

Health and Care
Jersey

Health and Care Services Division Annual Plan 2025

Version Control

Status	Version	Date	Changes
Draft	v1.0	28 Nov 2024	Final draft for approval
Approved	v1.1	4 Dec 2024	Addition of Forewords
Approved	V1.2	29 Apr 2024	References to 'health' amended to 'health and care' on pages 4, 5 and 7

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Foreword by the Minister for Health and Social Services



Following several years of relative turbulence, Jersey's health and care system is at a crossroads. With four years to go until we have the benefit of an all-new hospital, we have just enough time remaining to improve our health and care services to mirror the standard of the new, forthcoming facility.

Whilst pockets of absolute excellence exist, moves to draw various health and care functions into central government, fractious relationships between various health and care bodies (Primary, Charitable and HCS etc.) and divisions between management and clinicians within HCS all suggest the need for a more collaborative style of leadership and a suitable structure within which all health and care sectors can work together efficiently.

With this in mind, we plan to establish an all-encompassing, unified, Jersey Health and Care System. For the first time we will appoint a Chief Executive, charged with delivering a properly integrated service, guiding and overseeing the interaction of all health and care service providers (Primary Care, HCS, Charities, Care Homes, Home Care, Dental etc.).

This will involve the creation of a new 'stand-alone' health and care department. Separated from, but connected to government, it would encompass all health and care functions, including strategy, policy, legislation, public health, digital health, commissioning, procurement, and population data. Key advisory roles, such as a Chief Nurse Advisor and a Chief Pharmaceutical Advisor, would support this integrated approach.

Central to the proposal is the formation of a new Jersey Health and Care Partnership Board. Here, each health and care service provider will contribute equally. This structure would include Civil Servants serving in executive capacities alongside non-executive members representing private and charitable healthcare providers, ensuring a balanced and inclusive approach to governance.

Another key aspect of the proposal is the establishment of a single, central fund to manage all health and care related finances, governed by appropriate terms and conditions. Collaboration with central government would be essential to build the autonomous internal framework for HR, finance, and procurement within the broader government system, along with Digital/IT which will receive particular attention.

Preventive health measures are a major focus of the proposal, including increased screening, vaccinations, health monitoring, and initiatives for healthier living from a young age. This proactive approach aims to address the root causes of health issues, thereby making the health and care budget more manageable in the longer term and improving the quality of life for residents.

Despite current funding constraints which limit certain of these longer-term ambitions, the proposal underscores the importance of not transferring fragmented services into the new hospital.

The plan also highlights the beginning of talks to develop a new health and care strategy, or action plan, both for the wider 'all island' service and for HCS itself. This initiative is expected to foster internal and external cooperation, improve morale, and initiate a much-needed culture change within the health and care system.



In conclusion, the plan stresses the need for maximizing operational efficiency whilst developing appropriate means by which additional funding might be achieved. It recognises Jersey's unique position as a wealthy island with a dedicated workforce and improving health and care facilities, suggesting that with appropriate investment and a willingness to embrace change, Jersey could become a model of best practice in health care.

This plan aims to provide a comprehensive overview of the proposed changes, and the strategic direction needed to achieve a unified, efficient, and effective health and care system for Jersey.

Deputy Tom Binet

Minister for Health and Social Services



Foreword by the Interim Chief Officer of Health and Care Services



I'm pleased to have joined as interim Chief Officer at such a pivotal moment for the department.

The proposals for a more integrated approach to health and care are a real opportunity to make improvements that will deliver lasting benefits for Jersey. Working better together with other health and care providers will support our efforts to keep Islanders healthy and well in the first instance, help us intervene early when people need care and treatment, and ensure the overall quality of services provided.

The New Healthcare Facilities Programme will make critical improvements to our health and care infrastructure. Progress on the new Acute Hospital at Overdale is the immediate priority and plans for the other two major sites – the Kensington Place Ambulatory facility and the St Saviour Health Village – will also be developed as part of this £710 million programme, working alongside the Enid Quenault Health and Wellbeing Centre at Les Quennevais and the rehabilitation services at St Ewold's.

The start of work on these new facilities is an important step to providing the quality and level of care required by current and future generations of Islanders.

Work is also underway to develop a more detailed understanding of the sustainability of the Island's health and care costs. This is essential to prepare for demographic changes, including our ageing population, falling birth rate and rising levels of people with multiple chronic or acute diseases and medical conditions, ensuring the sustainability of our health and care provision, whilst also protecting Jersey's economic prosperity into the future.

