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Minister's Foreword

Health and Social Services aims to improve the health and wellbeing of Islanders through the delivery of safe, high quality, value for money services. During 2014, staff from across Health and Social Care, working with our voluntary, community and independent sector partners, including those in Primary Care, have worked hard to achieve these goals, while also developing services in line with P82/2012 'A New Way Forward for Health and Social Care' and planning for improved facilities. We have also focused on improving safety, quality and value through Lean, and through system-wide working which places the patient and their family at the heart of all that we do.

During 2014 the majority of P82 services were introduced, and we supported Social Security in the implementation of the Long-Term Care Scheme. The Department completed a number of important capital projects, including development of a new oncology unit and upgrading Oakwell, Clinique Pinel and hospital out-patients. We are on track to have more than 30 'non-medical prescribers' in Jersey, and we have continued to expand our on-island nurse degree courses. We now have our first cohort of registered nurses who are studying on-island at Masters level. This has only been possible due to the hard work and dedication of staff, and support from the States through the continued funding of P82/2012.

P82/2012 outlined a vision for health and social care to ensure it was safe, sustainable and affordable into the future. During 2015 we will make further progress towards this vision, agreeing the site for the future hospital, delivering the strategies for Primary Care and Mental Health and starting the implementation of the Acute Service Strategy. We will expand the Community and 'Out of Hospital' services, supporting individuals to stay in their own homes for longer, with greater independence and choice. We will also continue progressing our legislation changes including the Regulation of Care Law and developing the Mental Health Law and Capacity and self-determination Law. There will be significant investment in improving children's services, providing a place of safety for children and constructing new theatres for the hospital.

My Department has made significant progress against our strategic objectives, the benefits of which are being experienced now by Islanders. We have identified some challenges in Children's Services and taken prompt and decisive action in response. I am confident that, with continued States support, we will continue on our journey, with our partners, to deliver safe, sustainable and affordable health and social care for Islanders.

I would like to thank the previous Minister, Deputy Anne Pryke and her Assistant Ministers Deputy Judy Martin and Connetable John Refault for their valuable support, and I look forward to working with Connetable Refault and Deputy Peter McLinton during our term of office.

I would also like to thank the staff of Health and Social Services, and our partners, for their continued hard work and commitment in what has been a very demanding year. 2015 and beyond will undoubtedly be even more challenging, and I am confident the staff will rise to the challenges it will bring.

Senator Andrew Green MBE
Minister for Health and Social Services

Chief Officer's Introduction

2014 has been a challenging year in which health and social care has been delivered once again through the hard work and commitment of staff. 2015 will be even more challenging, as we strive to deliver safe, sustainable, affordable services in a demanding financial environment.

We have and must continue to focus on continuously improving services. Islanders want and deserve good quality services that are also value for money. They want choice and have told us that they want to be cared for at home wherever possible.

We are responding to this by working closely with our partners in the voluntary and independent sectors and in Primary Care to improve existing services and develop new services as part of our transformation programme for health and social care set out in P82/2012. I would like to thank our partners for their willingness to work jointly with us, and for the services they provide.

During 2015, we will continue our transformation programme, increasing 'Out of Hospital' services by focusing on 'reablement' that will help individuals stay healthy at home for longer, avoiding or delaying the need for a long hospital stay or move to a care home.

The Future Hospital project will continue to move forward, and is highly dependent on these community-based services delivering in order to design a hospital of the right size. In 2015, the States Assembly will debate the site of the future hospital. Work will continue at the current hospital to keep it safe in the intervening years, 2015 will see improvements to theatres, the children's ward and a new MRI scanner.

We will complete the Mental Health Strategy and the Prevention of Suicide Framework and begin the process of implementing service changes.

A Primary Care Strategy will also be published, which aims to ensure GPs, Dentists, Optometrists and Pharmacists retain their important role within the health and social care system. We will also make further progress with the Food and Nutrition Strategy, and begin refreshing the Tobacco Control Strategy. These will link with a new, overarching Health and Wellbeing Framework, connecting existing health improvement and preventative strategies.

