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MINISTER'S FOREWORD

In October 2012 the States Assembly debated P82, one of the some most significant propositions ever laid before it. That proposition, which set out the case for fundamental change in the way we care for the health and wellbeing of Islanders, has implications for everyone in Jersey today and into future.

This Island is at a point where change is essential if we are to successfully meet the challenges that face our current system of health and social care. Challenges that include:

- an aging population – a global trend, which is a very much a reality in our Island community
- increased rates of chronic disease, which place a financial and social burden on all of us;
- growing demand for our services which will continue in response to demographic changes – we are very close to running out of hospital beds and theatre capacity;
- buildings and facilities across my Department that are reaching the end of their useful life and fail to met modern standards;
- spiralling costs as patient numbers increase; drug and medical equipment costs increase; and as demand for specialist treatment and support in the UK increases;
- front-line staff who are under a level of pressure that is not sustainable in the future.

This process of change started over 2 years ago. It began with detailed analysis of the situation and consultation about the possible solutions. We asked Islanders, health and social care professionals, voluntary and community sector organisations and others what needed to change, and we listened to their response.

People told us that our services should be free or affordable and available to all residents; that they wished to be cared for in their own homes and communities for as long as possible; that integrated care was important and that other providers including GPs and voluntary and community sector should be supported to take a larger role. In short, Islanders said they wanted a new model of care that enabled them to access the right care at the right time by the right staff.

It was this new model that sat at the heart of P82 and which was overwhelmingly supporting by States Members. Our challenge now, during 2013, is to bring that proposed new model to fruition; to finalise the details of what we are doing and to bring paper plans to life.

That will not be an easy task; the States have agreed vital additional funding to help us develop new services and transform some existing services but money alone is not enough. Delivering change on this level will take ongoing commitment from my staff, local GP's, community and voluntary sector organisations, States Members and Islanders themselves.

During 2013 we need to develop full business cases that clearly set out how the new services – which have been identified as priorities for development – will work, where they will be delivered and at what cost. We then need to agree who will run the new services. We need to progress development of a sustainable funding model which supports primary and community care services; take forward plans related to a new or refurbished hospital; implement initiatives designed to help ensure our Island can attract and retain staff with the right skill sets and we need to shape the future of acute hospital care.

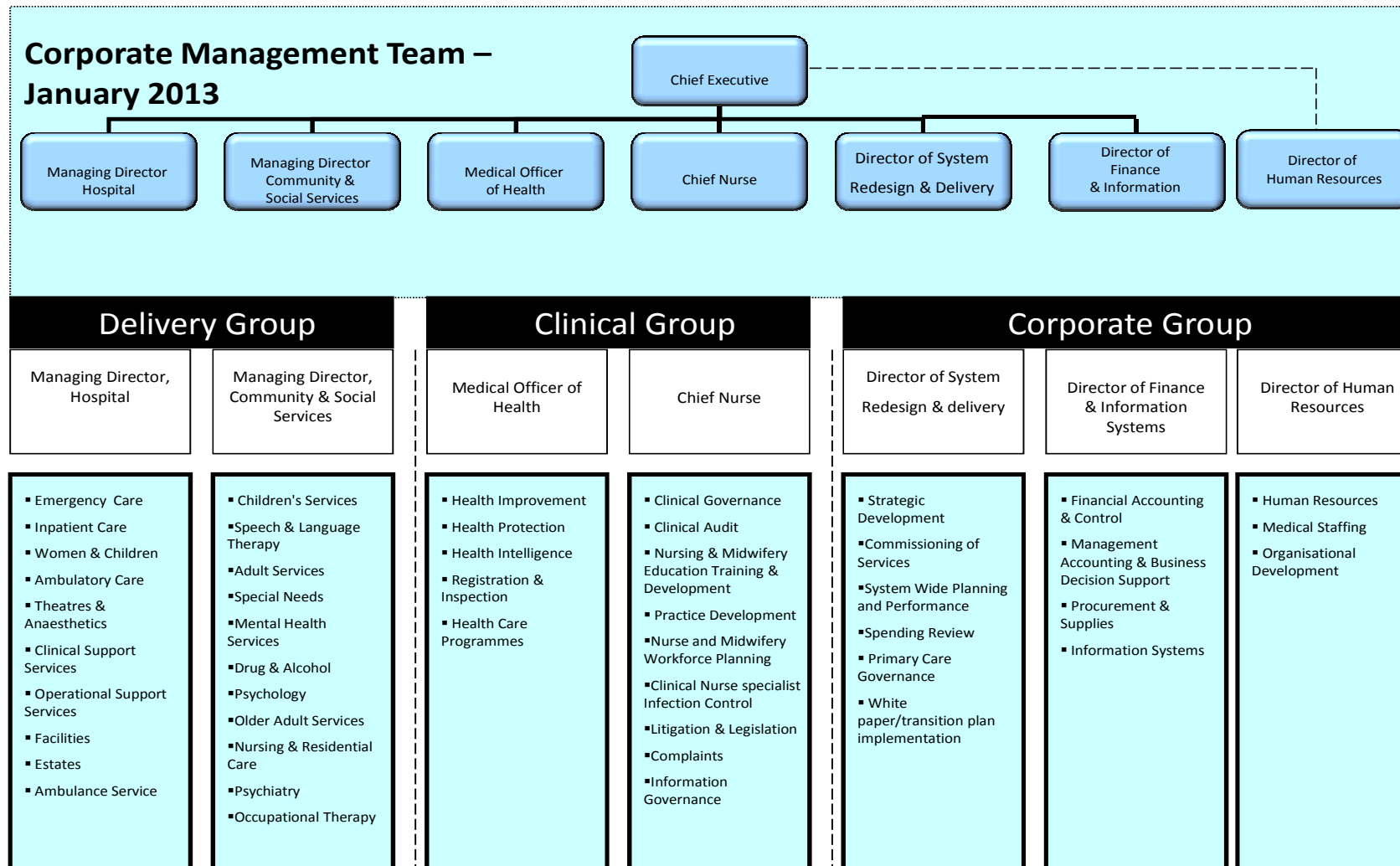
We need to do all this whilst also continuing to deliver 'business as usual', and working to ensure that Islanders get the best possible care from our existing services.

Achieving this, and all the other priorities as set out in this 2013 business plan, will require dedication and commitment. I know that my staff, and the volunteers who support our work, will rise to the challenge and continue to work hard in the service of Islanders. I would like to express my gratitude and thanks to them. I would also like to thank my two Assistant Ministers, Constable John Refault and Deputy Judith Martin, for all they do to support the work of this Department and my colleagues in the Council of Ministers.

I also want to take this opportunity to acknowledge the work and input of all our external stakeholders; the GP's, voluntary and community sector organisations and other providers who are giving their time, skills and energy to help shape the future of our services. Perhaps, most importantly, I want thank those Islanders who got involved and told us what they think. We could not have embarked on this process of change without them.

Deputy Anne Pryke
Minister, Health and Social Services

HIGH LEVEL ORGANISATION CHART



Key primary legislation related to Health and Social Services are as follows:

1.	Adoption (Jersey) Law 1961
2.	Children (Jersey) Law 2002
3.	Cremation (Jersey) Law 1953
4.	Food Safety (Jersey) Law 1966
5.	Food Safety (Miscellaneous Provisions) (Jersey) Law 2000
6.	Health Care (Registration) (Jersey) Law 1995
7.	Hospital Charges (Long Stay Patients) (Jersey) Law 1999
8.	Maladies Vénériennes, Loi (1919) sur le traitement des maladies vénériennes
9.	Medical Practitioners (Registration) (Jersey) Law 1960
10.	Medicines (Jersey) Law 1995
11.	Mental Health (Jersey) Law 1969
12.	Misuse of Drugs (Jersey) Law 1978
13.	Nursing Agencies (Jersey) Law 1978
14.	Nursing and Residential Homes (Jersey) Law 1994
15.	Pharmacy and Poisons (Jersey) Law 1952
16.	Pharmacists and Pharmacy Technicians (Registration)(Jersey)Law 2010
17.	Piercing and Tattooing (Jersey) Law 2002
18.	Public Health (Vessels and Aircraft (Jersey) Law 1950
19.	Santé Publique, Loi (1934) sur la Santé Publique
20.	Statutory Nuisances (Jersey) Law 1999
21.	Termination of Pregnancy (Jersey) Law 1997
22.	Anatomy and Human Tissue (Jersey) Law 1984
23.	Consent to Medical Treatment (Jersey) Law 1973
24.	Dentists (Registration) (Jersey) Law 1961
25.	Opticians (Registration) (Jersey) Law 1962

