



Health and Social Services Business Plan 2014

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Minister's Foreword

Health and Social Services aim to place the patient and client at the heart of everything it does. During 2013 staff have worked hard to continue providing safe, high quality health and social services whilst also developing services in line with the White Paper and planning for improved facilities. Building relationships and partnerships has been an important step in addition to working with other Departments to progress shared goals. This has all been taking place whilst working towards achieving our Comprehensive Spending Review (CSR) targets.

I am pleased to announce we have been successful in these endeavours. Amongst the significant achievements this year are the training and introduction of our first nurse prescribers; the implementation of the new bowel screening programme; the accreditation of services by the National Autistic Society and the launch of the Multi Agency Safeguarding Hub. Such achievements and others are due to the continued hard work and dedication of staff.

In December our outline plans for future hospital provision were agreed in the States; we now have a vision for new facilities on the existing hospital site and in the Westmount Health Quarter at Overdale. £297m has been allocated from the Strategic Reserve for this ambitious project. This is the largest ever capital project embarked upon by the States of Jersey, and will deliver a hospital that is fit for the future and that we can all be proud of.

We will now start the detailed planning for the future hospital, working with our staff and seeking the views of Islanders to design modern services and facilities that meet our needs for the future, harness new technologies and are mindful of the particular needs of those with physical disability and sensory impairment. We will also increase our theatre capacity and improve facilities for those with mental illness with the refurbishment of Clinique Pinel. Services for children with special needs will be enhanced by the upgrade of respite care services at Oakwell and the further development of services for those on the autistic spectrum.

Cross departmental working has been key to the success of several initiatives, for example the Long Term Care Benefit. We have also further improved our communications and joint working, and have encouraged other organisations to work together and to embrace the opportunities within the White Paper. Our Community and Voluntary Sector partners remain pivotal to delivering health and social care services, and to representing Islanders, and we look forward to continuing our close working in 2014 and beyond.

It is evident that we have many change initiatives underway all of which are driven by improving services for Islanders, none more than the recently launched "Listening Post" within the hospital. 2014 will see the further expansion and development of initiatives from the White Paper continuing to put the individual at the heart of services, and providing more services 24-hours, more care in people's homes and in community and primary care settings, more choice and better information.

I would like to thank my Assistant Ministers Deputy Judy Martin and Connetable John Refault for their valuable support.

I would also like to thank the staff of Health and Social Services for their continued hard work and commitment in what has been a very demanding year. 2014 will undoubtedly be another very busy year and I am confident the staff will rise to the challenges it will bring.

Deputy Anne Pryke
Minister for Health and Social Services

Chief Officer's Introduction

2013 has been a challenging year and I appreciate the hard work and commitment of staff in balancing the many competing priorities of the Department.

The Comprehensive Spending Review has been particularly challenging. The Department has worked hard to deliver over £7m of CSR savings and user pays schemes over the period 2011 – 2013. A significant proportion has now been delivered and removed permanently from budgets. Work is ongoing to complete the remaining projects and deliver recurrently into 2014 and beyond.

Our Departmental aims remain the same – to continue delivering safe, high quality, accessible health and social services that meet the needs of Islanders and are good value for money. A recent survey by the Picker Institute revealed that “most patients are highly appreciative of the services they receive”, so we are clearly on the right track, but we continue to look for improvements, particularly where this reduces waste and duplication and improves services for islanders and the working lives of our staff; “Lean” is the method chosen by the States of Jersey to enhance the customer experience through improved efficiency. It is integral to our forward journey and we will be expanding our capability in this during 2014.

Many staff have been involved in planning and delivering the new services described in our White Paper and in P82/2012 ‘*A New Way Forward for Health and Social Care*’. New services are already in place for Community Midwifery, Professional Fostering, Pulmonary Rehabilitation, Family Care Co-ordination, Intermediate Care, End of Life Care, Respite for Children and Dementia, Long Term Conditions and Sustained Home Visiting. The Jersey Online Directory is now operational and the remainder of White Paper services will be introduced in 2014. We will continue to focus on improving hospital discharge and joint working across health and social care, including close working with primary care and community and voluntary sector organisations.

There will be a review of Mental Health Services and Law in early 2014, with the aim of bringing both up to date and fit for purpose. This review will include services that are currently provided off island, as we aim to care for as many Islanders as possible on island.