More of our health and care services will be subject to statutory oversight by the Jersey Care Commission during 2025. We have an opportunity to build on our work to further embed a culture of continuous quality improvement to enhance the quality, effectiveness and safety of our services. Continuous improvement requires that we work together, as a team, and that we live our public service values in a way that builds trust.

Recognising the importance of a high-quality health service to Islanders, Budget 2025 has provided an additional £31 million to meet structural funding deficits in health and care, with Financial Recovery Programme savings helping to offset some of these additional costs. There is also continued investment in digital health and essential maintenance. This welcome investment should ensure that current services can continue to be provided whilst living within our means.

I look forward to 2025 and working with many of the committed and talented people who care for the health of Islanders in HCS and beyond, our dedicated and ambitious Ministerial team, and the diligent and experienced HCS Advisory Board.

Tom Walker
Interim Chief Officer, HCS



The Health and Social Services Minister

Common Strategic Policy

On 21 May 2024, the States Assembly agreed the Common Strategic Policy (CSP) 2024 to 2026. In it, the Council of Ministers (CoM) identified 13 priorities where it believes it can deliver meaningful and measurable progress. The priorities aim to benefit patients and care providers as urgent improvements in the health and care services are delivered and the construction of the new Hospital at Overdale begins.

Preparations will be made for projected demographic changes, including an ageing population, falling birth rates and rising levels of disability, to ensure the sustainability of our health and care provisions and to protect economic prosperity into the future. The Common Strategic Policy can be found on gov.je, [Common Strategic Policy 2024 to 2026](#).

Ministers for Health and Social Services



Deputy Tom Binet
Minister for Health and
Social Services



Deputy Andy Howell
Assistant Minister



Deputy Barbara Ward
Assistant Minister



Deputy Rose Binet
Assistant Minister



Our System

We know that supporting Islanders to live longer, healthier, and productive lives requires us to focus on preventing ill health and on supporting health and care services to work well together, so that we can make better use of the Island's skills, knowledge and resources.

Integrated Partnership Working

In 2025, we will focus on developing the systems that support integrated partnership working. It is proposed that, by the end of 2025, this will include:

Jersey Health Budget

Amending the law to provide that the Health Minister is responsible the Government's annual health and care services budget (which mainly funds government services) and the Health Insurance Fund (which mainly funds prescriptions and GP services). This will allow the proposed new Partnership Board to plan how to get best value from those monies.

Jersey Health and Care

Bringing together several of Government's health and care functions into a single department, with a Chief Officer who is responsible for working across the system to ensure planning and delivery of joined-up services (including whole system service commissioning and digital) and for delivery of Government's hospital, mental health, adult social care and community care services.

Partnership Board

Establishing a new Partnership Board, bringing together primary care, community care, public health, government services and the charitable sector to oversee development and delivery of whole-system strategy, to plan joined-up services and recommend spending priorities.

Services Board

Continuing to engage Non-Executive Directors in supporting Government to drive up the standards of Government's health and care services.



New Healthcare Facilities

The New Healthcare Facilities Programme will redevelop Jersey's healthcare estate over the next 10 years to meet the Island's future needs. The Programme proposes a plan to deliver healthcare services across multiple sites.

Enid Quenault Health and Wellbeing Centre at Les Quennevais is a newly operational facility which is home to a range of therapies and services formerly located at Overdale.

Samarès Ward at St Ewold's is a newly refurbished facility located at St Ewold's Residential Care Home, which includes rehabilitation services, overnight beds and therapies.

An Acute Hospital at Overdale will include an emergency department, critical care, women and children's services, elective and emergency operating theatres, and all inpatient wards where an overnight stay is required.

Outpatients and Ambulatory facility at Kensington Place and Gloucester Street will include a walk-in treatment centre, diagnostic testing, outpatient clinics and day surgery.

A Health Village in St Saviour will include services such as mental health, rehabilitation and stepdown beds, and hydrotherapy and therapies.

Building the Acute Hospital at Overdale

A Planning Application for the Acute Hospital was submitted in September 2024, the outcome of which is expected in the first part of 2025.

The design will continue to develop internally, with further User Groups with clinical and non-clinical staff. This will include agreeing on the layout of individual rooms with equipment, furniture, and fixtures. There will also be wider consultation across Government and other stakeholders.

Building is due to start in 2025 with construction largely complete in 2028. Work is underway to define the Kensington Place Ambulatory and St Saviour's Health Village projects in greater detail, and there will be early physical works at both sites in 2025.