Propositions to be lodged in 2013

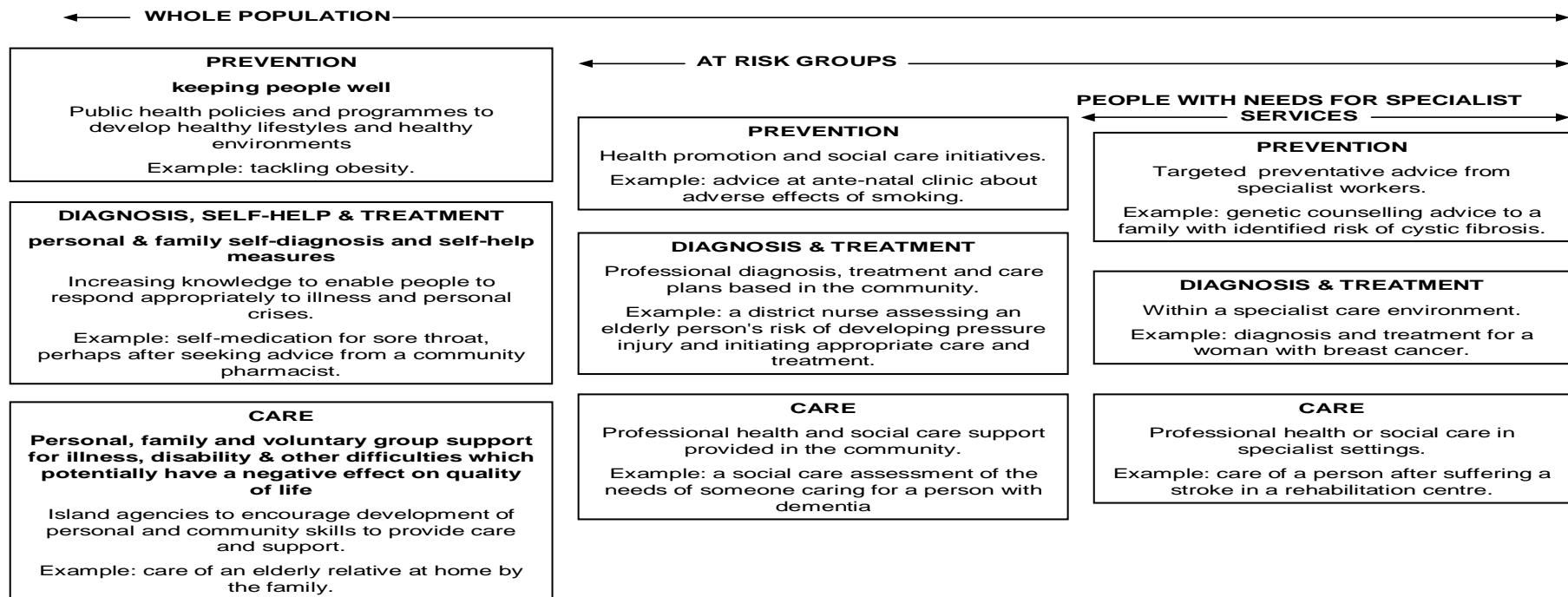
Proposition Subject	Quarter
Proposed Regulation of Care Law for Jersey- Policy paper	1
Draft Community Provisions(Food Supplements) (Jersey) Regulations	1
Draft Community Provisions(Nutrition and Health Claims on Food)(Jersey) Regulations	1
Restriction on Smoking (Amendment No 3) Law	1
Restriction on Smoking (Vending Machines) Regulations	1
Opticians (Registration) (Jersey) Law 1962 amendment	2
Public Health and Safety (Dwellings) Law	2
Health Insurance (Performers List) Regulations	2
Health Care Registration (Amendment 2)(Jersey)Law	2

SECTION 1

1.1 WHAT WE DO

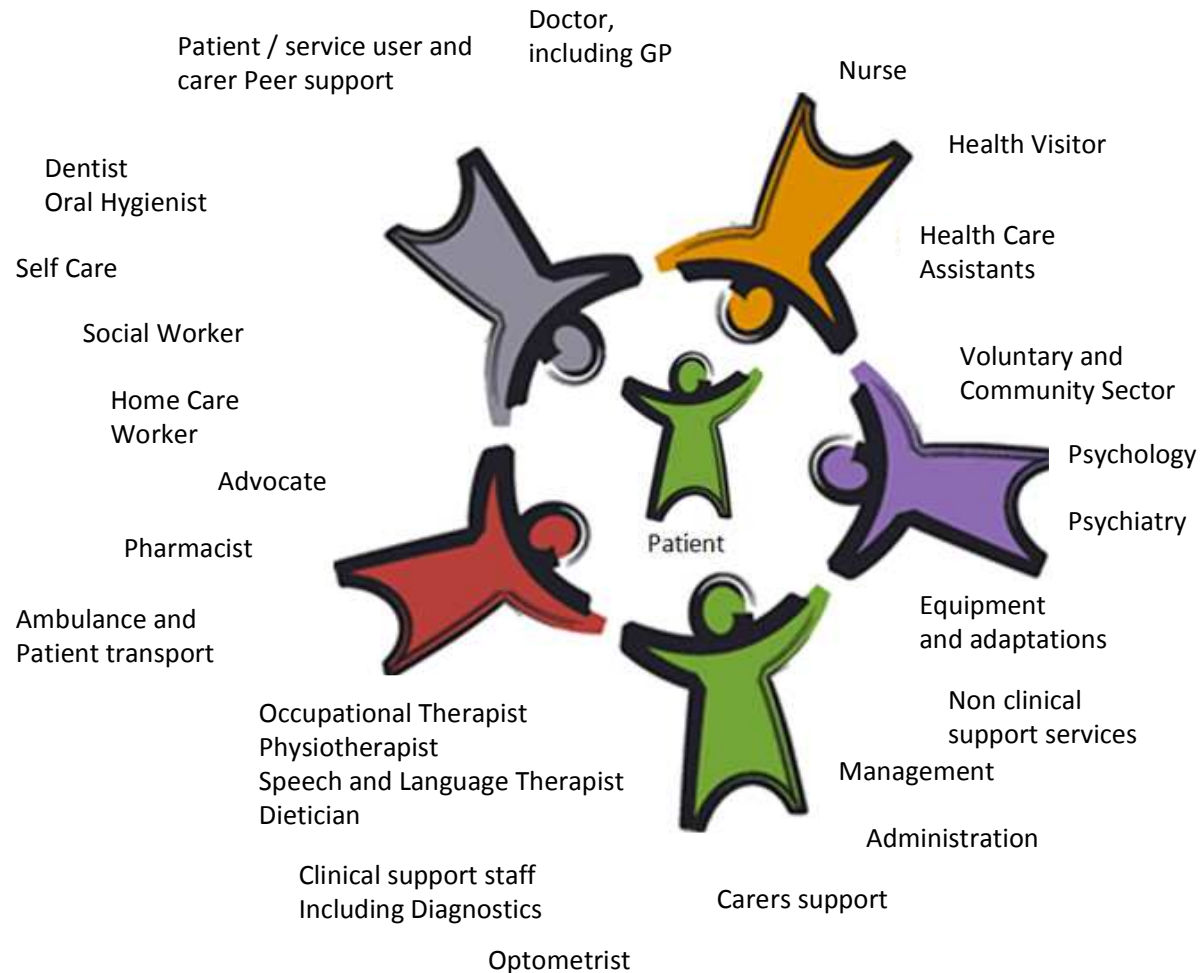
To improve the health and well-being of people of Jersey, services need to be in place to cater for the whole population. This includes those who are at risk or people who have established disability, illness or social need. The diagram below illustrates how different elements of Health and Social Services work together to meet the needs of the whole population. Many people who use Health and Social Services have complex needs which do not recognise organisational boundaries

Assessment, Treatment, Care



Jersey residents deserve safe, affordable and sustainable health and social services characterised by efficient, effective and integrated services which are ‘wrapped around the individual’ with a single point of access. This will enable individuals to make informed choices and care for themselves as much as possible.

