the legislation that will be lodged with the States Assembly in 2022.

Name of Legislation	Description	Lead Department / Directorate	Lead Minister	Associate Policy / Strategy	Target Delivery Date
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The following proposed changes to legislation in 2022 will have varying levels of impact on HCS operational or service delivery next year:

1. Assisted Dying - in principle to be debated towards end of 2022. This is likely to incur operational changes.
 2. Capacity Law and Mental Health law - there will be small changes to these laws directed by the law officers and members of HSC's capacity and liberty team.
 3. Management of deceased persons (Cremations Law, a new burial and exhumation law, and changes to the Inquests Law). This will have some impact on the incoming Minister and will drive operational changes in some circumstances.
 4. Public Health Law – this will replace the existing 1934 Law.
 5. Ongoing Covid 19 legislation as and when required – any impact will be across the whole of the Government of Jersey
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Monitoring service performance – our service performance measures

Our services are having a direct impact on Islanders’ lives. It is important to us to monitor how we are doing across the department. We have selected key performance measures that reflect how we are doing across our services. These are listed below and will be published with data in Jersey’s Performance Framework .

Lead service / directorate	Performance Measure Description	Data Availability	Reporting frequency	Baseline	What we want to achieve	International Benchmarking possible
Scheduled Care	% patients waiting > 90 days for first appointment	2012-2021	Monthly	40%	<25%	N/A
Scheduled Care	% patients waiting > 90 days for Elective Admission	2012-2021	Monthly	51%	<25%	N/A
Scheduled Care	% patients waiting > 90 days for Diagnostic procedure	Check	Monthly	TBC - Q4 2021 not yet available	<25%	N/A
Scheduled Care	New to follow-up ratio	2012-2021	Monthly	3.1	<=2	N/A
Scheduled Care	Outpatient DNA Rate	2012-2021	Monthly	9.80%	<=8%	N/A
Children’s Health	Was Not Brought Rate	2012-2021	Monthly	TBC	<9.8%	N/A
Cross Cutting JCM Outcome	Acute elective length of stay	2012-2021	Monthly	2.2	<3	N/A
Efficiency	Theatre Utilisation	2018-2021	Monthly	75%	>85%	85% = NHS Target
Unscheduled Care	% commenced treatment within 60 minutes	2012-2021	Monthly	67.41%	>90%	Avg. NHS is 45%

Lead service / directorate	Performance Measure Description	Data Availability	Reporting frequency	Baseline	What we want to achieve	International Benchmarking possible
Unscheduled Care	ED conversion rate	2012-2021	Monthly	18%	<15%	< 30% is NHS Target
Cross Cutting JCM Outcome	Acute bed occupancy at midnight (EL & NEL)	2018-2021	Monthly	76%	<80%	N/A
Women & Childrens	C-section rate (Planned and Emergency)	TBC	Monthly	TBC	< 22%	N/A
Women & Childrens	% deliveries home birth	TBC	Monthly	TBC	> 5%	N/A
Mental Health	MH Acute admissions per 100,000 registered population	2019-2021	Monthly	57.7	<60	N/A
Mental Health	MH Acute bed occupancy at midnight	2019-2021	Monthly	88%	<88%	N/A
Mental Health	% Adult acute admissions under MH Law	2019-2021	Monthly	39%	<37%	N/A
Mental Health	% Waited > 18 Weeks for Treatment with Jersey Talking Therapies	2019-2021	Monthly	72%	< 5%	N/A
Adult Social Care	ASC% adults needs assessments closed within 30 days	2019-2021	Monthly	77%	>80%	N/A
HCS C&AG, PAC and Scrutiny	% HCS C&AG, PAC and Scrutiny recommendations outstanding at the start of the year implemented during the year (recommendations that were due during the year)	2021	Quarterly	80%	>80%	N/A

Our operating context

Key Strategies and Service Plans for the Department

This section summarises what we do day-to-day by setting out our key departmental delivery strategies and service plans.

Lead Service	Strategy/Plan	Planned / Developed	Delivery Timeframe
HCS	People Plan	Planned	2022 - 2025
HCS with partners	Mental Health Improvement Plan	Developed – now being implemented	2022 - 2025
HCS with partners	Oral Health Strategy	In development	2022 - 2025
HCS/COO	Digital Strategy	Developed – now being implemented	2022 - 2025
HCS with partners	End of Life Strategy	In development	2022 - 2025
HCS with partners	Cancer Strategy	Planned	2022 - 2025
HCS with partners	Mental Health Strategy	Planned	2022 - 2025
HCS with partners	Adult Safeguarding Strategy	Planned	2022 - 2025
SPPP/HCS	Suicide Prevention Strategy	Planned	2022 - 2025
HCS	Private Patient Strategy	Planned	2022 - 2025
HCS with partners	Carers Group Strategy	Planned	2022 - 2025
HCS with partners	Intermediate Care Strategy	Developed – now being implemented	2022 - 2025
HCS with partners	Commissioning Strategy	to be ratified in 2022	2022 - 2025