Our Services

What We Do

Health and Care Services (HCS) encompasses a range of Clinical and Professional Care Groups, some services are provided in partnership with our external partners. These include the provision of a wide array of hospital services, mental health, social care and support in the community, such as:

- hospital care including emergency care, intensive care and maternity services
- off-island care in the UK when needed
- social care services, and services in the community
- monitoring and improvement of the quality of all services
- the education and development of medical professionals
- the provision of a coordinated approach to mental health care
- offering free, private and confidential counselling services
- influencing and creating conditions that allow people to improve their health

Services are delivered through the following Care Groups and key clinical services across HCS.

Adult Mental Health

Provides a wide range of mental health assessment, treatment and support services for adults of all ages with mental health needs, both within the community and inpatient services. The mental health services work in close partnership with service users, carers and other agencies (including the police, children's services and social care) as well as with third sector and charitable partners.

Adult Social Care

Provides social care assessment and support, as well as social work services and coordination of placements and care packages. The care group also includes a range of services for people with learning disabilities (including residential and community services) and our Safeguarding Adults team.

Community Services

The care group includes intermediate care, therapies (across hospital and the community), our telecare offer, Sandybrook nursing home, Samarès rehabilitation ward and the hospital discharge team.



Women's and Children's Care Group

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. 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.

Surgical Services Care Group

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 Services Care Group

Supports emergency care and medical speciality services. Includes the Emergency Department and Emergency Assessment Unit at the hospital as well as the medical inpatient wards and outpatient specialisms.

Pharmacy

Provides services to ensure the safe and effective use of medicines across all services, supported by legislation, education and digital technologies. Medicines optimisation enables the appropriate and cost-effective use of medicines at both individual and Island wide levels. Pharmacy professionals work closely with healthcare teams across specialties to ensure the best outcomes for patients / service users. Pharmacy assistants play a vital role in the team, ensuring medicines are accurately dispensed to individuals and wards.





Non-Clinical Support Services

Supports the provision and functioning of clinical services. Includes Estates, Pathology, Patient Travel Office, Catering, Stores and Portering.

Commissioning and Partnerships

Commissioning in HCS is a process of continuously developing services and allocating the available resources to achieve the best health outcomes for Islanders. The commissioning process is repeated on agreed time cycles and comprises a range of activities including:

- understanding and assessing the Island's need
- strategic planning and development of services
- implementation and delivery of outcomes through procuring and contracting services
- monitoring and evaluating the outcomes/services
- revising and adapting

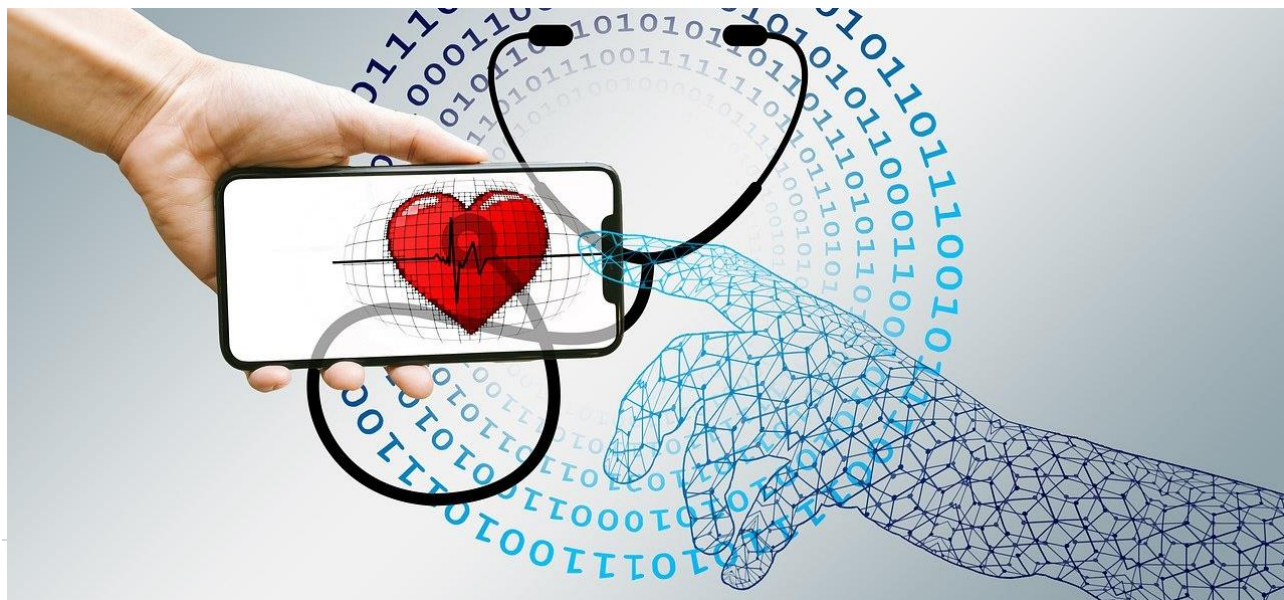
HCS works in partnership with other Government departments to commission from a range of providers. In 2025, HCS will be working across Government departments to develop a Cross-Government Commissioning and Partnerships Strategy for all future commissioned services.