More health and social care services will be available in individuals’ homes and in community and primary care settings, provided by a range of professionals with care designed for the individual but within a standardised process.



1.2 STRATEGIC AIMS

The strategic direction of Health and Social services will be governed by:

- The vision for safe sustainable and affordable services as laid out in the White Paper- A New Way Forward (P 82/2012) and agreed by the States Assembly on 23rd October 2012
- Establishment of a locally regulated primary care system which will enable a new and integrated approach to healthcare planning, commissioning and delivery
- Implementation of the Children's and Young People's Framework under direction from the Chief Minister's Department
- Outcomes of the Public Sector Reform driven by the Chief Minister's Department

The aim of the department is to:

Improve the health and social well being of the population

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

1.3 VALUES

STATES CORE VALUES

- 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

1.7 INTRODUCTION BY THE CHIEF EXECUTIVE OFFICER

In response to the Green Paper, “caring for each other, caring for ourselves”, the department published a White Paper setting out the need for services to move from secondary care (acute hospital services) to community care (community based services such as those provided by General Practitioners and Community and Voluntary sector organisations). The subsequent report and proposition was approved by the States Assembly in October 2012 and was underpinned by the States approval of the first Medium Term Financial Plan in November. This means that the department is now on course to commence the development and modernisation of services over the next 3 years, in line with the model set out in the White Paper and in tandem with the important, states- wide public sector reform agenda.

The department has spent much of 2012 preparing detailed business cases for the development of key services, and implementation will begin in 2013 with new models of care around early intervention for children, alcohol dependency, long term conditions and mental health services.

Pivotal to the implementation of the “new look” services will be the primary care arena where work to further strengthen governance through a Quality Improvement Framework is well underway. A model for sustainable primary care services will be developed throughout 2013 and should be completed by September 2014.

However, sustainable funding for the period beyond 2015 is still to be agreed. To this end, joint working with the Treasury will be undertaken during 2013 and 2014 with a view to having a proposal for sustainable funding by September 2014.

For the second consecutive year the department has delivered its Comprehensive Spending Review (CSR) savings commitment allowing a total of around £6m to be removed from budgets. The target for 2013 is a further £1.4m in savings and £630k in user pays income. An additional target of £800k from non recurrent savings carried over from 2012 must also be achieved. As we are now entering the 3rd year of CSR, this task is considerable, and coupled with the service transformation work, puts increased pressure on the workforce to deliver.

Another major initiative for 2013 will be in developing strategic partnerships with Third Sector (voluntary and community), Parishes and non-Jersey providers for the commissioning of high quality services.

During 2012 over 150 HSSD officers were trained to either practitioner or foundation level in “Lean methodology”; many others received basic awareness training. “Lean” is a well known service improvement toolkit, and subject to approval of a proposed sustainability plan more officers will be trained in 2013 as we aim to embed Lean into the organisation as the method of choice for implementing change.

Other work in 2012 included the development of the workforce plans to underpin the White Paper initiatives and this continues into 2013 as we concentrate efforts into the Acute Services Plan. These various pieces of work will be integrated into a holistic HSSD Workforce Development Strategy.

The general hospital building is no longer fit for purpose and a new hospital, either on the same site or a different site must be built. A pre feasibility study is underway and 2013 will be spent preparing a robust development proposal for agreement by the States Assembly. In the meantime it is important that we continue to develop and manage our existing acute services as the need for increased capacity will be likely until the full effects of the planned transition are realised. In addition, preparatory work will be undertaken to develop a feasibility study on the use of the current Overdale site for new and replacement mental health and community facilities.

The strategic direction for Health and Social Services is ambitious and therefore an informatics strategy that declares intent to make a significant contribution towards delivering the objectives and challenges is a priority. In 2013 we will set out the compelling 6 year vision for informatics which will be based on our strategic objectives and will underpin the vision for Health and Social Services set out in the White Paper.

In the coming year we will be working closely with the Chief Minister's Department who are leading on developing arrangements to help ensure that old people and vulnerable people living in our community are safe from harm. We will also be assisting them in the progression of the Children's and Young People's Strategic Framework.

2012 has been a pivotal year for the Health and Social Services Department. We had reached a cross roads and needed to decide on the future profile for health and social care on the island. With the agreement of the States Assembly, we have now taken the path which will enable the delivery of safe, sustainable and fit for purpose services allowing the provision of additional support to vulnerable members of our society by focussing on community based services, early intervention and patient/client choice.

Julie Garbutt

Chief Executive Officer

SECTION 2**2.1 SUMMARY OF KEY OBJECTIVES AND SUCCESS CRITERIA****AIM**

Improve the health and well being of the population of Jersey.

SUMMARY OF KEY OBJECTIVES AND SUCCESS CRITERIA FOR 2013 TO 2015

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

Success criteria

- (i) Commence implementation of a 10 year transition plan based on the White Paper to be debated in the States in quarter 4 2012;
- (ii) In conjunction with the Social Security Department, implementation of mechanisms for the funding of long term care;
- (iii) Have an approved plan for the future development of HSSD Estate requirements including hospital, mental health and community based children and adult facilities.
- (iv) Working in tandem with Social Security colleagues, advance Primary Care governance, local regulation and the quality agenda according to commitments in P36/2010;
- (v) Build robust commissioning of services for both hospital and community needs, which supports a vibrant provider market, including the Third Sector and the Parishes
- (vi) Joint working with Education Sports and Culture and Home Affairs on implementing the Children's and Young People's Strategic framework; and with Social Security and the Housing Department in relation to the older adults' agenda.
- (vii) Joint working with the Treasury and Resources Department to identify sustainable funding for 2016 and onwards.

Strategic Plan References:

- **Vision:** *A safe and caring community; Preparing for the future*
- **Priorities:** *Promote family and community values; Reform Health & Social Services; Develop long-term planning*

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

Success criteria

- (i) Improved support for individuals to take control of their own health encouraging people to live healthy lives to maximise their health and well being;
- (ii) Develop services which promote early intervention commencing with psychological therapies, support for those suffering from alcohol dependency and those services aimed at promoting 'school readiness'.

Strategic Plan References:

- **Vision:** *A safe and caring community; Preparing for the future*
- **Priorities:** *Reform Health & Social Services; Reform government & the public sector*

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

- (i) Develop services which support personalised care in a variety of settings, giving choice to individuals and providing support for their carers;
- (ii) Improved consumer experience of health and social services as measured by independently validated surveys;
- (iii) In order to further improve the experience of service users and support our staff, implement the “*Jersey Lean System*” commencing with a study of workflow in the emergency department and a review of the social work assessment process.

Strategic Plan References:

- **Vision:** *A safe and caring community; A highly skilled workforce*
- **Priorities:** *Promote family and community values; Reform Health & Social Services*

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

- (i) Continued development of an organisational culture which promotes a positive and open environment in which staff are empowered to make challenges to achieve improvements in services and patient care;
- (ii) Availability of the necessary staffing levels with appropriate performance management in place to support safe and effective care whilst providing for the required succession planning;
- (iii) The development of a safeguarding board to oversee the needs of the most vulnerable adults.

Strategic Plan References:

- **Vision:** *Preparing for the future; A highly skilled workforce*
- **Priorities:** *Reform Health & Social Services*

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

- (i) Sustainable, efficient and cost effective services delivered within approved cash limits;
- (ii) Effective resource and workforce planning, development, deployment and productivity with a particular emphasis on nursing and medical staff in both hospital and community settings;
- (iii) Agreed savings schemes achieved.