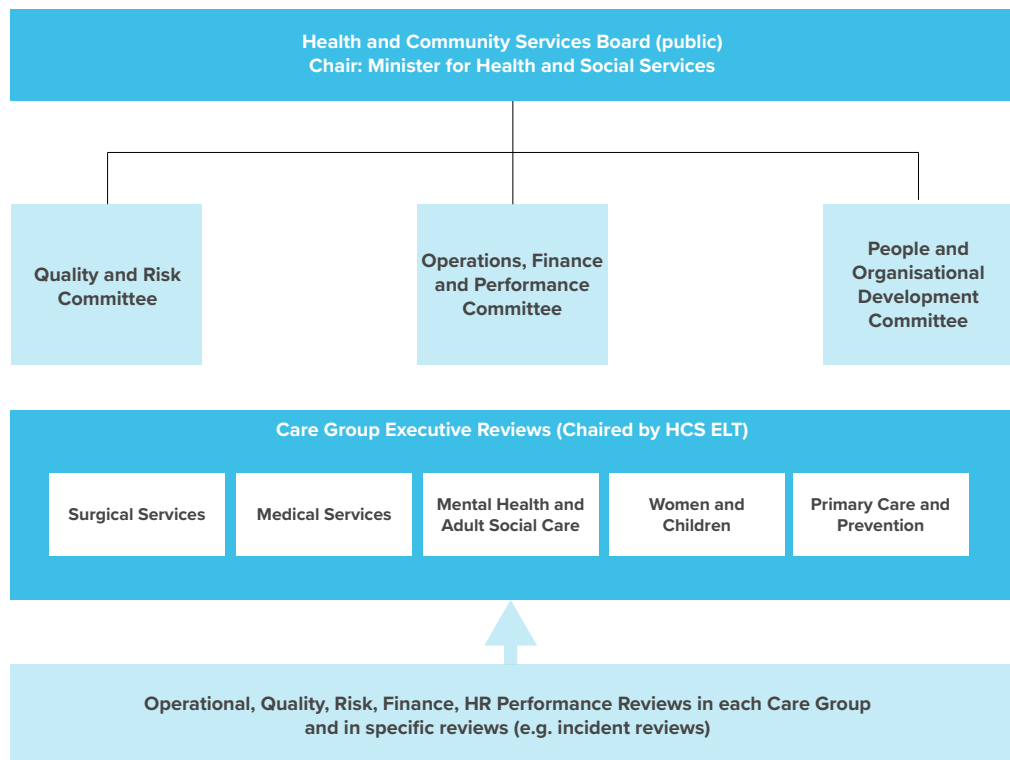
Lead Service	Strategy/Plan	Planned / Developed	Delivery Timeframe
HCS/SPPP/T&E	Sustainable Health Care Funding	In development	2022 - 2025
HCS with partners	Island-wide Workforce Strategy	Developed – now being implemented	2022 - 2025

Monitoring Progress of delivery of the Business Plan Change Initiatives

All GoJ programmes and projects are reported monthly to the Corporate Portfolio Management Office (CPMO) via the portfolio reporting tool, Perform. Departmental portfolio reviews are undertaken monthly, to review and assess the delivery of programmes/projects within the directorate.

Major and strategic programmes/projects tracking Red or Amber are escalated by the CPMO to the Executive Leadership Team along with any issues or risks which cannot be resolved at the programme or project board/ departmental level. The CPMO also provides a Governance and Control quality assurance function to assess and health check strategic and major programmes/projects on an ongoing basis and provides governance oversight along with best practice standards, templates, tools and techniques, which are set out in the GoJ Project Delivery Framework .

Evidence against key metrics and deliverables will provide assurance and certainty to the Board pertaining to the delivery of the HCS business plan. This will be monitored through the HCS governance and assurance committee structure detailed below.



The purpose of each of the committees is as follows:

The HCS Board

The purpose of the HCS Board is to govern effectively and, in doing so, build public and stakeholder confidence that the healthcare system in Jersey is delivering safe, effective, qualitative care. This fundamental accountability is delivered by building confidence in the quality and safety of all HCS services, investing resources to deliver optimal health outcomes, ensuring the accessibility and responsiveness of HCS services, enabling the public to effectively shape health services to meet their needs and ensuring that public money is spent in a way that is efficient and effective.

This will be achieved by:

- formulating strategy supporting a culture of quality and safety for HCS
- ensuring accountability by holding the organisation to account for the delivery of the strategy and through seeking assurances that systems of control and governance are robust and reliable.
- shaping a positive culture for the Board and the organisation.

The following Committees all report into the Board:

Quality and Risk Committee

To provide assurance to the HCS Board that robust governance structures are in place to measure and deliver safe, qualitative care; manage and improve overall performance; to consider financial matters; to consider the Corporate Plan and business cases; to support the development of performance management systems and reporting; to promote efficiency, productivity and ensure best value is achieved from resource allocation; and to assume oversight for service continuity issues.

Operation, Performance and Finance Committee

To provide assurance to the HCS Board that systems and procedures are in place to monitor, manage and improve overall performance; to consider financial matters; to consider the Corporate Plan and business cases; to support the development of performance management systems and reporting; to promote efficiency, productivity and ensure best value is achieved from resource allocation; and to assume oversight for service continuity issues.

People and Organisational Development Committee

To support and maintain a culture within HCS where the delivery of the highest possible standard of people management is understood to be the responsibility of everyone working within the organisation and is built upon partnership and collaboration. Ensuring that robust arrangements to implement people governance are in place and are monitored so that staff are well-informed, appropriately trained and developed and involved in decisions. To also ensure that staff are treated fairly and consistently, with dignity and respect, in an environment where diversity is valued and that they are provided with a continually improving and safe working environment, which promotes the health and wellbeing of staff, service-users and the wider community.