Digital Health and Informatics

The Digital Care Strategy is a five-year programme, continuing in 2025 with the implementation of the Hospital Electronic Care Record functionalities and starting the process for a new electronic care record for our mental health and social care services. Digital systems will support clinicians to deliver accessible, joined-up, person-centred care for our patients, clients and service users. The Health Informatics Team provides operational and performance data to inform decision-making and helps us to benchmark our services against other providers.

Corporate Support Functions

Includes Board Governance, Change and Improvement and Strategic Planning and Reporting.

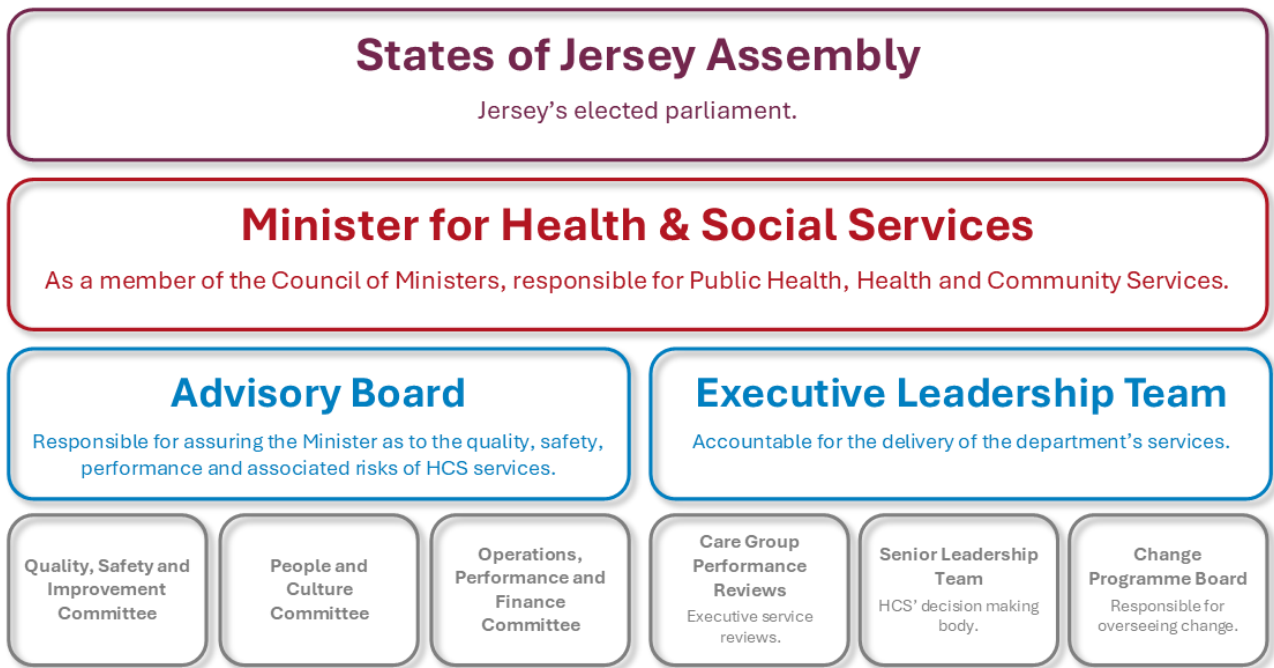


Structure and Leadership Team

Corporate Governance Structure

Governance is the means by which organisations make sure that decision-making is effective, risk is managed and the right outcomes are delivered. In HCS, this means delivering high quality services in a caring and compassionate environment whilst collaborating with partners.

HCS’s current corporate governance structure is outlined below but this may change during the course of 2025 with the establishment of a new Health and Care Partnership Board.





The Advisory Board Non-Executive Members

Carolyn Downs CBE
 Dame Clare Gerada DBE
 David Keen
 Julie Garbutt
 Tony Hunter CBE

The Advisory Board Executive Members (Executive Leadership Team)

The Executive Leadership Team (ELT) is comprised of the Chief Officer and Executive Directors. They are accountable for the delivery of the department's services.