Strategic Plan References:

- **Vision:** *Preparing for the future; A highly skilled workforce*
- **Priorities:** *Reform Health & Social Services; Develop sustainable long-term planning*

2.2 KEY OBJECTIVES, PERFORMANCE INDICATORS, RISKS**CORPORATE SERVICES**

	Activity	Key performance indicators	Target	Imp Year	Key Risk	High Level MTFP Objective
1.	Further develop financial governance and management	<p>Implementation of risk based audit programme</p> <p>Appropriately trained budget holders with delegated budgets</p> <p>Development of improved budgetary planning and financial control processes</p>	<p>Timely completion of programmed audits.</p> <p>Implementation of agreed audit recommendations</p> <p>All budget holders receive appropriate training</p> <p>Service delivery within budget</p> <p>Improved compliance with Treasury Financial Directions</p> <p>Appointed budget holders for all budgets with documented budget statements.</p> <p>Resource prioritisation policy in place</p> <p>Development of longer term financial planning</p>	2013	<ul style="list-style-type: none"> • Significant change in service demands • Availability of new corporate systems (e.g. procurement) • Recruitment and retention of key staff 	5
2.	Staff and resources managed effectively in accordance with the Medium Term Financial Plan and CSR	<p>Financial balance achieved</p> <p>CSR targets achieved</p>	<p>Budget breakeven or underspent at year end</p> <p>Saving target delivered</p>	2013	<ul style="list-style-type: none"> • Major increase in service demand • Significant number of high cost treatments • CSR targets not met due to 	1,5

	Activity	Key performance indicators	Target	Imp Year	Key Risk	High Level MTFP Objective
		Effective, appropriate and demonstrable value for money decisions made White paper investment prioritised	Appropriate level and quality of financial information and support to inform decision making Prioritisation Policy developed Demonstrable developments in White Paper services		capacity issues, public or political pressure to not implement certain schemes, delayed start to schemes.	
3.	Further develop primary care governance including local regulation and a quality improvement framework	Work with Law Draftsman on new and amended laws to underpin local regulation of GPs and Quality Contract Maintain and further develop partnership working with Jersey Primary Care Body.	Introduction of a Performers' list Introduction of the Quality Improvement Framework Introduction of robust governance systems and processes Implementation of Appraisal and Revalidation for GP's	2013	<ul style="list-style-type: none"> • Ongoing cooperation of Primary Care Body • On going engagement with GPs • Delays or complications in legal programme • GMC obstacle or any other barrier to proposed local governance framework • Lack of progress with GP Central Server 	1
4.	Work with Social Security Department in identifying and planning for a new model of Primary Care	Development of principles and options for a sustainable model of Primary Care, working with stakeholders across Primary Care and other areas	Agreed proposals for sustainable model of Primary Care laid before the States by Quarter 4 2014	2013-2014	<ul style="list-style-type: none"> • Capacity and specific knowledge of Primary Care (medical, dental, optometry, high street pharmacy) within HSSD • Engagement of Primary Care providers (GPs, Dentists, Optometrists, Pharmacists) • Engagement of other stakeholders 	1
5.	Implementation of the 10 year Transition Plan	Implementation plans running to schedule for:	Production of full business cases	2013	<ul style="list-style-type: none"> • Capacity to implement • Pace of change 	1

	Activity	Key performance indicators	Target	Imp Year	Key Risk	High Level MTFP Objective
	as defined in the HSSD White Paper.	Services for children Alcohol Pathway Improved Access to Talking Therapies Services for adults and older adults	Introduction of new services in accordance with full business case implementation time scales Agreement of metrics Processes in place to monitor new services		<ul style="list-style-type: none"> Ability of potential service providers to deliver new services (capacity and capability including responding to tenders) 	
6.	Improve workforce capacity with particular regard to staffing levels and recruitment and retention	Registered nurse vacancy rate to be maintained below 6% Recruitment to additional nursing posts associated with planned expansion relating to White Paper work	1% reduction in overall vacancy rate by Quarter 4 Phased Quarter 2-Quarter 4	2013	<ul style="list-style-type: none"> Terms & conditions fail to attract or retain talent Delays in recruitment lead to loss of key talent Lack of affordable accommodation undermines recruitment and retention of key staff Lack of affordable child care on island 	1,4,5
7.	Production of a Workforce Development Strategy for HSSD	Completion of workforce plans to underpin the White Paper work Completion of a workforce plan for Acute Services Completion of overarching Workforce Development Strategy for HSSD	Quarter 1 Quarter 2 TBC	2013	<ul style="list-style-type: none"> Pace of completion of and degree of stakeholder commitment to Full Business Cases underpinning White Paper work Plan for Acute Services yet to be scoped and may therefore not be deliverable within targeted Overarching strategy is subject to timelines and outcome of previous 2 elements 	1,4,5
8.	Continue implementation of the Infection Prevention	On going reports of incidents, the monitoring and	Performance within acceptable limits as set by the Health Protection	2013	<ul style="list-style-type: none"> Unreliable data due to lack of appropriate IT support and hence manual approach to collating data gives rise to staff 	3,4

	Activity	Key performance indicators	Target	Imp Year	Key Risk	High Level MTFP Objective
	and Control Strategy 2009-2014 Implementation of the MRSA bacteraemia post operative recommendations Response to the winter 2012 Norovirus outbreak	screening of alert organisms and implementation of care bundles Reduction in the rates of hospital acquired infection Finalise a mandatory infection prevention and control learning package for locum staff	Agency Broader Screening for MRSA Introduction of PCR testing E learning package in place		resource issues <ul style="list-style-type: none"> Outbreak of infection either in the community or the hospital/ lack of resource Inability to produce timely results for alert organisms and management of outbreaks results in inappropriate use of resource eg domestic services, isolation beds Lack of resource to introduce PCR including space and staffing Staff not kept informed of updated Infection prevention and control research / initiatives Package does not meet expectations 	
9.	Support the Integrated Care Record (ICR) Programme	Programme to meet scheduled targets User satisfaction and realisation of predicted benefits	Order Communications to be implemented Informatics Strategy and implementation plan developed Improved levels of satisfaction from users	2013	<ul style="list-style-type: none"> Staff unable to commit to input and training due to daily work commitments Suppliers unable to fulfil obligations within timeframes 	3
10.	Programme to ensure all Performance and Appraisal Review	All eligible staff to have had PRA discussion	HRIS to show a figure of 75% of PRA interviews completed Quarter 4	2013	<ul style="list-style-type: none"> Failure to have comprehensive appraisal poses a clinical governance and patient safety 	4

	Activity	Key performance indicators	Target	Imp Year	Key Risk	High Level MTFP Objective
	discussions for eligible staff are completed within the year	Current recorded performance by %			risk <ul style="list-style-type: none"> Poor data recording of PRAs on HRIS Negative impact on ability to undertake Work Force Planning and Training and Needs Analysis. 	
11.	Development of an Attendance Management Project to ensure effective utilisation of staff	Achieve in-year improvement on current absence rate of 4.36%	4 % sickness absence by Quarter 4	2013	<ul style="list-style-type: none"> Poor reporting systems on HRIS fail to provide adequate management information Lack of managerial skills to effectively tackle historic attendance issues HR policies to support improved attendance not fit for purpose 	4
12.	Working with the Chief Ministers Department, develop an action plan for the delivery of the Children's and Young People's Strategic Framework for Jersey	Action plan agreed	Action plan agreed	2013	<ul style="list-style-type: none"> Insufficient buy-in and support from other States departments Delays creating conflicting priorities 	1
13.	Support the Treasury and Resources Department in identifying and planning for sustainable funding for 2016 and onwards	Provision of timely information to support the development of sustainable funding proposals	Agreed plan for sustainable funding in place	2013-2014	<ul style="list-style-type: none"> Capacity of key staff 	1
14.	Working with Chief Minister's Department,	Effective arrangements in place	Effective arrangements in place	2013	<ul style="list-style-type: none"> Capacity of key staff 	4

	Activity	Key performance indicators	Target	Imp Year	Key Risk	High Level MTFP Objective
	establish arrangements for the safeguarding of older people and vulnerable adults living in the community.					
15.	Develop an Estates Strategy for Health and Social Services	Approved Strategy in place	Quarter 2	2013	<ul style="list-style-type: none"> Capacity to develop Strategy 	1
16.	Work with Social Security on the implementation of a new long term care benefit	Agreed plan for the implementation of the Long Term Care Benefit	Quarter 4	2013	<ul style="list-style-type: none"> Political support 	1
17.	Development of commissioning	Commissioning team in place Updated Service Level Agreements including metrics	Appropriate Service Level Agreements in place Agreed metrics and processes to monitor performance in place	2013	<ul style="list-style-type: none"> Resistance from service providers Capacity within team Availability of data 	1
18.	Embedding the Lean methodology in the department	Agreement and implementation of the sustainability plan	Sustainability plan agreed by Quarter 1 and implemented by Quarter 4	2013	<ul style="list-style-type: none"> Capacity and resource to deliver Lean projects 	3