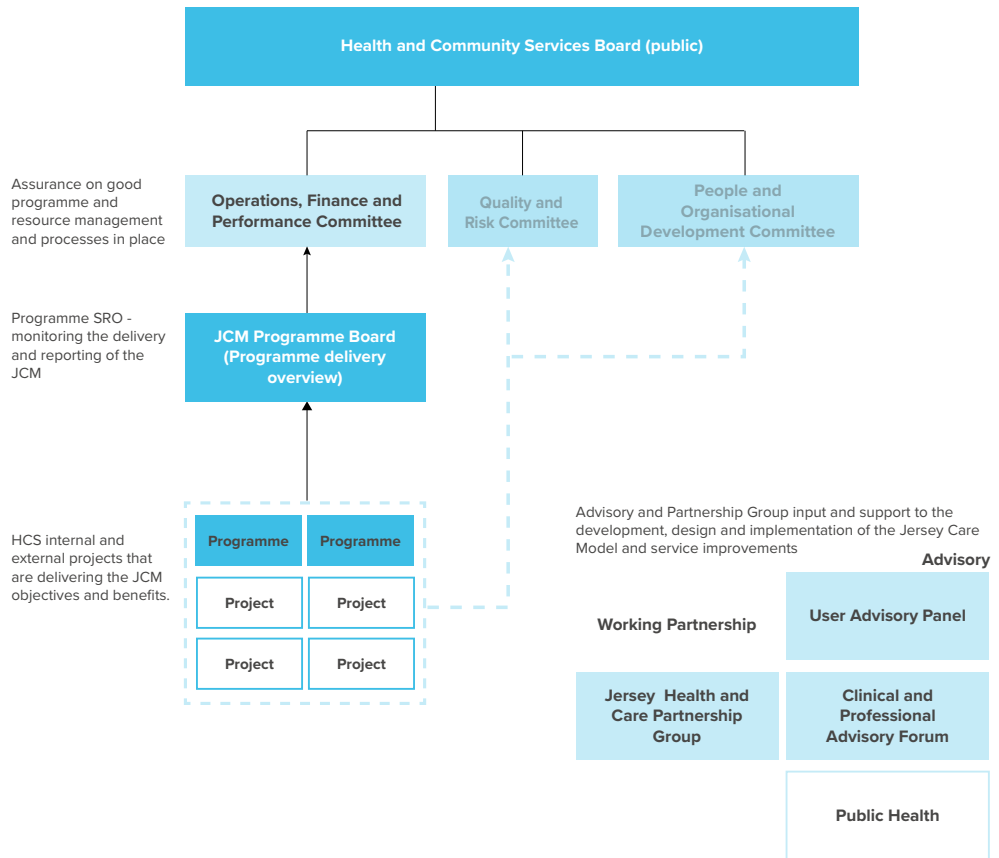
Senior Leadership Team

To serve as the senior decision-making group within HCS and to assist the Director General as the accountable officer in achieving the strategies, aims and objectives of HCS. In addition to the HCS formal committee structure as detailed above, additional assurance committees or project boards are established as required to have oversight of focussed projects. These groups report into their respective committees.

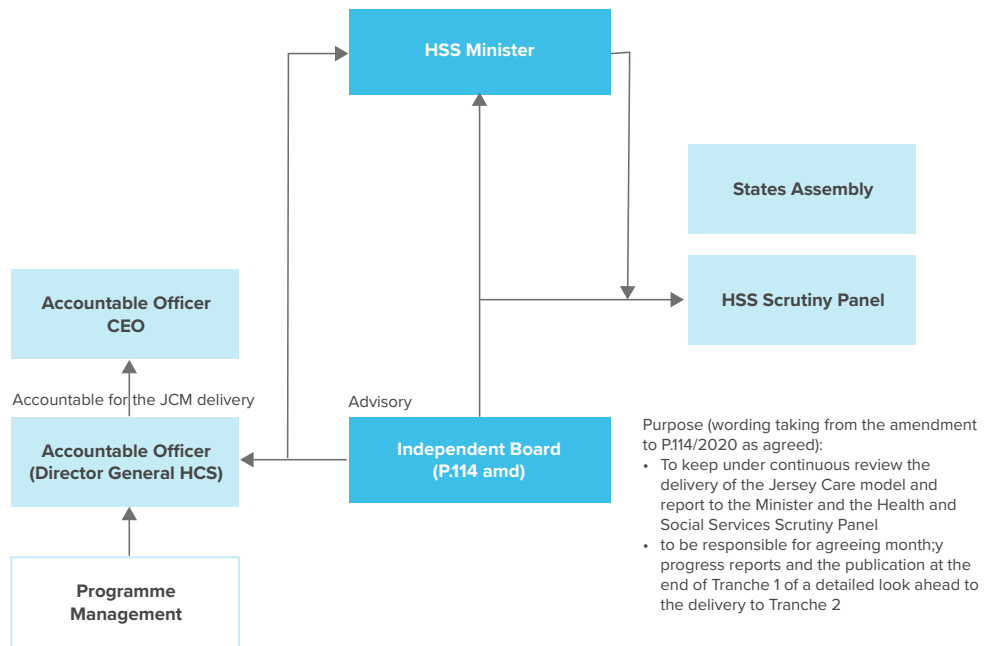
All programmes/projects are reported monthly in the corporate portfolio reporting tool (Perform). Departmental portfolio reviews will be undertaken monthly, to review and assess the delivery of programmes/projects within the directorate. Major or strategic programmes/projects tracking Red or Amber are escalated by CPMO to the Executive Leadership Team along with any issues or risks which cannot be resolved at the departmental level. The CPMO also provides a quality assurance function to assess and health check strategic and major programmes/projects on an ongoing basis and provides governance oversight along with best practice standards, tools and techniques.

JCM Governance Framework

A set of governance arrangements that provide the HCS Board, the Quality & Safety Committee and the Performance, Operations and Finance Committee the assurance that the JCM programme is delivering on objectives within the agreed time and budget parameters. The framework has several components both internally and externally to enable senior decision making within Government. The programme is being shaped with external partners; a clinical and professional forum; and a user experience panel. An external board will provide assurance to the Minister for Health and Social Services and the Health and Social Security Scrutiny Panel about the delivery management of the overall programme.