The Future Hospital project will move into detailed planning. This will involve many clinical and professional staff, and will take into account the views of Islanders. It is essential that our hospital is designed by those who work within it, and is designed for the future. A project of this magnitude will take time, however there is anticipation that the positive impact of the White Paper services in caring for more people in community settings and in their own homes will be seen.

Such initiatives alongside business as usual require a continued review of workforce models, as we need to ensure teams have the right staff and that recruitment and retention challenges are addressed.

Improved governance procedures will be a focus for 2014 whereby inspection, regulation, self evaluation and enhanced performance management, feature as key areas for attention.

I am proud of the services we deliver to Islanders every day, and am always heartened when I receive positive feedback from our patients and service users and their families. This is a testament to the hard work and commitment of our staff, and the way they work together in teams and across organisations and the way they deliver care. I am grateful to the staff for their continued enthusiasm for service improvement and for embracing the opportunities that the White Paper and the Future Hospital will present.

Thanks to the hard work of HSSD staff and our service partners, in 2014 we are set to see further enhancements to the services we provide as we continue to move our services towards a model that is a robust blueprint for Island health and social care.

Julie Garbutt
Chief Officer

SECTION 1

1.1

CORE VALUES

The Department works within the core values of the States of Jersey:

- We put the customer at the heart of everything we do
- We take pride in delivering an effective public service for Jersey
- We relentlessly drive out waste and inefficiency
- We will be fair and honest and act with integrity
- We constantly look for ways to improve what we do and are flexible and open to change
- We will achieve success in all we do by working together

1.2

KEY PRIORITIES

The Department's aim is **to improve the health and wellbeing of the population of Jersey with particular emphasis on children and older people.**

Health and Social Services Department has 4 key priorities:

- Improving safety and quality
- Providing clinical capacity
- Providing sustainable health and social care
- Improving value for money

This aim and priorities are translated into the Department's key objectives, as stated in this Annual Business Plan and the Medium Term Financial Plan (MTFP):

Objective 1: Redesign of the health and social care system to deliver safe, sustainable and affordable health and social services.

Objective 2: Improved health outcomes by reducing the incidence of mortality, disease and injury in the population.

Objective 3: Improved consumer experience of Health and Social Services.

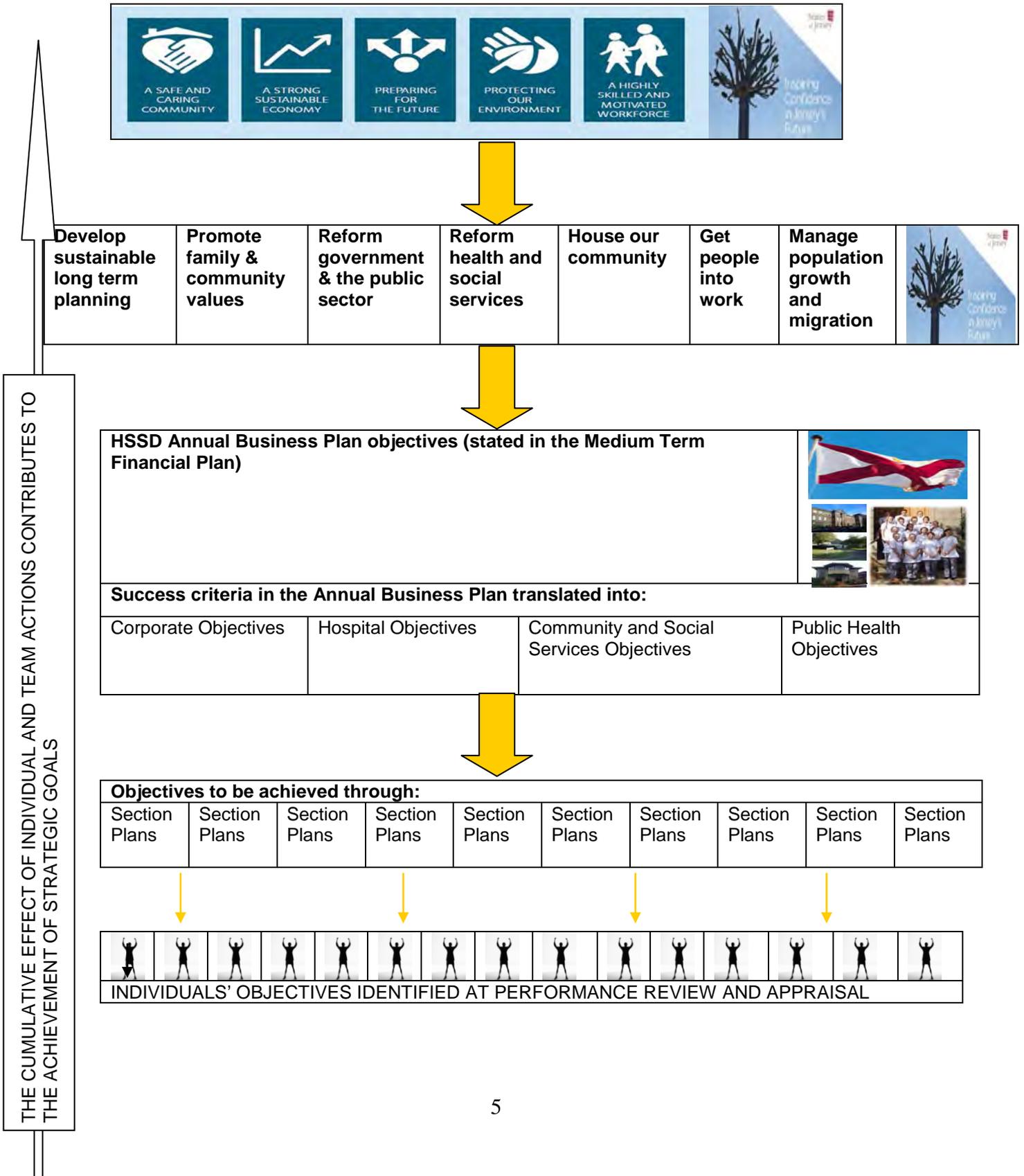
Objective 4: Promotion of an open culture based on good clinical and corporate governance with a clear emphasis on safety.