**KEY OBJECTIVES, PERFORMANCE INDICATORS, RISKS
PUBLIC HEALTH**

	Activity	Key performance indicators	Target	Imp Year	Key Risk	MTFP high level objective
1.	Performance Review and Appraisal	All eligible staff to have PRA or recognised equivalent undertaken and recorded on HRIS	75% of staff to be appraised by Quarter 4	2013	<ul style="list-style-type: none"> Staff not aware of departmental/personal objectives 	4
2.	Staff and resources managed effectively in accordance with baseline budgets and CSR	<p>Effective management of resources – human and financial</p> <p>Financial balance achieved</p> <p>CSR target for Smoking Cessation Service achieved</p>	Budget + or - 1% over / underspend at year end	2013	<ul style="list-style-type: none"> Budget overspend CSR targets not met 	5
3.	Implement White Paper proposals for developing an Alcohol Pathway	<p>Successful tender or service plan (as appropriate)</p> <p>Services implemented (where relevant)</p>	As per White Paper transition plan (TBC)	2013	<ul style="list-style-type: none"> Development of capacity to deliver commissioning process Development of IT infrastructure to support community services Development of efficient process to recruit key staff Development of a Primary Care Strategy and a sustainable funding stream 	1,2
4.	Implement White Paper Proposals for services to deliver early interventions for children under 5.	<p>Successful tender or service plan (as appropriate)</p> <p>Services implemented (where relevant)</p>	As per White Paper transition plan (TBC)	2013	<ul style="list-style-type: none"> Development of capacity to deliver commissioning process Development of IT infrastructure to support community services Development of efficient process 	1,2

	Activity	Key performance indicators	Target	Imp Year	Key Risk	MTFP high level objective
					<ul style="list-style-type: none"> to recruit key staff Development of a Primary Care Strategy and a sustainable funding stream 	
5.	Health Intelligence Lead provision of relevant population health intelligence to inform Public Health Department (PHD), HSSD projects and White Paper	Work with Guernsey to produce a comparable Health Profile for 2011 data Develop additional indicators and indicator sets to inform strategic and White Paper work	Channel Island Health Profile report online New indicators available	2013 2013	<ul style="list-style-type: none"> Insufficient local information to support strategic projects Data quality– insufficient resources to follow up all data quality issues Hospital system historic data not easily accessible Little linked/integrated data across HSSD and Jersey health care systems 	1
6.	Healthcare Programmes Lead on improvements in flu preparedness.	Pandemic flu Continue 6 monthly Strategic Pandemic Planning meetings Continue to monitor pandemic threat Mechanisms and mitigation in place to combat a pandemic Seasonal flu Monitor outcome of	Lead on the Island's preparedness for and response to a flu pandemic Seek approval for a Channel Islands pandemic flu plan Maintain preparations to mitigate against winter flu	2013	<ul style="list-style-type: none"> H5N1 pandemic alert escalates Lack of funding required to enable a robust preparedness response HSSD not fully prepared 	2

	Activity	Key performance indicators	Target	Imp Year	Key Risk	MTFP high level objective
		<p>growth funding request.</p> <p>Work with Pharmacy to ensure adequate order for vaccine is secured in Spring for the following winter</p> <p>Work with other departments to ensure activities are in place to deliver vaccine to key groups</p> <p>Maintain presence at the Joint Committee for Vaccination and Immunisation (JCVI)</p>	<p>pressures</p> <p>Develop a business plan to update the seasonal flu vaccination policy</p>		<ul style="list-style-type: none"> • Business continuity threatened due to winter flu pressures • Lack of funding locally to implement nationally recommended changes to seasonal flu vaccination strategy going forward 	
7.	<p>Healthcare Programmes</p> <p>Lead on improvements in screening programmes</p>	<p>Breast</p> <p>Work collaboratively with radiology and mammography colleagues to maximise access to and uptake of breast screening</p> <p>Cervical Screening and HPV Testing</p> <p>Continue to improve coverage</p> <p>Work collaboratively with colleagues in other departments to go out to tender and introduce HPV testing into the cervical screening</p>	<p>Increase population screening coverage</p> <p>Work collaboratively with Law Draftsman to submit regulation requesting HSSD access to the names & addresses register</p> <p>Cytology service tender secured that includes Human Papilloma Virus (HPV) testing</p>	2013	<ul style="list-style-type: none"> • States do not approve the Regulations which enable access to the names and addresses register • Poor uptake of screening programmes • Current funding envelop for HPV testing may not be adequate 	2

	Activity	Key performance indicators	Target	Imp Year	Key Risk	MTFP high level objective
		programme Colorectal screening Implement colorectal screening	Colorectal screening service in place		<ul style="list-style-type: none"> Uptake for colorectal screening exceeds the 70% assumption on which the business plan was based, causing resource issues. 	
8.	Health Improvement Develop Policy and Programmes to improve health (Tobacco)	Lead implementation of Tobacco Strategy	Continued decrease in smoking prevalence in adults and children	2013	<ul style="list-style-type: none"> Legal action from trade Unable to find political support 	2
9.	Health Improvement Develop Policy and Programmes to improve health (Alcohol)	Lead development of an Alcohol Strategy Assist in the development of revised licensing law	Alcohol Strategy lodged Agreement of content and process for revised licensing law	2013	<ul style="list-style-type: none"> Legal action from trade Unable to find political support Poor co ordination of policy and action across States Departments 	2
10.	Health Protection Protect Islanders against significant environmental hazards. Create and promote positive health outcomes through action on the environment	Joint Strategy for Health and Environment	Develop joint strategies for nitrates in drinking water, air quality and contaminated land. Develop joint strategy for climate change – both mitigation and adaptation strategies Introduce legislation to improve health and well being through action on	2013	<ul style="list-style-type: none"> Positive relationship needed with the Department of the Environment Political pressure as Housing Minister expects implementation as part of inter departmental strategy 	2

	Activity	Key performance indicators	Target	Imp Year	Key Risk	MTFP high level objective
		Joint working with Guernsey	housing conditions Develop and enhance joint work streams with the States of Guernsey across environmental public health		<ul style="list-style-type: none"> Political agreement 	
11.	Health Protection Commence development of the Regulation of Care (Jersey) Law 201- with a view to improve and extend the scope of statutory regulation to health and social care services in Jersey.	Regulatory legislation programme Framework for new Regulation of Care (Jersey) Law 201- lodged in States	Policy report to be approved by States prior to issuing drafting instructions to Law Draftsman Drafting instructions issued according to agreed timelines	2013	<ul style="list-style-type: none"> Complexity of legislation may create delay States may not approve the policy Pressure of other law drafting priorities Insufficient administrative support Additional service demands including litigation cases and investigations 	1

KEY OBJECTIVES, PERFORMANCE INDICATORS, RISKS**HOSPITAL SERVICES**

	Activity	Key performance indicators	Target	Imp Year	Key Risk	MTFP Objective
1.	Implement Order Comms	Radiology Order Comms Implemented Pathology Order Comms Implemented	Quarter 2 Quarter 4	2013	<ul style="list-style-type: none"> Clinical buy in to use system Key clinical decisions need to be made Unclear Service Level Agreement with ISD 	3
2.	Improve value for money and quality by re organising and monitoring UK contracts and referrals to the UK	Signed agreements with preferred providers which include relevant quality standards	Quarter 4	2013	<ul style="list-style-type: none"> Capacity to prepare commissioning documents within timescale Challenges around agreement of the quality standards Capacity to monitor performance post implementation 	5
3.	Increase the efficiency of the out patients appointments system	Upgrade of facilities Introduction of a more efficient booking system Introduction of a listening post to inform change	Quarter 2 Quarter 4 Quarter 2	2013	<ul style="list-style-type: none"> Works programme to plan Ability to integrate an improved booking system Sufficient volunteers to sit on the PAP Capacity and resource to deliver required actions 	3
4.	Review and redesign medical workforce within the acute services, to manage clinical risk and improve sustainability	Appropriate contribution to the HSSD Workforce Development Strategy	Quarter 2 2013	2013-2015	<ul style="list-style-type: none"> Delays in development of the strategy will impact upon a plan for the acute services GMC/Deanery review may recommend alternative rota 	4,5