JCM Programme Governance



JCM Delivery Assurance via Independent Oversight Board

Risk Management Reporting Arrangements

The Government of Jersey has a corporate approach to risk management that can be found online at gov.je . It describes the guidance that helps operationalise the Risk Management Strategy, and defines the approach, procedures, roles, and responsibilities for managing risks associated with the Government of Jersey.

Health and Community Services (HCS) follows the corporate risk management framework. The control framework describes the mechanisms by which risks are identified and managed in the department.

Risk Identification

Every member of HCS is able to report an incident and key individuals are able to record risks using this system. Reported incidents are reviewed daily to maintain safety across HCS and identify risk. Risk identification also takes place regularly as part of the business planning process. Risks identified at the strategic level are aligned to the tactical and departmental objectives of HCS to establish interdependencies.

Risk Analysis and Evaluation

Risks are analysed to identify the cause and impact and then evaluated using the impact and likelihood ratings set out in the Risk Management Policy. Risks are recorded on the department's risk register and risk owners are assigned.

Controlling Risks and Treatment

Risk owners are responsible for controlling the risk(s). Risk controls and risk treatment options are identified by those who are directly involved in the management of the activity or by experts who have detailed knowledge of the underlying risks and who have actively engaged in the risk identification and evaluation process. Risk owners review the risk treatment routinely to ensure that any changes to the risk are identified and re-evaluated, to ensure that the treatment remains effective and continues to facilitate service delivery.

Monitoring and Review

The monitoring and review of key risks and key controls is carried out by risk owners and the HCS Departmental Senior Leadership Team with the ongoing support from the Risk and Audit Function. The HCS Department Senior Leadership Team will review the departmental risk register monthly.

Recording and Reporting

Risks are recorded within the risk management system Datix and can be populated according to location, Care Group and category of risk. This information is transferred weekly to the corporate Enterprise Risk Management (ERM) SharePoint site. All new risks are reviewed and validated by the Risk Management Committee and assured through the Quality and Risk Assurance Committee, chaired by the Assistant Minister for Health. Any risks graded 16 and above that cannot be mitigated following this will be escalated to the HCS Board.

Risks are reviewed and reported on the following basis:

- **Annual** - Risk Register Review as part of business planning process – including lessons learnt.
- **Monthly** - Key Risks are reviewed monthly by the Executive Team in the Care Group Performance Reviews, the Risk Management Committee and the Quality and Risk Assurance Committee. Key risks are also discussed monthly with the Government of Jersey Head of Risk.
- **Ad-hoc** - Key risks or operational level risks that are more dynamic in nature form the basis of one-to-one meetings between the Treasurer and Senior Leadership Team members and between Senior Leadership Team Members and their direct reports.

JCM Programme Risks are to be reviewed monthly at the JCM Programme Board and reported to the Minister, Scrutiny Panel, and Independent Oversight Board.

Significant risks that need to be escalated are reported directly to the Chief Executive and the Executive Leadership Team through the Director General, the Risk and Audit Committee or through the Departmental Risk Group, depending on the proximity and level of risk against identified tolerances.

Health and Safety

The Government of Jersey has a corporate approach to Health & Safety (H&S). Risk is managed through the Risk Management reporting arrangements (detailed above). All departments are expected to comply with the minimum standards found in the H&S policy . These include:

- a forum to regularly discuss H&S issues
- active management of H&S risks, including the actions and controls to mitigate them
- allocated staff to coordinate and manage H&S activity
- active investigation of all H&S incidents, accidents and near-misses
- provision of all departmental role-specific training

To support the effective management of Health and Safety within Health and Community Services, the development of understanding and competence continues, as does upskilling appropriate individuals through a through a diverse selection of learning opportunities.

Simple, robust and effective tools are made available and continue to be developed to aid those responsible for the day-to-day operation of health and safety to fulfil their duties.

Health and safety is an agenda item for a number of different forums to facilitate the discussion within Care Groups and across the department. This is further supported by Health and Safety Walkabouts conducted by those with responsibility for health and safety leadership within an area or service.

Competent advice, support and training is provided by the departments Health and Safety Team who are required to undertake continuous professional develop to ensure their competency meets the requirements of service delivery.

Our customers

This section outlines who our customers are, and the projected demand for our department’s services.

HCS provides care to all Islanders and visitors to the Island.

In 2019 the population of Jersey was 107,800, of which there were 53,620 males and 54,180 females. During that year there were 770,700 visitors to the Island (including day trips and overnight stays).

Hospital admissions for 2019 and 2020, respectively showed an increase in the number of elective (routine) admissions to hospital. There was a slight decline during 2020 for emergency admissions which is likely to be due to the Covid-19 pandemic. Of the emergency admissions, there were 203 visitors admitted to hospital in 2019 and only 43 in 2020.

Emergency Admissions vs Elective Admissions

Year	Total Emergency Admissions	Total Elective Admissions	Total Population
2019	7,665	2,190	107,874
2020	6,230	2,350	109,181

The top 5 reasons for emergency admission to hospital were:

Top 5 Emergency Admission Specialties per year:

Year	General Medicine	General Surgery	Trauma & Orthopaedics	Paediatrics	Acute Internal Medicine	Gynaecology
2019	4126	1129	940	671		194
2020	3021	945	748	421	337	

Service Users and Projected Demand for Services

All Islanders, businesses, and visitors access Health and Community Services for a variety of reasons from minor illness or injury to critical illness requiring intensive care or repatriation back to their local hospital.