Tom Walker	Chief Officer (Interim)
Andy Weir	Director of Mental Health, Social Care and Community Services
Dr Anuschka Muller	Director of Improvement and Innovation
Claire Thompson	Chief Operating Officer - Acute Services
Ian Tegerdine	Director of Workforce (Interim)
Jessie Marshall	Chief Nurse
Martin Carpenter	Director of Digital Health and Informatics
Obi Hasan	Financial Recovery Director (Interim)
Mr Patrick Armstrong MBE	Medical Director

Senior Leadership Team

The Senior Leadership Team (SLT) is comprised of the ELT members plus clinical and professional leaders. SLT is the decision-making body of the department.

Dr Caroline Jenkins	Chief of Service - Women, Children and Family Care
Dr Cheryl Power	Director of Culture, Engagement and Wellbeing
Debbie O'Driscoll	Acting Chief Pharmacist
Jo Poynter	Associate Managing Director - Improvement and Innovation
Kevin Smith	Acting Director of Pharmacy Services
Mark Queree	Deputy Head of Finance Business Partner
Dr Matt Doyle	Chief of Service - Medical Services
Paul Rendell	Chief Social Worker
Dr Simon Chapman	Chief of Service - Surgery
Mr Simon West	Deputy Medical Director
Sophia Bird	Head of Communications
Washington Gwatidzo	REACH Representative



Health and Care Services in Figures

41,223

emergency
department
attendances

965

compliments
received

199,491

prescription
items dispensed
in pharmacy

781

maternity
deliveries

210,864

attendances in
outpatients

719,919

kg of washing
processed by the
laundry
department

82,197

Items processed
by the sterile
services
department

413

complaints
received

8,106

procedures
carried out

218km²

103,650 people

16,094

inpatient
admissions

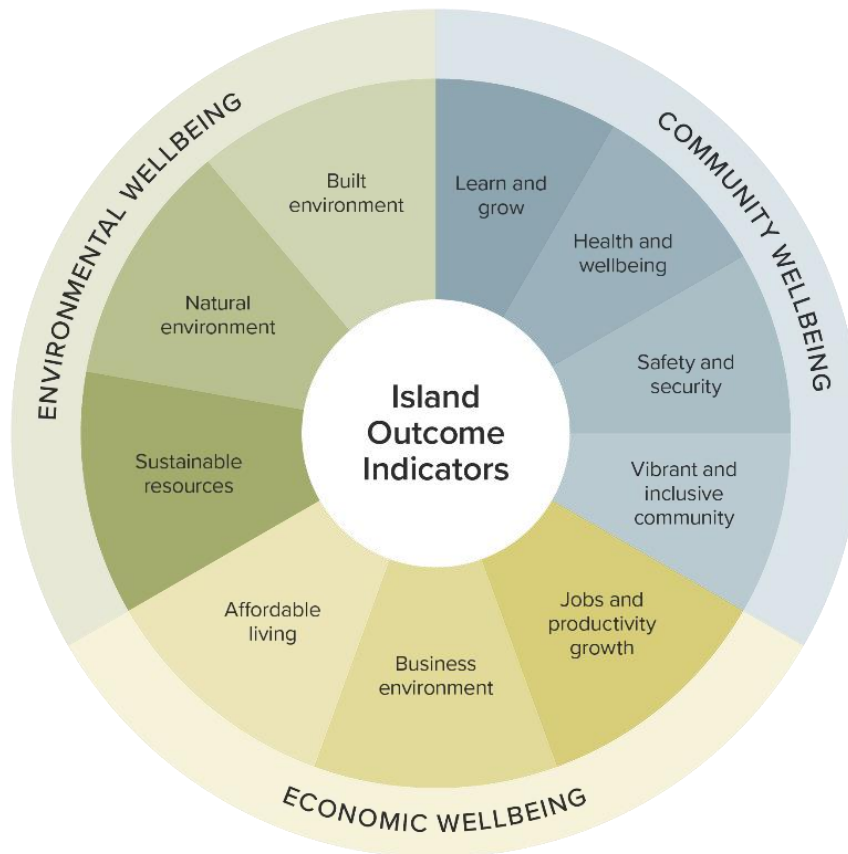
Note: figures 2023 total.