	Activity	Key performance indicators	Target	Imp Year	Key Risk	MTFP Objective
	resulting in satisfactory patient outcomes	Implementation of sustainable rotas	Quarter 3 2013		<ul style="list-style-type: none"> Funding source for full implementation 	
5.	In the Emergency Department(ED), increase the shop floor presence of consultants.	<p>Deanery and GMC Progress Reports satisfactory</p> <p>Increased ED consultant floor coverage</p>	<p>Consultant shop floor presence to 19.00 each day by Quarter 1 , 22.00 each day by Quarter 3</p> <p>Weekend morning shop floor presence</p> <p>Sports Injury Clinics in Sandringham Clinic by Quarter 1</p>	2013	<ul style="list-style-type: none"> Failure to recruit consultants Failure to agree new rotas with existing medical staff Failure to re-profile middle grade rota in way that provides more support for FY2 at night Costs of consultant or Associate Specialist locums if recruitment not successful 	4,5
6.	Implementation of the NHS Litigation Authority Standards	Development of a framework and project plan and appointment to the role of patient safety officer to support the process	Quarter 4 2013	2013-2018	<ul style="list-style-type: none"> Failure to appoint patient safety officer 	3
7.	Implement the Essence of Care Domains once ratified by the Care Quality Board	<p>Implementation of locally agreed standards for:</p> <p>Nutrition</p> <p>Pressure areas</p> <p>Respect and dignity</p> <p>Personal hygiene</p> <p>Self care</p> <p>Environmental care</p>	<p>100% of locally agreed standards are achieved</p> <p>Improvement upon baseline for each domain</p>	2013-2015	<ul style="list-style-type: none"> Capacity to implement and deliver educational support Failure to determine an accurate baseline Inability to robustly monitor outcomes 	2,3,4

	Activity	Key performance indicators	Target	Imp Year	Key Risk	MTFP Objective
8.	Implement enhanced recovery programmes with a view to reduce length of stay	Development of an approved business case for orthopaedics Other indicators to follow on approval of business case	2013 for orthopaedics business case	2013-2015	<ul style="list-style-type: none"> Resource not available to underpin a viable business case 	2,3
9.	Support the integration of acute and community services	As defined in the Full Business Case for adults and older adults in respect to Long Term Condition Management	As defined in the Full Business Case for adults and older	2013	<ul style="list-style-type: none"> Resources – sufficient nursing and physiotherapy support to meet demand and maintain service Facilities- suitable facilities provided for pulmonary rehabilitation Staff base – location for nursing staff – in-hospital or community office space Sufficient volunteers/expert patients to facilitate the Expert Patient Programme 	1
10.	Implement the Clinical Negligence Scheme for Trusts (CNST) standards	Achieve implementation of a framework that supports level 1 maternity CNST determined by self assessment	Quarter 4 2013	2013-2015	<ul style="list-style-type: none"> An unsuccessful bid for additional resource will challenge the ability to achieve level 1 standards Not achieving standards will adversely affect medical indemnity 	2,3,4
11.	Improve workflow through the Emergency Department using Lean principles	Nurse Led “See Treat and Discharge” service embedded in Department Point of care testing embedded in	3000 patients “seen treated and discharged” in 2013 Waiting times improved for patients	2013	<ul style="list-style-type: none"> Funding beyond 12 week pilot not available from remodelling ED nursing workforce Service too successful and attracts additional patients 	3,5

	Activity	Key performance indicators	Target	Imp Year	Key Risk	MTFP Objective
		Department				
12.	Redesign and re tender primary care services in the Emergency Department (ED)	Primary care service out of hours for emergency attendees in ED or geographically easily available for attendees referred from ED	Costed Options Appraisal for GP Out of Hours Provision by Quarter 1 ready for tender Re tendered service operational by Quarter 2	2013	<ul style="list-style-type: none"> Inability to balance affordable options against need for GPs to commit to a model with the necessary incentives and profitability All options cost HSSD more than the current £90K subsidy Pace of change too slow (ie more than 6 months) given the likely degree of change needed to provide a service more suited to present and future primary care Out of Hours needs 	1
13.	Develop a project plan for the upgrade of maternity theatre/theatre 5	Finalise Feasibility Study and gain sign off from Chief Executive Officer Develop phasing plan for project which includes enabling works for maternity Compile tender documents and engage contractors Engage key stake holders	Commencement of building works in 2013	2013-2015	<ul style="list-style-type: none"> Project demand exceeds funding Disruption to existing scheduled services resulting in increased waiting lists Identification of asbestos resulting in additional remedial works Knock on effects caused by delays in each phase 	1,3,5

	Activity	Key performance indicators	Target	Imp Year	Key Risk	MTFP Objective
14.	Implement a modernisation programme for Pathology	A new out of hours workforce solution Lean process applied to Pathology and improvements made	Appointment of a Modernisation Manager Agreed out of hours solution by Quarter 3 Agreed blood sciences plan by Quarter 3	2013	<ul style="list-style-type: none"> • Ability to effect change to out of hours during 2013 due to consultation • Engagement of the Pathology team • Redesign requiring invest to save 	1,3

**KEY OBJECTIVES, PERFORMANCE INDICATORS, RISKS
COMMUNITY AND SOCIAL SERVICES (C&SS)**

	Activity	Key Performance Indicators	Target	Imp Year	Key Risks	Reference to MTFP
1.	Enhancement of ICT processes in all Services to support performance management and evidence based decision making and practice	Extension of Adult Services Client Record (FACE) and Case Management Processes to Older Peoples Services (FACE). Development or replacement of Soft Box within Children's Services	Deliver the full web based FACE suite as the assessment, care planning and reporting tool for the whole of C&SS adult services during 2013. Identify suitability of Soft box for development or replacement.	2013	<ul style="list-style-type: none"> Lack of Resources of Community Services Development in terms of process change, improvement and Implementation 	3, 4
2.	Performance Review and Appraisal	All eligible staff to have PRA or recognised equivalent undertaken and recorded on HRIS	75% of staff to be appraised by Quarter 4	2013	<ul style="list-style-type: none"> Staff not aware of departmental/personal objectives 	4
3.	Staff and resources managed effectively in accordance with CSR	Effective management or resources- human and financial Financial balance achieved CSR targets achieved	Budget + or -1% over/underspend at year end.	2013	<ul style="list-style-type: none"> Budget overspend CSR targets not met 	5
4.	Consolidation of Adult Safeguarding Processes across all services	Multi-Agency Steering Group established New policies and procedures implemented	Independent Joint Safeguarding Chair appointed by Quarter 2	2013	<ul style="list-style-type: none"> Inter-Agency Commitment Capacity to coordinate complex multi-agency practice Commitment from all partner agencies 	4
5.	Improve C&SS Estate	Commence feasibility study for Overdale	Template tender for feasibility by end of	2013	<ul style="list-style-type: none"> Failure to prioritise estate work against other strategic priorities' 	1

	Activity	Key Performance Indicators	Target	Imp Year	Key Risks	Reference to MTFP
			Quarter 1. Completion of study by Quarter 4.		e.g. Hospital feasibility study	
6.	Update Mental Health Law addressing modernisation and introducing a criminal justice offenders law and mental capacity law	Cross Departmental Working Party created and project timeline developed	Milestones identified during 2013	2013	<ul style="list-style-type: none"> Failure to secure sufficient legal expertise. 	1
	SERVICES FOR CHILDREN					
7.	Develop Multi Agency Safeguarding Hub (MASH)	Pilot Hub operational Q2 2013	Quarter 2	2013	<ul style="list-style-type: none"> Failure of multi agencies to commit resources to Hub Data communication across various agencies 	1
8.	Improve estate for Children's Services	<p>Oakwell Respite facility plans approved and works underway.</p> <p>Heathfield refurbished for the provision of young people with complex needs/ ASD.</p> <p>Greenfields Campus adapted to maximise flexibility of accommodation</p>	<p>Plans approved Q2 2013</p> <p>Plans tendered Q3 2013</p> <p>Works underway Q4 2013</p>	2013-14	<ul style="list-style-type: none"> Planning process or initial surveys (e.g. asbestos) result in delay in building program. 	1