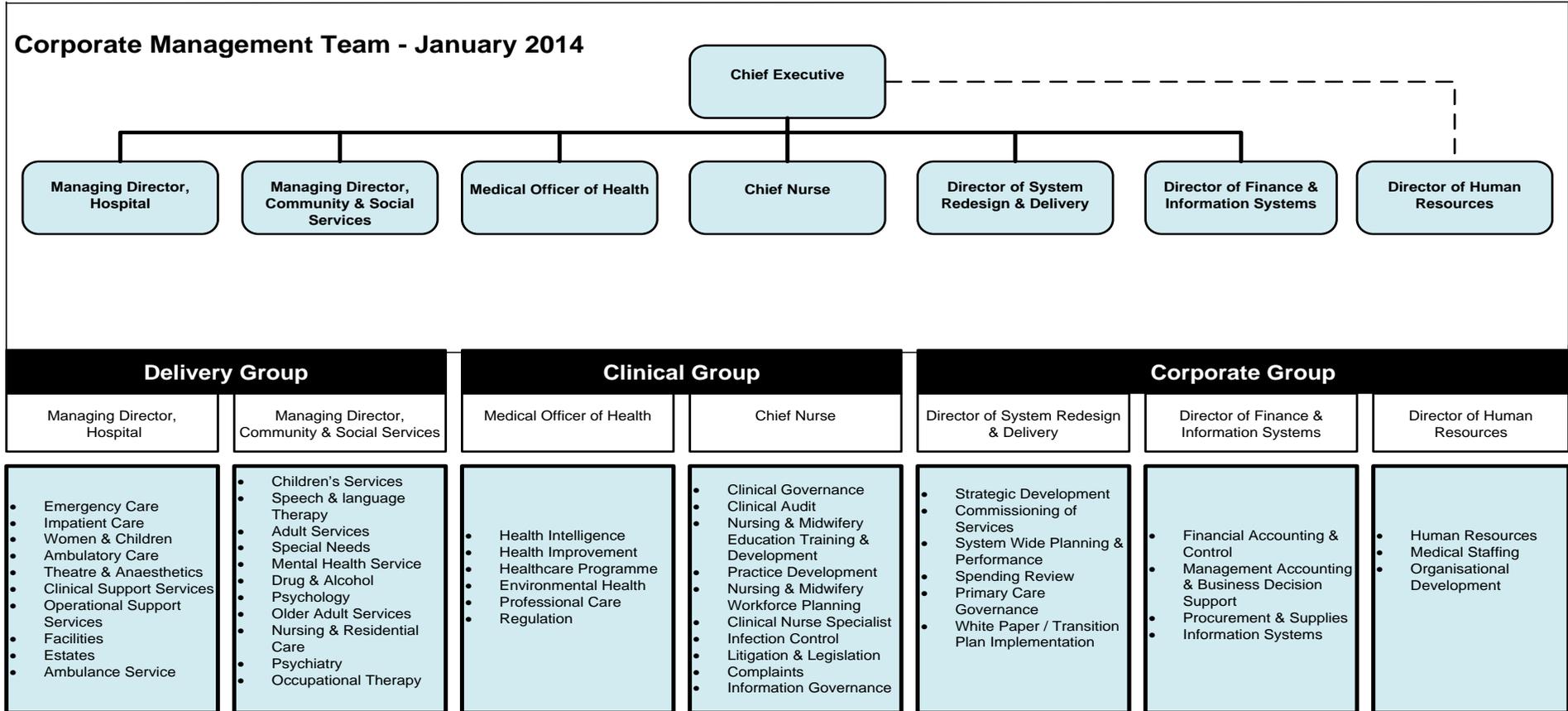
Objective 5: Manage the Health and Social Services budget to deliver services in accordance with the Medium Term Financial Plan