Source: Laundry team; Health and Social Care Informatics Team; Statistic Jersey (population



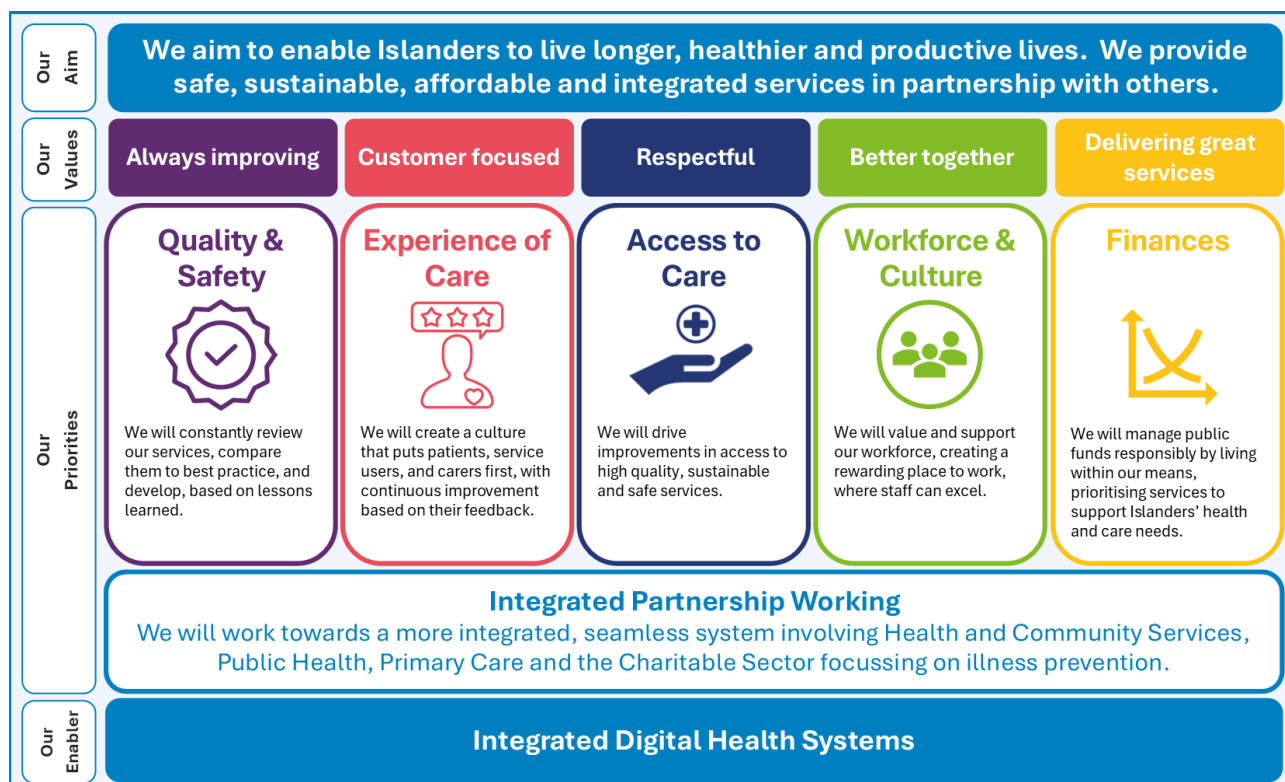
Island Outcomes

The long-term vision for Jersey's sustainable wellbeing was set out in the 2017 [Future Jersey](#) vision. It is based around 10 Island Outcomes which drive quality of life in Jersey. Based on long-term results, the Island Outcomes show how Jersey is progressing towards its Sustainable Wellbeing goals. They are divided into 3 themes of community wellbeing, economic wellbeing and environmental wellbeing. The themes are made up of outcomes, each of which have a set of indicators to help measure progress.



The theme of Community Wellbeing is about the quality of people's lives. The work of Health and Community Services contributes to this theme, particularly towards the outcome of Health and Wellbeing. This outcome is about Islanders being healthy and, as a result, having the opportunity to live longer and active lives. This helps prevent the need for health interventions and ensures that healthcare and support can be targeted to those that need it most. It is also about ensuring that people can access the right treatment when they need it.

Our Service Objectives for 2025



Our Aim

In HCS, our aim is to enable Islanders to live longer, healthier, and productive lives by providing safe, sustainable, affordable, and integrated services in partnership with others. We also want to create a well-managed workplace that helps us improve care and outcomes by working with others.

We will ensure that we live within our means and deliver our services within the provided budget by identifying and implementing improvement and efficiency opportunities. This will also contribute to delivering, safe, effective and quality services to Islanders. It is vital that overall costs can be met from available government income.

We will continue to work with colleagues to develop and maintain a culture where staff feel safe, valued and work with collective values and aspirations.

Integrated partnership working and the use of digital systems are key enablers to achieving all our priorities.