During 2015 we will increase the number of non-medical prescribers and recruit a designated nurse for Safeguarding Adults and Children. We will continue improving nurse remuneration and training.

Many regulations will be progressed, including those governing care homes, care provided in our own homes, dental practitioners and restricting smoking in cars carrying children. Work will commence on a new food safety law, and on regulations to ensure that all dwellings in the rented sector meet minimum basic standards and do not pose a risk to health. A new Schools Health Survey will be published, and work will begin on raising awareness and tackling the inequalities in men's health. New vaccines against dangerous strains of meningitis will be introduced and the flu vaccine programme will be extended.

Looking further forward, 2016 marks the beginning of the next 'Medium Term Financial Plan'. We are developing plans for the next four years in support of our funding bids, which accord with the vision of P82/2012, agreed by the States in late 2012.

In developing and delivering services we will continue our robust approach to secure value for money. This is even more important now, given the current and projected financial challenge. We will continue identifying areas where services can improve without additional funding and we will use our LEAN service improvement methodology to improve quality and to reduce costs wherever possible, without compromising safety.

I am proud of the services we deliver, and I am always heartened when I receive positive feedback. This is a testament to the hard work and commitment of our staff and the way they work together in teams and across organisations to deliver care. I am confident that this will continue in the coming years, as we continue to move our services towards a model that is a blueprint for safe, sustainable and affordable health and social care on the Island.

Julie Garbutt, Chief Executive Officer

SECTION 1

1.1 CORE VALUES

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

- Customer focus
- Constantly improving
- Better together
- Always respectful
- We deliver

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.

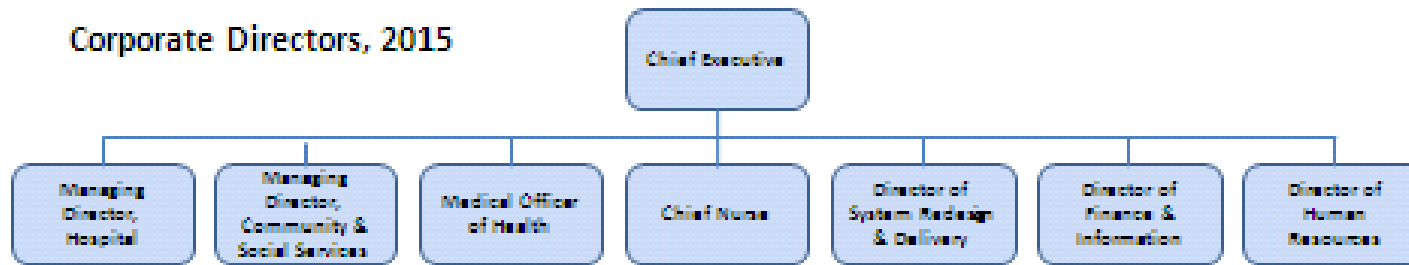
Objective 3: Improved consumer experience of Health and Social Services.

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 2015, 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.

Corporate Directors, 2015



Delivery Group		Clinical Group		Corporate Group		
Managing Director, Hospital	Managing Director, Community & Social Services	Medical Officer of Health	Chief Nurse	Director of System Redesign & Delivery	Director of Finance & Information	Director of Human Resources
<ul style="list-style-type: none"> Emergency Care Inpatient Care Women & Children Ambulatory Care Theatre & Anaesthetics Clinical Support Services Operational Support Services Facilities Estates Ambulance Service 	<ul style="list-style-type: none"> Children's Services Adult Services Older Adults Services Mental Health Services Drug & Alcohol Speech & Language Therapy Nursing & Residential Care Special Needs Psychology Psychiatry Occupational Therapy 	<ul style="list-style-type: none"> Health Intelligence Health Improvement Healthcare Programmes Environmental Health Professional Care Regulation 	<ul style="list-style-type: none"> Clinical Governance Clinical Audit Nursing & Midwifery Training & Education Practice Development Nursing & Midwifery Workforce Planning Clinical Nurse Specialist Infection Control Utigation & Legislation Complaints Information Governance 	<ul style="list-style-type: none"> Strategy, including P82/2012, Mental Health, Sustainable Primary Care, Out of Hospital Strategy Implementation Commissioning (on and off island) System-wide planning & performance Primary Care Governance Voluntary & Community Sector support 	<ul style="list-style-type: none"> Financial Accounting & Control Management Accounting & Business Decision Support Procurement & Supplies Information Systems 	<ul style="list-style-type: none"> Human Resources Medical Staffing Organisational Development Lean