	Activity	Key Performance Indicators	Target	Imp Year	Key Risks	Reference to MTFP
9.	Implement White Paper proposals in relation to Children's Services for those services that are awarded to Community and Social Services	Successful tender or service plan (as appropriate) Services implemented (where relevant)	As per White Paper transition plan (TBC)	2013	<ul style="list-style-type: none"> • Development of capacity to deliver commissioning process • Development of IT infrastructure to support community services • Development of efficient process to recruit key staff • Development of a Primary Care Strategy and a sustainable funding stream 	1
	ADULT SERVICES					
10.	Implement White Paper proposals in relation to Improving Access to Talking Therapies for those services that are awarded to Community and Social Services	Successful tender or service plan (as appropriate) Services implemented (where relevant)	As per White Paper transition plan (TBC)	2013	<ul style="list-style-type: none"> • Lack of funding • Ongoing challenges with recruitment. This may include resistance to granting 'J' Category Licences for High Intensity workers. • Staff retention • Community and Voluntary Sector ability to respond to opportunity, including available infrastructure, skilled staff and supervision / clinical governance • GP funding • Current Social Security legislation prevents new and flexible approaches for individuals when off sick for common mental health problems such as the 'fit for work' scheme in the UK • Lack of a robust commissioning process • Lack of data and information on which to base service needs and outcome metrics 	2

	Activity	Key Performance Indicators	Target	Imp Year	Key Risks	Reference to MTFP
					<ul style="list-style-type: none"> Unrealistic expectation from service users, communities and professionals Accommodation availability for enhanced team 	
11.	Improve Services for Homeless	Strathmore and Roseneath operational	Quarter 2	2013	<ul style="list-style-type: none"> Commitment from all agencies 	2
12.	Implementation of Residential Strategies within Adult Services	New units of accommodation and the disposal of the Tevielka group home site	Relocation of learning disability day services from the Le Geyt Centre site to smaller community based settings	2013	<ul style="list-style-type: none"> Working with partner agencies to identify and source suitable developments 	1
	SERVICES FOR ADULTS & OLDER PEOPLE					
13.	Implement White Paper proposals in relation to Services for older people for those services that are awarded to Community and Social Services	Successful tender or service plan (as appropriate) Services implemented (where relevant)	As per White Paper transition plan (TBC)	2013	<ul style="list-style-type: none"> Availability of professional and management capacity against competing demands 	1
14.	Implement Estate improvements in capital programme for Services for Older People	Programme dates to be met for completion	As defined in the capital programme	2013	<ul style="list-style-type: none"> Decanting arrangements are dependent on other programmes of work being completed on time 	1

SECTION 3 RESOURCES FOR 2013-2015**3.1**

Net Revenue Expenditure - Service Analysis							
2012 Net Revenue Expenditure		2013 Net Revenue Expenditure	Increase/ (Decrease)	2014 Net Revenue Expenditure	Increase/ (Decrease)	2015 Net Revenue Expenditure	Increase/ (Decrease)
+ Depreciation							
£		£	£	£	£	£	£
3,659,600	Public Health Services	3,900,200	240,600	3,821,700	(78,500)	3,948,000	126,300
	Hospital Services						
26,768,500	Hospital Inpatient Services	26,112,800	(655,700)	27,003,300	890,500	27,777,400	774,100
15,236,200	Theatres	15,276,500	40,300	15,772,200	495,700	16,197,900	425,700
10,188,400	Women & Children	10,744,500	556,100	10,509,800	(234,700)	10,808,300	298,500
6,505,100	Unscheduled and Emergency Care	6,845,200	340,100	7,006,900	161,700	7,144,600	137,700
15,390,500	Day Stay and Outpatient Services	16,531,200	1,140,700	17,280,500	749,300	18,032,800	752,300
8,265,400	Tertiary Care	10,808,600	2,543,200	11,940,600	1,132,000	13,135,100	1,194,500
21,249,700	Clinical Support	21,228,400	(21,300)	21,319,200	90,800	21,589,000	269,800
4,486,400	Ambulance Emergency Services	4,844,400	358,000	4,879,500	35,100	4,959,600	80,100
	Community & Social Services						
16,348,700	Older Peoples Services	22,414,900	6,066,200	24,284,100	1,869,200	26,266,000	1,981,900
24,521,800	Adults Services	26,350,700	1,828,900	26,775,200	424,500	27,440,800	665,600
14,455,900	Children's Services	15,510,300	1,054,400	15,970,400	460,100	16,429,200	458,800
6,723,200	Therapy Services	6,924,400	201,200	7,347,600	423,200	7,803,200	455,600
173,799,400	Net Revenue Expenditure	187,492,100	13,692,700	193,911,000	6,418,900	201,531,900	7,620,900
(2,587,600)	Less: Depreciation	(3,229,700)	(642,100)	(3,289,600)	(59,900)	(3,550,500)	(260,900)
171,211,800	Net Revenue Expenditure	184,262,400	13,050,600	190,621,400	6,359,000	197,981,400	7,360,000

3.2

Net Revenue Expenditure - Service Analysis																
2012 Net Revenue Expenditure		2013 Gross Revenue Expenditure		2013 Income	2013 Net Revenue Expenditure	2013 FTE	2014 Gross Revenue Expenditure		2014 Income	2014 Net Revenue Expenditure	2014 FTE	2015 Gross Revenue Expenditure		2015 Income	2015 Net Revenue Expenditure	2015 FTE
		+	DEL	AME			DEL	AME	DEL			AME				
		£	£	£			£	£	£			£	£			
3,659,600	Public Health Services	4,171,300	21,600	(292,700)	3,900,200	56.0	4,377,400	22,000	(577,700)	3,821,700	60.0	4,507,600	23,400	(583,000)	3,948,000	61.0
	Hospital Services															
26,768,500	Hospital Inpatient Services	30,725,300	263,400	(4,875,900)	26,112,800	482.0	31,816,600	262,400	(5,075,700)	27,003,300	494.0	32,679,300	286,800	(5,188,700)	27,777,400	502.0
15,236,200	Theatres	16,328,500	428,300	(1,480,300)	15,276,500	228.0	16,850,200	487,300	(1,565,300)	15,772,200	233.0	17,277,500	519,700	(1,599,300)	16,197,900	237.0
10,188,400	Women & Children	11,393,900	132,800	(782,200)	10,744,500	179.0	11,778,000	135,900	(1,404,100)	10,509,800	184.0	12,082,400	140,900	(1,415,000)	10,808,300	186.0
6,505,100	Unscheduled and Emergency	7,153,600	56,100	(364,500)	6,845,200	165.0	7,343,100	56,800	(393,000)	7,006,900	167.0	7,484,700	61,200	(401,300)	7,144,600	168.0
15,390,500	Day Stay and Outpatient Services	17,290,200	167,500	(926,500)	16,531,200	211.0	18,101,800	181,800	(1,003,100)	17,280,500	219.0	18,865,400	191,500	(1,024,100)	18,032,800	227.0
8,265,400	Tertiary Care	10,850,300	-	(41,700)	10,808,600	-	11,983,200	-	(42,600)	11,940,600	-	13,178,700	-	(43,600)	13,135,100	-
21,249,700	Clinical Support	22,813,600	1,661,800	(3,247,000)	21,228,400	276.0	23,023,200	1,690,000	(3,394,000)	21,319,200	277.0	23,208,300	1,849,700	(3,469,000)	21,589,000	277.0
4,486,400	Ambulance Emergency Services	4,726,900	240,200	(122,700)	4,844,400	57.0	4,823,100	193,300	(136,900)	4,879,500	57.0	4,911,900	187,300	(139,600)	4,959,600	57.0
	Community & Social Services															
16,348,700	Older Peoples Services	29,301,800	103,700	(6,990,600)	22,414,900	428.0	33,553,000	105,200	(9,374,100)	24,284,100	470.0	35,659,600	116,600	(9,510,200)	26,266,000	493.0
24,521,800	Adults Services	27,102,800	73,600	(825,700)	26,350,700	360.0	27,980,300	73,500	(1,278,600)	26,775,200	370.0	28,650,500	82,900	(1,292,600)	27,440,800	376.0
14,455,900	Children's Services	15,792,000	52,800	(334,500)	15,510,300	264.0	16,312,000	52,700	(394,300)	15,970,400	269.0	16,771,300	59,400	(401,500)	16,429,200	274.0
6,723,200	Therapy Services	7,090,600	27,900	(194,100)	6,924,400	98.0	7,579,500	28,700	(260,600)	7,347,600	104.0	8,036,500	31,100	(264,400)	7,803,200	106.0
173,799,400	Net Revenue Expenditure	204,740,800	3,229,700	(20,478,400)	187,492,100	2,804.0	215,521,400	3,289,600	(24,900,000)	193,911,000	2,904.0	223,313,700	3,550,500	(25,332,300)	201,531,900	2,964.0