Each objective has a number of success criteria. These guide the focus on priority activities for 2014, and are incorporated in the objectives and plans for the Hospital, Community & Social Services, Public Health and Corporate areas. These are presented later in this document, along with timescales and key risks.

1.3 STRATEGIC AND OPERATIONAL ALIGNMENT

The link between the States Strategic Plan, Departmental Objectives through to individuals' objectives can be thought of as a 'golden thread' running through the organisation ensuring every level has a common purpose at the heart of its activities. Health and Social Services is committed to supporting objectives and initiatives identified by the Council of Ministers which contribute to the delivery of the Strategic Plan. The diagram below illustrates this.





SECTION 2

DEPARTMENTAL KEY ACTIVITIES FOR 2014

	Success Criteria (from MTFP)	Lead Department	Measure	Target Date	Key Risks	MTFP Objective
1.	Redesign of the health and social care system to deliver safe, sustainable and affordable health and social services					
i)	Transition Plan implementation	Corporate	New services implemented in accordance with plan	ongoing	<ul style="list-style-type: none"> ▪ Resource availability ▪ Competing priorities ▪ Ability to recruit new staff to deliver services ▪ Budget pressures in Business As Usual 	1,3,4
ii)	Implement Long Term Care Benefit (SSD lead)	Community and Social Services	Long Term Care Benefit implemented	July 2014	<ul style="list-style-type: none"> ▪ Assessments of Need not completed in a timely fashion ▪ Regulations not completed in time ▪ Implementation of assessment system ▪ Collection of Income 	1,3,5
iii)	Develop Future Hospital plans	Hospital	Acute Services Strategy agreed at Corporate Directors Develop the supporting Estates Plan Acute Services Plan agreed at Corporate Directors	March 2014 June 2014 June 2014	<ul style="list-style-type: none"> ▪ Ability to access the external expertise required ▪ Failure to agree plans 	1

	Success Criteria (from MTFP)	Lead Department	Measure	Target Date	Key Risks	MTFP Objective
iv)	Develop a sustainable model for Primary Care	Corporate, working with Social Security Department	Achievement of significant progress by year end	December 2014	<ul style="list-style-type: none"> ▪ Agreement from stakeholders to progress Ability to secure appropriate resources ▪ Ongoing commitment from stakeholders to engage 	1,5
v)	Develop robust commissioning	Corporate	2014 Agreements for services signed System-wide service reviews completed (mental health, intermediate care)	March 2014 December 2014	<ul style="list-style-type: none"> ▪ Resource availability may challenge timescales ▪ Input and commitment from stakeholders 	1,3,4,5
vi)	Implement the Children's and Young People's Strategic Framework	Corporate, supporting Chief Minister's Department	Achievement of milestones to be set by Chief Minister's Department	December 2014	<ul style="list-style-type: none"> ▪ Resource availability ▪ Input and commitment from stakeholders 	1,4
vii)	Agree a sustainable funding mechanism for health and social care (Treasury lead)	Corporate, working with Treasury and Resources Department	Sustainable funding mechanism agreed by Council Of Ministers	September 2014	<ul style="list-style-type: none"> ▪ Treasury lead – resource availability 	1,5
viii)	Agree a workforce and development plan	Corporate	Draft plan in place Final plan signed off by Corporate Directors	June 2014 October 2014	<ul style="list-style-type: none"> ▪ Ability to recruit expert resource ▪ Conflicting demands and priorities for line managers involved in developing the plan 	1,4,5
ix)	Review mental health services	Corporate, working with Community and Social Services	Mental Health Strategy agreed Mental Health plan agreed	July 2014	<ul style="list-style-type: none"> ▪ Resource availability ▪ Input and commitment from stakeholders 	1,3,4