The following pages show the details for each priority and what action we will take.



Priority: Quality and Safety



We will constantly review and compare our services to the best. We will learn and develop when we see good practice and when there are lessons to be learnt.

Objective 1.1

We will follow the Duty of Candour as a commitment to transparency, honesty and accountability to improve patient, service user and client safety.

Actions we will take.

- Update and implement a Duty of Candour Policy in line with the Regulation of Care (Jersey) Law 2014 and embed the process of Duty of Candour across HCS.
- Source training and commence a training programme on Duty of Candour across HCS.
- Monitor Compliance with the statutory Duty of Candour in Care Group Governance Meetings.

Objective 1.2

We will deliver the best possible clinical / care outcomes to improve clinical effectiveness / care delivery.

Actions we will take.

- Provide an HCS wide National Audit Programme of work.
- Increased and timely participation in National Audits and National Confidential Enquiry into Patient Outcome and Death returns.
- NICE year-on-year effectiveness being evidenced by the result of re-audits and compliance against best practice standards.
- Ensure action plans are developed when HCS received National Audit reports that we have participated in, ensuring that the actions have owners, timeframes and are monitored through Care Group Governance Meetings.
- Implement and embed a programme of ward based clinical audits on Tenable.
- Facilitate shared learning across HCS.



Objective 1.3

We will embed a culture of continuous quality improvement to improve clinical effectiveness / care delivery.

Actions we will take.

- Write an HCS Quality Improvement Strategy ensuring quality is everyone's responsibility by having a shared understanding.
- Establish and embed an HCS-wide recognised methodology for Quality Improvement to support increased productivity and continuous improvement.
- Establish a Quality Improvement training plan for our staff.
- Set a Quality Improvement Agenda based on learning from Clinical Audit, Incidents (including Serious Incidents), Mortality and Patient Feedback.
- Facilitate shared learning across HCS reviewing performance at regular intervals.

Objective 1.4

We will review the surgical patient pathway to improve patient safety.

Actions we will take.

- Introduce e-consenting across HCS.
- Update the HCS Consent to Care and Treatment Policy.
- Standardise pre-operative checklists across HCS.
- Re-audit pre-operative pathway in six months.
- Audit compliance with World Health Organisation (WHO) checklists on a regular basis.
- Review WHO checklists.

Objective 1.5

We will improve the standard of clinical documentation across HCS in line with professional standards.

Actions we will take.

- Form a documentation working group.
- Audit documentation across HCS.
- Write and launch a Records and Document Management Policy.
- Monitor compliance with documentation through Peer Reviews and Care Rounds.
- Review the standards relating to documentation within the JCC Single Assessment Framework.



Priority: Experience of Care



We will drive culture that places the patient / service user at the heart of everything we do and champions the use of continuous improvement that is rooted in their feedback.

Objective 2.1

We will regularly ask for feedback from patients, service users, clients, and carers and use it to continually improve their experience.

Actions we will take.

- Gather the evidence of actions taken because of service user and carer feedback.
- Carry out a formal review of the Patient's Panel to inform further development.
- Increase the number of clinical teams using at least one Patient Recorded Outcome Measure (PROM).
- Review patient feedback from the Picker survey, celebrate and learn from positive feedback and address areas of improvement.
- Gather patient, service user, client and carer feedback from Commissioned Services.

Objective 2.2

We will involve patients, service users and clients in their health and social care to ensure they and their carers feel informed and well cared for.

Actions we will take.

- Identify evidence of service user and carer involvement through agreed relevant service KPIs.
- Undertake a DNR (Do Not Resuscitate) audit.
- Gather and review patient feedback through the Picker survey in relation to patient involvement.
- Regularly seek feedback through the Patient Experience Survey through Tendable.



Priority: Access to Care



We will drive improvements in access to high quality, sustainable and safe services.

Objective 3.1

We will develop diagnostic testing pathways in emergency and planned care to ensure proper use of diagnostic testing services.

Actions we will take.

- Develop relevant pathways.
- Reduce the waiting times for diagnostic testing.

Objective 3.2

We will make outpatient services more efficient with better processes.

Actions we will take.

- Reduce the New to Follow Up Ratio.
- Reduce the waiting times for outpatients.
- Implement the Access Policy.

Objective 3.3

We will work with our partners to ensure patients, clients and service users have access to the right care in the right place at the right time.

Actions we will take.

- Reduce the number of Delayed Transfers of Care (DTOC) in the hospital.
- Reduce waiting times for elective care.
- Develop a Community Care Model.
- Implement a Patient Choice Policy.