Ageing and growing population

Like many health systems, Jersey is seeing changes to its population and health care needs due to an ageing population and growing levels of long-term conditions. Jersey expects the population to grow by 13% between 2019 and 2030, with a growth in the proportion of people aged over 65 from 17% to 19%. By 2036, around one in five of the population will be 65 or over.

While the population is projected to grow by 54%, hospital activity is projected to grow faster under the current model of care owing to the ageing population having higher care needs. In a do-nothing scenario, Jersey can expect to see an increase in Emergency Department attendances of 12%; inpatient admissions of 20% and bed days of 30% (27% in psychiatric care). By 2055 bed days will have doubled.

The Island census has been recorded in 2021 and data will be available mid-late 2022 for an update to population projections, at which point our assumptions and modelling will be updated.

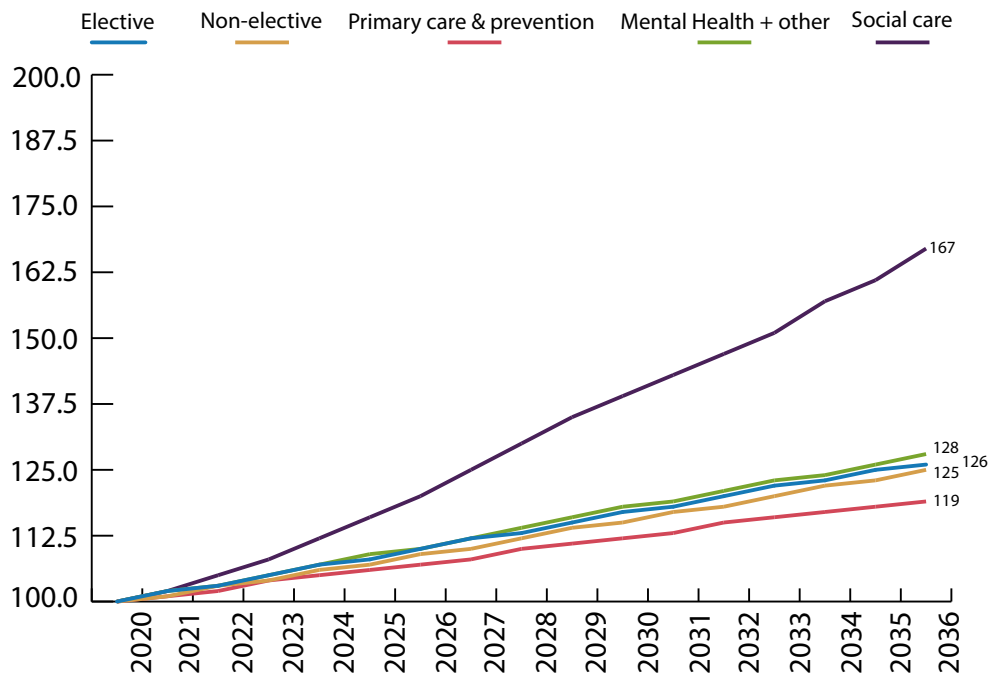
Increasing demand overall

Population growth and demand and capacity

The ‘do nothing’ growth assumptions are based on the latest demographic growth scenarios data provided by Statistics Jersey. A number of assumptions have been made in modelling population change, demographic change and associated demand and capacity.

In a do-nothing scenario there is projected to be increased demand across all areas, with up to a 35% increase in non-elective activity in hospital care by 2036.

Figure 3.1: Do-nothing activity changes: Assumed growth in activity by service (relative to 2020 activity levels)



Increase in chronic conditions and comorbidities

The management of long-term conditions in the community is being considered under the JCM. The Jersey Opinions & Lifestyle survey (2020) indicated that almost three-quarters of adults (74%) described their health as good or very good. This proportion is similar to 2019, but down from 81% in 2018. 29% of Islanders across all ages were identified as having a long-standing illness, 62% said it affected their day-to-day activities. Covid-19 has resulted in Islanders delaying seeking medical treatment or advice to avoid putting pressure on health services or because of concerns about catching coronavirus.

According to figures obtained through the Jersey Quality Improvement Framework (JQIF), the most prevalent conditions in the Jersey population are hypertension (13%); obesity (8%); depression in over 19s (6%); and diabetes (6%). The prevalence of all of these conditions is slightly lower than those recorded in England.

Around 8% of our population have two or more conditions. This increases to more than half of the population aged over 60.

The Jersey Disability Survey (2016) found 14% of all residents living in private households (around 13,900 residents) had a disability as defined by the UK Equality Act 2010 (that is, they have a physical or mental condition or illness lasting or expected to last 12 months or more which impacts on their ability to carry out day-to-day activities a little or a lot).

In part, due to the ageing population, and due to the impact of lifestyle, it is expected that Jersey will see an increase in people with multiple conditions. The survey was repeated in 2021 and we await the results.

Health and wellbeing

Jersey has much to be proud of in terms of the wellbeing of its population. A child born in Jersey between 2017 and 2019 could expect to live to an age of 82.9 years. Newborn boys can expect to live, on average, for 81.1 years and newborn girls can expect to live, on average, for 85.3 years. This compares to 77.5 years for boys born in Jersey in the period from 2003-05 and 82.3 years for girls. Life expectancy at birth in Jersey is not only higher than in England, Scotland or Wales, but is among the best in the world. Healthy life expectancy is also high, on average, an individual will spend about 83% of their life in good health.