	Success Criteria (from MTFP)	Lead Department	Measure	Target Date	Key Risks	MTFP Objective
2.	Improved health outcomes by reducing the incidence of mortality, disease and injury in the population					
i)	Produce Channel Islands Health Profile	Public Health	Channel Islands Health Profile 2010-2013 published	March 2014	<ul style="list-style-type: none"> ▪ None identified 	1,2
ii)	Develop health improvement strategies	Public Health	Skin cancer strategy agreed Food and Nutrition strategy agreed Tobacco strategy agreed	May 2014 October 2014 December 2014	<ul style="list-style-type: none"> ▪ Availability of funding for evidence based approaches ▪ Lack of buy in from Third Sector key stakeholders ▪ Political lobbying from tobacco industry and trade 	1,2
iii)	Develop health care programmes	Public Health	Rotavirus immunisation programme Surveillance programme for women at high risk of breast cancer implemented	March 2014 September 2014	<ul style="list-style-type: none"> ▪ Lack of funding to support pathway for women at high risk 	1,2
iv)	Develop Legislation	Public Health and Corporate	Regulation of Care Law adopted Medical Practitioners Law in force Food Safety Law lodged Public Health and Safety (dwellings) Law ready to be lodged	September 2014 July 2014 December 2014 December 2014	<ul style="list-style-type: none"> ▪ Law drafting time is not available ▪ States do not adopt the Law or require amendments which adversely affect the intended consequences of the law 	1,2,4
v)	Develop early intervention services	Corporate (Commissioning team)	Implementation of "White Paper" services for Phase 1	2014-2015	<ul style="list-style-type: none"> ▪ Stakeholder engagement ▪ Retaining the allocated funding for its intended purpose ▪ Pace of change 	1,2

	Success Criteria (from MTFP)	Lead Department	Measure	Target Date	Key Risks	MTFP Objective
3.	Improved consumer experience of Health and Social Services					
i)	Develop personalised care and choice	Community and Social Services Hospital	Increase in services available, including in different locations Single point of referral in place for Adult Services More Islanders making choices e.g. regarding long term care provision	Ongoing June 2014 Ongoing	<ul style="list-style-type: none"> ▪ Requires some culture change ▪ Financial impacts ▪ Workforce capacity ▪ Staff buy-in 	1,3
ii)	Implement the <i>Jersey Lean System</i>	Corporate (Reform team), working across Community and Social Services and Hospital	Completion of Lean projects in accordance with plan (to be agreed in Q1 2014) Clear benefits realisation, which reduces waste and duplication, improves productivity, improves quality and/or reduces cost	December 2014	<ul style="list-style-type: none"> ▪ Resource within Hospital and Community and Social Services to progress Lean in addition to frontline delivery ▪ Multiple priorities – need to be focused 	1,3,4
iii)	Increased patient and public involvement	Hospital, Public Health, Community and Social Services	Views of patients routinely collected and used to develop services	Ongoing	<ul style="list-style-type: none"> ▪ Lack of resource to focus on public and patient involvement ▪ Data collection systems ▪ Managing expectations of the public 	1,3,4
iv)	Improved patient outcomes	Hospital , Community and Social Services	Reduced readmission rates Reduced or stable hospital standardised mortality rates Reduction in avoidable harm Reduced waiting times Collection of outcome related	Ongoing	<ul style="list-style-type: none"> ▪ Ability to collect appropriate data ▪ Ability to benchmark effectively ▪ Lack of clinical engagement. 	1

