



Health and
Community Services

2024 Business Plan – Health and Community Services

Chief Officer: Christopher Bown

Minister(s): Deputy Tom Binet (Minister), Deputy Rose Binet (Assistant Minister), Deputy Andy Howell (Assistant Minister) and Deputy Barbara Ward (Assistant Minister)

Information on department purpose, context and structure can be found on gov.je: [Health and Community Services \(gov.je\)](#)

Information on department finances and resources can be found in the Government Plan Annex: [Government plan](#)

Key Objectives

The HCS Annual Plan 2024 provides a strategic overview of the key areas of improvement and strategic quality and performance reports for Health and Community Services (HCS) across the breadth of the department. It has been agreed at the Health and Community Services Advisory Board (“The Board”) and can be accessed on the Board’s [webpage](#).

The Board has agreed five objectives which set out what we aim to achieve. The Board Assurance Framework (BAF) provides a mechanism for the Board to monitor the effect of uncertainty on the delivery of these agreed objectives. The BAF contains risks that are most likely to materialise and those that are likely to have the greatest adverse impact on delivering the strategy.

HCS has developed five key objectives for 2024.

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.

Experience

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

Operational Performance

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

Workforce and Culture

We will lead and support a high performing workforce.

Finance

We will ensure effective financial management through budget planning, monitoring/reporting, and delivery of HCS services within agreed financial limits.

Service Performance Measures

Service Performance Measures (SPMs) are a sub-set of the Quality and Performance Report indicators and are published alongside other government departments' SPMs. They aim to provide a broad overview of the delivery of key services by all government departments. Our Service Performance Measures for 2024 are:

Indicator	Definition	Standard
Elective Pathways		
Patients waiting for first outpatient appointment greater than 52 weeks.	Number of patients who have been waiting for over 52 weeks for a first Outpatient appointment at period end.	<499
Patients on elective list greater than 52 weeks.	Number of patients on the elective inpatient waiting list who have been waiting over 52 weeks at period end.	<265
Access to diagnostics >greater than 6 weeks.	Number of patients waiting longer than 6 weeks for a first Diagnostic appointment at period end.	<525
Efficiency		
Outpatient New to Follow Up (NFU) ratio.	Rate of new (first) outpatient appointments to follow-up appointments. This being the number of follow-up appointments divided by the number of new appointments in the period. Excludes private patients.	2
Outpatient DNA rate (Adults only).	Percentage of public General & Acute outpatient (>=18 years old) appointments where the patient did not attend, and no notice was given. Numerator: number of General & Acute public outpatient (>=18 years old) appointments where the patient did not attend. Denominator: the number of attended and unattended appointments (>= 18 years old).	<=8%
Elective Theatre List Utilisation (Main Theatres and Day Surgery, excluding Minor Operations).	The percentage of booked theatre sessions that are used for actively performing a procedure. This being the sum of touch time divided by the sum of booked theatre session duration (as a percentage). This is reported for all operations (public and private) with the exception of Minor Ops, Maternity and Endoscopy.	>85%
Outpatient Was Not Brought (WNB) rate (Patients under 18).	Percentage of JGH/Overdale public outpatient appointments where the patient did not attend (was not brought). Numerator: number of JGH/Overdale public outpatient	<=10%

Indicator	Definition	Standard
	appointments where the patient did not attend. Denominator: number of all attended and unattended appointments. Under 18 years old patients only. All specialities included.	
Emergency Care Pathway		
% patients in emergency department for less than 4 hours.	Percentage of patients in the Emergency department less than or equal to 4 hours from arrival to departure or admission.	n/a
Emergency Inpatients		
Rate of Emergency readmission within 30 days of a previous inpatient discharge.	The rate of emergency readmission. This being the number of eligible emergency admissions to Jersey General Hospital occurring within 30 days (0-29 days inclusive) of the last, previous eligible discharge from hospital as a percentage of all eligible discharges from JGH and Overdale.	n/a
Community Mental Health Services		
% of referrals to Mental Health Assessment Team assessed in period within 10 working days.	Percentage of referrals to Mental Health Assessment Team that were assessment within 10 working day target. Numerator: Number of Assessment Team referrals assessed within 10 working days of referral. Denominator: Total number of Mental Health Assessment Team referrals received.	n/a
% of referrals to Mental Health Crisis Team assessed in period within 4 hours.	Number of Crisis Team referrals assessed within 4 hours divided by the total number of Crisis team referrals.	n/a

More information and the monthly Quality and Performance Report can be found on the Board [webpage](#).