However, as our population ages there is more that could be done to support our population to live healthy lives for longer. Currently, 15% of adults smoke either daily or occasionally. While this figure is dropping, it is still a significant minority of the population. In addition, 23% of adults in Jersey who drink alcohol do so at potentially harmful or hazardous levels (although hospital admissions for alcohol related conditions are falling). Only 51% of Islanders meet the recommended level of physical activity, and 35% eat the recommended amount of fruit and vegetables.⁸

Jersey has a relatively low proportion of children who are overweight or obese compared to its peer areas. Jersey also has high levels of inactivity in young people, with 80% of children not doing the recommended levels of physical activity.⁸

- The average BMI of Year 6 pupils has stayed the same since 2011 but this hides variations across age groups.
- In 2019/20, 23% of reception pupils (age 4-5) were overweight or obese (27% of boys and 20% of girls), while 32% of year 6 pupils were overweight or obese (35% of boys and 31% of girls).
- A lower proportion of children living in rural parishes were overweight or obese.
- A higher proportion of children attending non-fee paying schools were overweight or obese.

Mental health

Islanders report an average mental wellbeing score on the short Warwick-Edinburgh scale as 26 – in line with the UK. However, 27% of Islanders have high levels of anxiety; 21% are lonely often or some of the time; and 49% of working Islanders say they spend too much time at work – a figure which has steadily risen from 37% in 2013. 71% of working adults say they spend too little time on hobbies and interests, and more than half say they spend too little time with their families.⁸

The number of attendances to the Emergency Department for mental health problems reduced in 2020. There were 814 attendances compared to 932 in 2019. This equates to a rate of 746 attendances per 100,000 population. 17% of these attendances involved deliberate self-harm whilst 5% related to attempted suicide.

Customer Care Services

The Experience of Care Services (Feedback, Patient Advisory Liaison Service – PALS and Volunteers) will support HCS to improve people's experiences and ensure that their views and experiences matter. An experience of care strategy will be aligned to the customer strategy which will be inclusive of an approach to capturing and learning from feedback and experiences to inform service improvements and promoting a culture of engagement and coproduction with people that use our services.

This section also outlines how we will ensure our services align with the principles detailed in the customer strategy. The strategy provides a framework on how we will continue to deliver improvements for our customers and is based around four principles – make it accessible, make it consistent, make it easy and think ahead (ACE+)



ACCESSIBLE | CONSISTENT
EASY | + THINK AHEAD

<p>MAKE IT ACCESSIBLE:</p> <p>Ensure customers can access services and information in the way that's best for them</p>	<ul style="list-style-type: none"> • Increase online and self-service availability with additional support where necessary • Make services, information and facilities accessible and inclusive for all our diverse customer groups • Make personal information we hold easy to access and update • Share customer information between departments with consent • Connect customers to other services or information relevant to their needs
<p>MAKE IT CONSISTENT:</p> <p>Make every customer interaction consistently positive</p>	<ul style="list-style-type: none"> • Give customers a consistently good experience no matter which service they need • Ensure our staff are trained to be knowledgeable and accurate • Provide clear and accurate information however we communicate • Protect customer's confidential information • Use customer feedback to improve services and experiences
<p>MAKE IT EASY:</p> <p>Make it easy for customers to interact with us</p>	<ul style="list-style-type: none"> • Offer simple and straightforward processes and services • Respond to customer's requests promptly and efficiently • Tell customers clearly what we need from them and when we need it • Spend time listening and responding to customer's individual needs • Proactively supply accurate and up to date information to suit customers
<p>+ THINK AHEAD</p> <p>Design and deliver services to meet customers' future needs</p>	<ul style="list-style-type: none"> • Create services that work for all our customer groups • Work together to provide insightful and innovative customer focused services • Align our services around life events to make it easy for customers to get what they need • Group services and information in one easily accessible place • Actively use technology to meet current and future customer needs

Service description	How will you make it more Accessible?	How will you make it more Consistent?	How will you make it Easier	+ How will you think ahead?
PALS/ Patient experience	<p>PALS will ensure that feedback and engagement methods (e.g. surveys/user groups) are accessible. This will include improving methods for seldom heard groups' e.g. those with visual and hearing impairments; physical and learning disabilities and those with English as a second language</p>	<p>Service user information (leaflets, online) to provide details on how to provide feedback (PALS and Feedback), MyExperience survey and patient involvement opportunities.</p>	<p>PALS will provide users of our service (in person and virtually) with guidance, support, advice or information should they have concerns, suggestions or queries about their care at point of contact. Service users will be signposted to local services, support groups and complaints process, if necessary.</p>	<p>MyExperience' Survey used across HCS as a continuous measure to understand customer experience/needs. It provides services with near real time feedback to inform service improvements based on the service user/relative/ carer experience.</p> <p>To use the 'HCS Customer Experience' checklist/guidance inclusive of ACE+ (developed by PALS) as a tool at the start of new projects/workstreams</p>
Feedback	<p>Continue to implement signature feedback survey to services that have customer interaction via email e.g. the Travel Office; information governance, and medical secretaries.</p>	<p>Staff will be trained on the customer feedback policy and Datix to ensure consistent processes; complaints are responded to in a timely manner; that this good complaints handling and record keeping; learning from feedback to improve experiences.</p>	<p>Feedback data will be monitored and analysed= monthly =for quality assurance purposes and to inform service improvements.</p>	
Volunteer Service			<p>Develop volunteer roles to support and improve experiences of care, in turn providing fulfilling roles for volunteers.</p>	

The HCS Care Groups have devised customer and staff wellbeing-related objectives. Collectively these provide the foundation for defining and improving Islanders' experiences, ensuring their voice is heard and that we engage with them to provide high quality care at all times.