	Success Criteria (from MTFP)	Lead Department	Measure	Target Date	Key Risks	MTFP Objective
			measures			
4.	Promotion of an open culture based on good clinical and corporate governance with a clear emphasis on safety					
i)	Enhance clinical governance	Corporate, working with Social Security Department	Performers List implemented and monitored Medical Practitioners Law adopted by the States Appraisals continue to agreed programme	July 2014	<ul style="list-style-type: none"> ▪ Consultation with professionals ▪ Timescales for Law - resources availability ▪ Ongoing availability of Medical Director 	1,4
ii)	Develop positive and open culture	Corporate	Develop a "being open" policy Demonstrate learning from incidents and complaints Undertake a staff survey Increased number of incidents with reduced level of harm	June 2014	<ul style="list-style-type: none"> ▪ Lack of an organisational development (OD) specialist (or OD support from central Human Resources) 	1,3
iii)	Improve performance management and staffing levels	Corporate	HSSD to enhance implementation of the States of Jersey Performance Management Framework in line with States strategy	December 2014	<ul style="list-style-type: none"> ▪ Pace of launch of States of Jersey Performance Management Framework 	1,3
iv)	Promote children's and adults' safeguarding	Corporate	Uptake of safeguarding training Embedding the recommendations made from Serious Untoward Incident Reviews and Serious Case Reviews Department meets standards laid	Ongoing	<ul style="list-style-type: none"> ▪ Workforce capacity ▪ Financial resources 	3,4

	Success Criteria (from MTFP)	Lead Department	Measure	Target Date	Key Risks	MTFP Objective
			<p>out in Protocol for Information Exchange Between States Departments 2013</p> <p>Department works towards delivery of standards set out in the Memorandum of Understanding between members of the Children's Policy Group and its independent Chair</p>			
v)	Strengthen assurance	Corporate	<p>Formal structures in place that scrutinise evidence</p> <p>A controls assurance framework in place</p> <p>A schedule of external service reviews</p>	December 2014	<ul style="list-style-type: none"> Lack of infrastructure required to fully embed the framework into the organisation 	1,2,3,4,5
vi)	Develop performance information	Corporate	Financial, workforce planning, development and productivity measures	December 2014	<ul style="list-style-type: none"> Ability of IT systems to provide data required 	1,4,5
vii)	Develop new legislation	Corporate	<p>Project Initiation Document for a new Mental Health Law signed off</p> <p>Amendments to the Adoption Law related to the European Convention are adopted by the States</p>	<p>March 2014</p> <p>July 2014</p>	<ul style="list-style-type: none"> Broad stakeholder buy in required Highly complex project States do not adopt the amendments 	1,3
5.	Manage the Health and Social Services budget to deliver services in accordance with the Medium Term Financial Plan					
i)	Deliver services within budget.	Corporate	Out-turn against budget	December 2014	<ul style="list-style-type: none"> Unforeseen increase in demand for services 	1,5

	Success Criteria (from MTFP)	Lead Department	Measure	Target Date	Key Risks	MTFP Objective
	Staff and resources managed effectively in accordance with budgets				<ul style="list-style-type: none"> ▪ Unforeseen availability of new high cost treatments / drugs ▪ Major incident 	
ii)	Further develop medium to long term financial planning	Corporate	Costed strategies developed for: Acute Services Mental Health Services Benefits realisation framework in place for change projects with benefits planned, monitored and reported	June 2014 March 2014	<ul style="list-style-type: none"> ▪ None identified 	1,5
iii)	Deliver planned savings programme	Corporate	£2.8m 2014 savings programme delivered	December 2014	<ul style="list-style-type: none"> ▪ Unforeseen increase in demand for services ▪ Unforeseen availability of new high cost treatments / drugs 	5

SECTION 3

FINANCE- Introduction

The following pages outline the Department's approved budget in accordance with the overall Departmental cash limit of £199,142,881.

The analysis is consistent with that presented in the States Medium Term Financial Plan, adjusted for cash limit transfers agreed since the Plan was approved. These adjustments comprise two relatively small service transfers and funding for 2013 and 2014 pay awards, detailed in the table titled: 'Reconciliation of Net Revenue Expenditure'.