SECTION 2

DEPARTMENTAL KEY ACTIVITIES FOR 2015

	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 Out of Hospital System Integrated Proof of Concept review and next steps Review of impact from P82 services	Ongoing June 2015 September 2015	<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 Scheme (SSD lead)	Community and Social Services	LTC scheme fully operational for all eligible Islanders Review process using LEAN principles to improve efficiency Process to be fully automated	Ongoing Ongoing May 2015	<ul style="list-style-type: none"> ▪ Assessments of need not completed in a timely fashion ▪ Financial issues around change in funding model 	1,3,5
iii)	Develop Future Hospital plans	Hospital	Acute Services Strategy guiding all developments Develop the transitional supporting Estates Plan Work with Gleeds to progress service level plans, capacity plans, design briefs and early floor plans for new hospital development	April 2015 Ongoing	<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	Primary Care Strategy complete Public communication Next steps / implementation plan	August 2015 October 2015 December 2015	<ul style="list-style-type: none"> ▪ Continued agreement from stakeholders ▪ Ability to secure appropriate resources 	1,5
v)	Develop robust commissioning	Corporate	2015 Agreements for services signed Review of metrics and value Commissioning Strategy for 2016	January 2015 September 2015	<ul style="list-style-type: none"> ▪ Resource availability may challenge timescales ▪ Input and commitment from stakeholders ▪ Providers' metrics 	1,3,4,5
vi)	Implement the 1001 Days agenda	Corporate, supporting Chief Minister's Department	Achievement of milestones to be set by Chief Minister's Department	December 2015	<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 2015	<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	October 2015 February 2016	<ul style="list-style-type: none"> ▪ Ability to recruit or afford expert resource and capacity ▪ Conflicting work demands and priorities 	1,4,5
ix)	Review mental health services	Corporate, working with Community and Social Services	Produce Mental Health Strategy Produce Mental Health Outline Business Case and high level implementation plan Implementation commences (subject to MTFP 2 funding)	April 2015 July 2015 October 2015	<ul style="list-style-type: none"> ▪ Resource availability ▪ Input and commitment from stakeholders 	1,3,4

2.	Improved health outcomes by reducing the incidence of mortality, disease and injury in the population					
i)	Develop health improvement strategies	Public Health	Prevention of Suicide Framework for action Food and Nutrition Strategy Updated Sexual Health Strategy Updated Tobacco Strategy	June 2015 September 2015 September 2015 December 2015	<ul style="list-style-type: none"> ▪ Lack of buy in from Voluntary Sector key stakeholders 	1,2
ii)	Develop health care programmes	Public Health	Flu vaccination protection extended to key stage one schoolchildren New meningitis vaccines offered to children On-line system in place enabling women more choice in arranging their breast screening appointment Implemented call/recall solution for cervical screening	October 2015 September 2015 June 2015 Dec 2015		
iii)	Develop Legislation	Public Health and Corporate	Regulation of Care Law (Jersey) Law 2014 – Regulations drafted for care homes and domiciliary care Consultation on draft Regulations Updated Dentists Registration (Jersey) Law 1962 to be lodged Food Safety Law lodged Public Health and Safety (dwellings) Law ready to be lodged New Mental Health Law and Capacity and self-determination Law to be lodged	October 2015 November 2015 July 2015 October 2014 December 2015 December 2015	<ul style="list-style-type: none"> ▪ Complexity of legislation may delay the timetable ▪ States do not adopt the updated law 	