Priority: Workforce and Culture



**We will lead and support a valued and high performing workforce.
We will create a well-led and great place to work.**

Objective 4.1

We will create an Organisational Development Strategy and a People and Culture Plan to ensure a well-led workplace where staff feel engaged, valued and safe.

Actions we will take.

- Use the Staff Engagement metrics in the Staff Survey to develop specific actions plans within each team.
- Produce and implement an Organisational Development Strategy.
- Produce and implement a People and Culture Plan.
- Develop and maintain the Culture Dashboard.

Objective 4.2

We will create a Workforce Strategy and plan to ensure we have a sustainable and suitable workforce.

Actions we will take.

- Produce a Workforce Strategy.
- Produce a Workforce Plan.
- Monitor changes to recruitment and retention.



Objective 4.3

We will improve our recruitment processes to make it faster and more effective.

Actions we will take.

- Improve the recruitment process.
- Reduce the recruitment time.

Objective 4.4

We will use detailed workforce data to support better people management.

Actions we will take.

- Increase the availability of Workforce Data Reports.
- Improve the confidence in Data Validity.

Objective 4.5

We will improve staff management by using e-rostering and job planning, while supporting their development through effective appraisals.

Actions we will take.

- Increase the coverage of Job Plans.
- Increase the effectiveness of e-rostering.
- Increase the number of Medical Appraisals.



Priority: Finances



We will manage public funds responsibly by living within our means, prioritising services to support Islanders' health and care needs.

Objective 5.1

We will provide the best service possible within our budget by balancing income and expenses, meeting prioritised needs, whilst ensuring we communicate and engage with staff.

Actions we will take.

- Produce Monthly Financial Recovery Plan delivery reports.
- Enable teams to have good control and visibility of financial and operational processes.
- Provide training and access to the right systems and tools for budget holders.

Objective 5.2

We will review and manage our provider and supplier contracts to ensure Islanders receive quality care, services, and products at good value.

Actions we will take.

- Negotiate off-Island contracts based on NHS tariffs in accordance with a Memorandum of Understanding (MOU) and a Reciprocal Agreement between the Government of Jersey and the UK Government.
- Develop and publish a Cross-Government Commissioning Partnerships Strategy.
- Develop outcome focussed partnership agreements with Service Level Agreements (SLAs), deliverables and Key Performance Indicators (KPIs).
- Consolidate the number of suppliers.
- Ensure expenditure on products and equipment provides best value for money.



Objective 5.3

We will continue to identify and develop areas for income generation which will help us provide quality services for Islanders.

Actions we will take.

- Continue to develop areas for income generation through staff engagement.
- Expand and enable the choice of service provision to Islanders and attract skilled professionals to Jersey, by enhancing the private healthcare offer.
- Recognise and promote the contribution made by private patients' services to our whole Island economy, supporting economic growth and improved productivity in the workplace.

Monitoring our Performance and Risks

Quality and Performance Report (QPR)

The Health and Care Services Division (HCS) Annual Plan sets the department’s strategic and operational objectives. The HCS Advisory Board (the Board) monitors HCS’ operational, quality and safety performance through the Quality and Performance Report (QPR).

The QPR provides a set of performance metrics that are also monitored through a wider set at the monthly performance meetings for clinical and care services. It includes patient and client safety, safeguarding, patient and client outcomes, service delivery productivity and efficiency.

The QPR is discussed at the Board and published monthly on [HCS Quality and Performance Reports](#).

Board Assurance Framework

The Board Assurance Framework (BAF) aims to provide the HCS Advisory Board (the Board) with assurance that the key risks agreed by the Board, relating to the delivery of HCS’ strategic objectives, are being managed appropriately.

The Board will use the BAF and the assurance outcomes to focus its agenda and discussions, to inform decision making, to instigate further checks, challenge, and investigate where further concerns exist. By doing this, the Board can be assured that it is doing everything possible to manage its risks and achieve its objectives. The full BAF can be found on [gov.je/HCS](#) and progress against the BAF is reported at each [HCS Advisory Board](#) meeting.

Quality & Safety


We will constantly review our services, compare them to best practice, and develop, based on lessons learned.

Experience of Care


We will create a culture that puts patients, service users, and carers first, with continuous improvement based on their feedback.

Access to Care


We will drive improvements in access to high quality, sustainable and safe services.

Workforce & Culture


We will value and support our workforce, creating a rewarding place to work, where staff can excel.

Finances


We will manage public funds responsibly by living within our means, prioritising services to support Islanders’ health and care needs.



Health and Care
Jersey