Our patient objectives include:

- To provide safe and efficient services in support of patients through open communication and continuous improvement
- To review and provide a safe service with established clinical governance and quality and safety culture which demonstrates positive attitudes, values and behaviours to patients and each other
- To engage in co-production of our service model development, ensuring our services are aligned to a patient-centred approach which meets Islanders' needs.
- To seek and capture the voice of the patient/service user to enable us to understand and build on formal feedback and customer experience which is gained from identified experience surveys/outcome tools.
- To implement a service user forum within the Women and Children services for those accessing general practice to ensure patient feedback is captured, considered and acted upon as necessary

Our staff wellbeing objectives are:

- To actively give focus to staff morale, well-being and retention as part of Business as Usual
- To develop a work-based wellbeing programme for our colleagues that is aligned with the Government of Jersey and HCS Wellbeing strategy

Our people

The Government of Jersey People Strategy was developed by our people, for our people and sets out our ambitions of what sort of organisation we want the Government of Jersey to be.

These are our four commitments as set out in our Government of Jersey People Strategy:



People Strategy

Delivery of the People Strategy

Our continued priorities in 2022 are:

Management Capability – delivered through World Class Manager; the Capable Manager Espresso Programme; Rolling refresh of People Policies; introduction of restorative practice principles for improved case management and earlier resolution

- Planning, with priorities identified and details captured across HCS departments. There is a focus on improving the organisation’s approach to its Diversity and Inclusion approach and support will be provided to Employee Network groups, such as I WILL (including support for the Board Apprentice Programme) and the newly formed BAME network planning. Work is in progress to support a Neuro Diversity network group and a LGBGTQ+ network group
- Performance Management – delivered through improvements to My Conversations My Goals (MCMG) with bespoke refinements being built for parts of HCS. There will be regular reporting of MCMG participation through quarterly MI. Senior leaders within HCS are part of a performance management ‘test and learn’ pilot that commenced in April 2021 and the findings are due March 2022. There are performance management training modules available through the Espresso Programme, including setting objectives and performance reviews. New modules are due to launch in September include Absence Management and Capability Management

- Employee experience - an increased focus on introduction into the department and induction; continued focus on Wellbeing driven by the Wellbeing Committee and a better use of exit interviews to ensure lessons are learned about the reasons why people leave

Wellbeing

successful application to the Bailiff Covid 19 Appeal Fund enabled HCS to continue and to enhance wellbeing support through staffing resource, improving resilience and building capacity. A HCS Wellbeing Committee was set up for the purpose of co-ordinating and endorsing the development of a staff wellbeing programme for HCS and overseeing the implementation of the Bailiff Covid 19 Appeal Fund. Following the first wave of the Covid-19 pandemic, the Committee identified the need to prioritise the psychological needs of HCS staff through a range of approaches. As of February 2021, a full-time counsellor and full-time psychological wellbeing practitioner joined the HCS Wellbeing team. Over the last few months, wellbeing checks of HCS staff who have tested positive for Covid-19 have been carried out. One-to-one psychological support continues to be offered to individual HCS employees alongside proactive and reactive approaches to restore teams and rebuild resilience.

The activity for 2022 for HCS wellbeing will be to;

- Create a HCS wellbeing team. Currently the wellbeing team is funded through the Bailiff Covid19 fund which is non-recurring. A business cases is currently being drafted to support wellbeing resources into 2022 and five years after.
- Continue delivering wellbeing checks for all HCS staff who have tested positive with Covid-19
- Deliver timely targeted 1:1 psychological support for individual staff
- Deliver regular SCHWARTZ Rounds for HCS
- Deliver targeted reflective sessions for teams/wards reconnecting following Covid-19
- Deliver regular mindfulness and mindful movement sessions
- Develop digital technology ideas to provide wellbeing support
- Hold a Wellbeing Week in October

There are five components of wellbeing (Physical, emotional, social, spiritual, and intellectual). We themed the days of Wellbeing Week to highlight these different components. We encouraged our staff to try new and varied experiences/activities/ training courses, so that they can bring these into their lifestyle. This was provided at no cost to our staff and were often off the hospital site to be inclusive for all our HCS staff. Some of the external partners who provided their services have offered discounts to HCS staff going forward.

Diversity and Inclusion

We value diversity and are committed to building a safe, supportive inclusive working environment free from bullying and harassment where our people feel valued as individuals and are able to express and be themselves.

We will do this by:

- Supporting flexible and agile working and practices that support diversity, attract and retain talent and support increased wellbeing.
- Engaging in the Inspiring Women into leadership and Learning and the 'I Will' initiative, supporting our people to attend these events and participate in the mentoring, shadowing and Board apprenticeship schemes.
- Embedding the organisation values and behaviours and ensuring these are role-modelled by the department's leadership team.
- Holding to account those who do not meet the required standards of behaviour.
- Providing training where necessary to raise awareness of equality and diversity and ensure compliance to organisational standards.
- Ensuring that all recruitment and appointment procedures are unbiased and that we provide interviews for all disabled applicants who meet the essential criteria for the role; and
- As part of the People Strategy, take action to address inequality and disparity and to address the gender pay gap.

Our financial context

Financial Table 1 provides an analysis of our budget across each of our service areas. For more information on the activities of each of the service areas, please see Part 1.

Financial Table 1 – Detailed Service Analysis

Service Area	Near Cash		2022 Net Revenue Expenditure	Non Cash 2022 Net Revenue Expenditure	Total 2022 Net Revenue Expenditure	2022 FTE
	Income	DEL				
	£'000	£'000	£'000	£'000	£'000	
Hospital and Community Services	23,125	224,432	201,307	3,530	204,837	2,308
Chief Nurse	1,487	7,423	5,936		5,936	55
Medical Director	572	5,277	4,705		4,705	71.00
Improvement & Innovation	342	14,684	14,342		14,342	20
Net Revenue Expenditure	25,526	251,816	226,290	3,530	229,820	2,453.50

Financial table 2 provides the budget allocations for our department that are held separately within the Covid-19 Head of Expenditure.