3.3

Net Expenditure - Statement of Comprehensive Net Expenditure¹

2012 Net Revenue Expenditure		2013 Estimate	2014 Estimate	2015 Estimate
£		£	£	£
	Income			
(3,800)	Duties, Fees, Fines & Penalties	(3,900)	(4,000)	(4,100)
(15,450,000)	Sales of Goods and Services	(15,694,300)	(16,052,400)	(16,419,600)
-	Investment Income	-	-	-
(6,518,200)	Other Income	(4,780,200)	(8,843,600)	(8,908,600)
(21,972,000)	Total Income	(20,478,400)	(24,900,000)	(25,332,300)
	Expenditure			
1,099,100	Social Benefit Payments	986,600	1,007,300	1,028,100
126,933,900	Staff Costs	131,171,800	136,376,800	139,154,300
54,182,500	Supplies and Services	61,878,400	66,996,100	71,641,900
1,078,900	Administrative Expenses	1,087,400	1,133,300	1,167,500
7,159,200	Premises and Maintenance	7,459,400	7,773,800	8,008,600
11,900	Other Operating Expenses	11,800	12,300	12,700
2,686,100	Grants and Subsidies Payments	2,112,800	2,188,500	2,266,600
-	Impairment of Receivables	-	-	-
32,200	Finance Costs	32,600	33,300	34,000
-	Foreign Exchange (Gain)/Loss	-	-	-
-	Contingency Expenses	-	-	-
193,183,800	Total Expenditure	204,740,800	215,521,400	223,313,700
171,211,800	Net Revenue Expenditure	184,262,400	190,621,400	197,981,400
2,587,600	Depreciation	3,229,700	3,289,600	3,550,500
-	Impairment of Fixed Assets	-	-	-
-	Asset Disposal (Gain)/Loss	-	-	-
173,799,400	Net Revenue Expenditure	187,492,100	193,911,000	201,531,900

3.4

Reconciliation of Net Revenue Expenditure			
	2013	2014	2015
	£	£	£
Base Department Budget	171,211,800	184,262,400	190,621,400
Price Inflation - Dept Income	(549,300)	(578,800)	(593,300)
Price Inflation - Dept Expenditure	1,499,100	1,548,000	1,635,000
Price Inflation - Provision for Pay Award	-	-	-
Commitments from Existing Policies			
CSR Growth and Other Growth	1,900,000	1,300,000	300,000
2% Growth Allocation	3,469,000	3,450,700	3,627,200
Replacement of Original HIF funding	6,283,200	157,100	161,100
Replacement of HIF funding	(2,000,000)	(4,000,000)	-
Department Savings	(1,490,000)	-	-
Department User Pays	(555,000)	-	-
Departmental Transfers			
Transfer of Staff Budget from Treasury	88,900	-	-
Capital to Revenue Transfers			
Proposed MTFP Growth	4,608,000	4,482,000	2,230,000
Proposed Procurement Savings	(203,300)	-	-
Proposed Other Budget Measures	-	-	-
Net Revenue Expenditure	184,262,400	190,621,400	197,981,400
Depreciation	3,229,700	3,289,600	3,550,500
Net Revenue Expenditure	187,492,100	193,911,000	201,531,900

3.5 Capital Programme

Capital Programme for 2013 - 2015

	£'000 2013	£'000 2014	£'000 2015
Health & Social Services			
Upgrade of Main Theatres	2,100	1,837	-
The Limes Refurbishment	1,700	-	-
Replacement General Hospital - feasibility	350	-	-
Replacement General Hospital - planning	-	2,000	-
Mental Health Facility at Overdale - feasibility	350	-	-
Intermediate Care	-	500	-
Relocation of Ambulance and Fire Station - feasibility	100	-	-
Adult Care Homes	4,000	-	-
Children's Homes	2,000	-	-
Refurbishment of Sandybrook	-	1,700	-
Replacement MRI Scanner	-	-	2,277
Replacement RIS / PACS IT assets	-	-	1,567
Total	10,600	6,037	3,844
Replacement assets	2,785	3,692	3,027
Health & Social Services Total	13,385	9,729	6,871

3.6 Comprehensive Spending Review

COMPREHENSIVE SPENDING REVIEW DEPARTMENTAL SAVINGS PROPOSALS	2011 Saving (£'000)	2012 Saving (£'000)	2013 Saving (£'000)	Total Savings (£'000)	Total FTE Impact
Physiotherapy redesign	182			182	3.0
Reduce Department of Electronics and Ambulance overtime	58			58	
Remove Child and Adolescent Mental Health Service team leader post	55			55	1.0
Reduce overtime for engineers	55			55	
Remove vacant counsellor post	55			55	1.0
Restructure Environmental Health/Health Protection Dept	51			51	2.0
Standardisation of infusion pumps	50			50	
Redesign Occupational Therapy Services	17			17	0.5
Reduction in Social Services course and conference fees budget	28			28	
Non recruitment to posts in workforce planning	34			34	0.5
Organisation wide management restructure	400			400	6.0
Redesign Gardening Services	27			27	1.0
Surgical procedures and equipment efficiencies	26			26	
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	
Redesign sports injury outpatients clinic	6			6	
Pharmacy: support prescribing efficiencies	188			188	
Primary Care service costs to be transferred to Health Insurance Fund	930			930	
Procure to Pay Project	750	250	250	1,250	
Joint working with Guernsey		150	150	300	
Review off-Island Service Level Agreements (SLAs)		150	150	300	
Energy Savings		130	130	260	
Service Redesign with emphasis on customer value and reduction of waste		175	175	350	
Rationalisation of Estate		110	110	220	
Reduce linen service and amalgamate two kitchens at St Saviours	175			175	7.0
Redesign of residential services		50	50	100	1.0
Workforce redesign		141	170	311	
Review SLA's for Services on-Island		15	15	30	
Redesign of Engineering Department	160			160	2.0
Recurrent reduction in all third party provider SLAs	140			140	
Reduce public health admin staff costs	80			80	2.0
Pharmacy skill mix review and reprofile of out-of-hours service	74			74	
Redesign of Catering Services	25			25	
Redesign of Smoking cessation services		94	94	188	
Redesign of Emergency Department		94	93	187	
Redesign of Patient Transport Services		47	47	94	1.0
Review Social Work establishment		53		53	1.0
Redesign care services for older people		12	24	36	
Hospital Efficiencies	100	128	128	356	2.5
Community efficiencies		100	165	265	3.3
TOTAL: HEALTH AND SOCIAL SERVICES DEPARTMENT	3,764	1,699	1,751	7,214	34.8
COMPREHENSIVE SPENDING REVIEW DEPARTMENTAL USER PAYS PROPOSALS	2011 User Pays (£'000)	2012 User Pays (£'000)	2013 User Pays (£'000)	Total User Pays (£'000)	
Review Hospital charges	8			8	
Road Traffic Accident (RTA) cost recovery / private patients income		161	169	330	
Restricted Treatments and Procedures		31	32	63	
Review of travel costs		94	93	187	
Income generation initiatives with community and social services		31		31	
SUB TOTAL:	8	317	294	619	