The analyses in the following two tables outline how the Department's resources are allocated across the main areas of service provision and over the main income and expenditure headings.

Annual budget

Net Revenue Expenditure - Service Analysis						
2013 Net Revenue Expenditure		2014 Gross Revenue Expenditure		2014 Income	2014 Revised Net Revenue Expenditure	2014 FTE
		DEL	AME			
£		£	£	£	£	
3,900,200	Public Health Services	4,422,905	21,692	(577,700)	3,866,898	60.0
	Hospital Services					
26,112,800	Hospital Inpatient Services	33,009,632	271,880	(5,075,700)	28,205,812	494.0
15,276,500	Theatres	17,336,469	483,537	(1,565,300)	16,254,707	233.0
10,744,500	Women & Children	12,326,310	150,543	(1,404,100)	11,072,753	184.0
6,845,200	Unscheduled and Emergency Care	7,602,228	56,006	(393,000)	7,265,234	167.0
16,531,200	Day Stay and Outpatient Services	18,481,066	180,596	(1,003,100)	17,658,562	219.0
10,808,600	Tertiary Care	11,998,436	-	(42,600)	11,955,836	0.0
21,228,400	Clinical Support	23,218,206	1,697,025	(3,394,000)	21,521,232	277.0
4,844,400	Ambulance Emergency Services	4,851,529	190,598	(136,900)	4,905,227	57.0
	Community & Social Services					
22,414,900	Older Peoples Services	34,556,202	103,730	(9,374,100)	25,285,832	470.0
26,350,700	Adults Services	28,829,633	72,473	(1,278,600)	27,623,506	370.0
15,510,300	Children's Services	16,456,980	51,963	(394,300)	16,114,644	269.0
6,924,400	Therapy Services	7,644,942	28,299	(260,600)	7,412,640	104.0
187,492,100	Net Revenue Expenditure	220,734,539	3,308,342	(24,900,000)	199,142,881	2,904.0
3,229,700	Less: Depreciation		3,308,342		3,308,342	
184,262,400	Net Revenue Expenditure	220,734,539	-	(24,900,000)	195,834,539	

Statement of Comprehensive Net Expenditure

2013 Net Revenue Expenditure		2014 Revised Net Revenue Expenditure
£		£
	Income	
(3,900)	Duties, Fees, Fines & Penalties	(4,000)
(15,694,300)	Sales of Goods and Services	(16,052,400)
-	Investment Income	-
(4,780,200)	Other Income	(8,843,600)
(20,478,400)	Total Income	(24,900,000)
	Expenditure	
986,600	Social Benefit Payments	1,007,300
131,171,800	Staff Costs	141,190,939
61,878,400	Supplies and Services	67,395,100
1,087,400	Administrative Expenses	1,133,300
7,459,400	Premises and Maintenance	7,773,800
11,800	Other Operating Expenses	12,300
2,112,800	Grants and Subsidies Payments	2,188,500
-	Impairment of Receivables	-
32,600	Finance Costs	33,300
-	Foreign Exchange (Gain)/Loss	-
-	Contingency Expenses	-
204,740,800	Total Expenditure	220,734,539
184,262,400	Net Revenue Expenditure	195,834,539
3,229,700	Depreciation	3,308,342
-	Impairment of Fixed Assets	
-	Asset Disposal (Gain)/Loss	
187,492,100	Net Revenue Expenditure	199,142,881

Reconciliation of Net Revenue Expenditure

	2014
	£
Base Department Budget	184,262,400
Price Inflation - Dept Income	(578,800)
Price Inflation - Dept Expenditure	1,548,000
Price Inflation - Provision for Pay Award	-
Commitments from Existing Policies	
CSR Growth and Other Growth	1,300,000
2% Growth Allocation	3,450,700
Replacement of Original HIF funding	157,100
Replacement of HIF funding	(4,000,000)
Department Savings	-
Department User Pays	-
Departmental Transfers	
Capital to Revenue Transfers	
MTFP Growth	4,482,000
Proposed Procurement Savings	
Proposed Other Budget Measures	
Net Revenue Expenditure per MTFP	190,621,400
Depreciation	3,289,600
Net Revenue Expenditure per MTFP	193,911,000
<u>Approved Variations to Expenditure Limits since MTFP</u>	
Service Transfers	
Safeguarding Partnership Board	-274,680
Transfer of staff budget from Treasury	89,819
Allocations of Central Growth 2014	
Pay	
Funding for 2013 1% Consolidated pay award	1,199,000
Funding for 2013 Doctors and Consultants pay award	189,000
Additional Funding for 2012 Nurses pay award	550,000
Additional Funding for 2013 Nurses pay award	1,050,000
Additional Funding for 2014 Nurses pay award	2,410,000
Procurement Savings	
Capital to Revenue Transfers	
Other Variations	
Revised Net Revenue Expenditure 2014	195,834,539
Depreciation	3,308,342
Revised Net Revenue Expenditure 2014	199,142,881