Financial Table 2 – Covid Head of Expenditure

Service Area	Near Cash		2022 Net Revenue Expenditure	Non Cash 2022 Net Revenue Expenditure	Total 2022 Net Revenue Expenditure	2022 FTE
	Income	DEL				
	£'000	£'000	£'000	£'000	£'000	
Warehousing Staffing and Logistics		407	407		407	1.5
Covid Vaccine		4,103	4,103		4,103	
Health Service Recovery		1,296	1,296		1,296	
Personal Protective Equip- ment Provision and Supply		3,300	3,300		3,300	
Net Revenue Expenditure		9,106	9,106		9,106	1.5

Financial table 3 provides a breakdown of the different types of expenditure within our budget.

Financial table 3 – Statement of Comprehensive Net Expenditur

		2022 Net Revenue Expenditure £'000
Income		
Earned through Operations		25,526
Total Income		25,526
Expenditure		
Social Benefit Payments		65
Staff Costs		159,804
Other Operating Expenses		91,675
Grants and Subsidies Payments		271
Finance Costs		1
Total Expenditure		251,816
Net Revenue Near Cash Expenditure		226,290
Depreciation		3,530
Total Net Revenue Expenditure		229,820

Financial tables 4 and 5 show the additional investment in our services included in previous Government Plans.

Financial Table 4 - Government Plan Growth

CSP Priority	Sub-priority	CSP Ref	Programme	2022 Allocation (£000)
Improve wellbeing	Improving the quality of and access to mental health services	CSP2-2-04	Children's Health Recovery Plan	2000
	Improving the quality of and access to mental health services Total			2000
	Putting patients, families and carers at the heart of Jersey's health and care system	CSP2-3-07	Obstetric and Gynecological (O&G) Services	646
	Putting patients, families and carers at the heart of Jersey's health and care system Total			646
Improve wellbeing Total				2,646
Grand Total				2,646

CSP Priority	Sub-priority	CSP Ref	Programme	2022 Revised Allocation (£000)
Improve wellbeing	Improve the quality of and access to mental health services	CSP2-2-02	Mental Health	4100
	Put patients, families and carers at the heart of Jersey's health and care system	CSP2-3-01	Digital Health and Care Strategy	800
		CSP2-3-02	Health P82 reinstate 2019 new and recurring	3597
		CSP2-3-03	Maintaining health and community care standards	11,750
	Put patients, families and carers at the heart of Jersey's health and care system	CSP2-3-06	Air Ambulance Services	395
	Support Islanders to live healthier, active, longer lives	CSP2-1-02	Preventable diseases	457
		CSP2-1-05	Jersey Care Model	8,300
Improve Wellbeing Total				29,399
Reduce Inequality	Improving social Inclusion	CSP4-3-01	Care Needs at Home	70
		CSP4-3-02	Disability social inclusion	60
Reduce Inequality Total				130
Grand Total				29,529

Financial Table 5 – Government Plan 2022 Covid Growth

CSP Priority	Sub-priority	CSP Ref	Programme	2022 Revised Allocation (£000)
Improve wellbeing	Covid-19 Response	CSP2-C-07	Covid-19 Vaccine	4103
		CSP2-C-08	Covid-19 Health Service Recovery	1296
		CSP2-C-09	PPE Provision and Supply	3300
		CSP2-C-10	PPE Warehousing	407
Covid-19 Response Total				9,106
Improve wellbeing Total				9,106
Grand Total				9,106

Financial Table 6 – Government Plan 2022 Capital

	Head of Expenditure	CSP	2022 Estimate (£000)
Learning Difficulties - Specialist Accommodation	HCS	2	3,300
Digital Care Strategy	HCS	2	3,900
Replacement Assets (Various)	HCS	2	2,600
Jersey Care Model - Digital Systems	HCS	013	800
Health Services Improvements Programme	HCS	2	5,000
In-patient/support services refurbishments	HCS	2	989
Our Hospital (Major Project)	HCS	2	85,000

Rebalancing Government Expenditure

The Government Plan 2020-23 set out a commitment to deliver £100 million of efficiencies, now increased to £120 million with the inclusion of 2024. The objective for 2022 is to deliver £20 million of efficiencies and rebalancing measures in addition to any efficiencies not delivered through recurring measures in 2020 and 2021.

In 2022 the department’s contribution towards the Government’s £20 million objective is £6.25 million. Financial Table 7 contains a breakdown of this figure.

Financial table 7 – Rebalancing and efficiencies

Summary description	Recurring or one-off?	Spend Reduction/ Income	2022 (£000)
Department Wide: Increase in substantive staff and a reduction in agency/temporary staff through improved recruitment programmes	Recurring	Spend reduction: Staff	1,800
Department Wide: Review and reduction through rationalisation and centralisation of back office non-pay expenditure	Recurring	Spend reduction: non-Staff	500
Department Wide: Review, challenge and reduction of contract and procurement costs	Recurring	Spend reduction: non-Staff	750
Increase in Private Patient activity and associated income	Recurring	Income	550
Non-Clinical Support: Development of HCS led laundry and catering	Recurring	Income	150
Pharmacy: Drugs expenditure reduction through enhanced review	Recurring	Spend reduction: non-Staff	500
Targeted delivery of a Cost Improvement Plan through partnership with Newton Europe’s along with ongoing embedding of ZBB and effective budget management	Recurring	Spend reduction: non-Staff	2,000
			6,250