COMPREHENSIVE SPENDING REVIEW DEPARTMENTAL SAVINGS PROPOSALS	2011 Saving (£'000)	2012 Saving (£'000)	2013 Saving (£'000)	Total Savings (£'000)	Total FTE Impact
HEALTH AND SOCIAL SERVICES DEPARTMENT					
Physiotherapy redesign	153			153	3.00
Reduce Department of Electronics and Ambulance overtime	43	15		58	
Remove team leader post	55			55	1.00
Reduce overtime for engineers	55			55	
Remove vacant counsellor post	55			55	1.00
Restructure Environmental Health/Health Protection Dept	51			51	1.00
Standardisation of infusion pumps	50			50	
Redesign Occupational Therapy Services	17			17	0.34
Reduction in Social Services course and conference fees budget	28			28	
Non recruitment to posts in workforce planning	34			34	0.68
Organisation wide management restructure	404			404	5.19
Redesign Gardening Services	27			27	1.00
Surgical procedures and equipment efficiencies	26			26	0.32
Reconfiguration of drugs budget	20			20	
Improve theatre skill mix to reduce theatre cost	20			20	
Blood gas analysers, reduce cost of consumables and laboratory management	18			18	
Reprofile needs assessment of clients	15			15	
Efficiencies in Crematorium Services	15			15	
Centralise Estates management	10			10	0.50
Redesign sports injury outpatients clinic	6			6	
Pharmacy: support prescribing efficiencies	195			195	
Primary Care service costs to be transferred to Health Insurance Fund	930			930	
Procure to Pay Project	750	250	253	1,253	

COMPREHENSIVE SPENDING REVIEW DEPARTMENTAL SAVINGS PROPOSALS (cont.)	2011 Saving (£'000)	2012 Saving (£'000)	2013 Saving (£'000)	Total Savings (£'000)	Total FTE Impact
Joint working with Guernsey			45	45	
Review off-Island Service Level Agreements (SLAs)		150	247	397	
Energy Savings		78	67	145	
Service Redesign with emphasis on customer value and reduction of waste			219	219	
Rationalisation of Estate		50	108	158	
Reduce linen service and amalgamate two kitchens at St Saviours	170			170	4.53
Redesign of residential services		50	50	100	1.44
Workforce redesign		113	323	436	5.86
Review SLA's for Services on-Island		15		15	
Redesign of Engineering Department	160			160	5.00
Recurrent reduction in all third party provider SLAs	145			145	
Reduce public health admin staff costs	125			125	2.10
Pharmacy skill mix review and reprofile of out-of-hours service	74			74	1.84
Redesign of Catering Services		56		56	1.45
Redesign of Smoking cessation services		85	103	188	1.68
Redesign of Patient Transport Services		49	4	53	2.13
Review Social Work establishment		57		57	1.00
Hospital Efficiencies	121	651	203	975	2.00
Community efficiencies		113	164	277	1.41
SUB TOTAL: HEALTH AND SOCIAL SERVICES DEPARTMENT	3,772	1,732	1,786	7,290	44.47

COMPREHENSIVE SPENDING REVIEW DEPARTMENTAL USER PAYS PROPOSALS	2011 User Pays (£'000)	2012 User Pays (£'000)	2013 User Pays (£'000)	Total User Pays (£'000)
<u>HEALTH AND SOCIAL SERVICES DEPARTMENT</u>				
Review Hospital charges		8	5	13
Road Traffic Accident (RTA) cost recovery / private patients income		225	222	447
Restricted Treatments and Procedures		31	32	63
Income generation initiatives with community and social services		20		20
SUB TOTAL:	0	284	259	543