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 Plans for Clinical Hub More Islanders making choices e.g. regarding long term care provision	Ongoing April 2015 September 2015 Ongoing	<ul style="list-style-type: none"> ▪ Requires some culture change ▪ Financial impacts ▪ Workforce capacity ▪ Accommodation availability ▪ Staff buy-in 	1,3
ii)	Continue to implement the <i>Jersey Lean System</i>	Corporate (Reform team), working across Community and Social Services and Hospital	Completion of Lean interventions in accordance with plan Clear benefits realisation, which reduces waste and duplication, improves productivity, improves quality and/or reduces cost	Ongoing September 2015	<ul style="list-style-type: none"> ▪ Resource within Hospital and Community and Social Services to progress Lean in addition to frontline delivery – risk of protected time for LEAN not being achieved ▪ Multiple priorities – need to be focused ▪ LEAN contaminated and undermined by inappropriate association with cost savings and redundancy. 	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 Co-production model to develop family focused services for early years children with complex needs UK national Picker survey for neonatal units	Ongoing Ongoing June 2015	<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	Develop suite of clinical measures to benchmark with peers Reduction in avoidable harm Reduced waiting times Collation of outcome related measures FACE Care Partner software fully embedded. 3 pilots of “Outcome Stars” which measures and supports progress for service users towards self- reliance or other goals	Ongoing September 2015 Ongoing	<ul style="list-style-type: none"> ▪ Ability to collect appropriate data ▪ Ability to benchmark effectively ▪ Lack of clinical engagement 	1
4.	Continued 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	Appraisals continue to agreed programme	Ongoing	<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 2015 March 2015	<ul style="list-style-type: none"> ▪ Lack of an organisational development (OD) specialist (or OD support from central Human Resources) ▪ Engagement of staff with Survey Action plans undermined by low morale associated with pay restraint and cost saving activity 	1,3

iii)	Improve performance management and staffing levels	Corporate	Continued development of performance reporting through the integrated reporting process	Ongoing	<ul style="list-style-type: none"> ▪ Capacity, including Informatics leadership ▪ Availability of metrics 	1,3
iv)	Promote children's and adults' safeguarding	Corporate	<p>Compliance with the Standards set out in the Memorandum of Understanding with the Safeguarding Partnership Board</p> <p>Safeguarding adults and children is embedded in all areas of service and at all levels</p> <p>Implementation of safeguarding training</p> <p>Embedding the recommendations made from Serious Untoward Incident Reviews and Serious Case Reviews</p>	Ongoing	<ul style="list-style-type: none"> ▪ Workforce capacity ▪ Financial resources 	3,4
v)	Strengthen assurance	Corporate	<p>Formal structures in place that scrutinise evidence</p> <p>A controls assurance framework in place</p> <p>An assurance accreditation framework in place for ward areas</p> <p>A schedule of external service reviews</p> <p>Participate in and respond to external reviews/audits</p>	December 2015	<ul style="list-style-type: none"> ▪ Lack of infrastructure required to fully embed the framework into the organisation 	1,2,3,4,5
vi)	Continue to develop and report performance information	Corporate	Monthly Financial, workforce planning, development and productivity measures	December 2015	<ul style="list-style-type: none"> ▪ Ability of IT systems to provide data required 	1,4,5

5. Manage the Health and Social Services budget to deliver services in accordance with the Medium Term Financial Plan						
i)	Deliver services within budget. Staff and resources managed effectively in accordance with budgets	Corporate	Out-turn against budget	December 2015	<ul style="list-style-type: none"> ▪ Unforeseen increase in demand for services ▪ Unforeseen availability of new high cost treatments / drugs ▪ Major incident ▪ Further savings requirement 	1,5
ii)	Further develop medium to long term financial planning	Corporate	Produce MTFP2 submission Benefits realisation framework in place for change projects with benefits planned, monitored and reported	June 2015	<ul style="list-style-type: none"> ▪ None identified 	1,5
iii)	Deliver planned savings programme	Corporate	£10m savings programme delivered	December 2015	<ul style="list-style-type: none"> ▪ Unforeseen increase in demand for services ▪ Unforeseen availability of new high cost treatments / drugs 	5
iv)	Develop plan to deliver savings	Corporate	Robust, achievable plan to deliver savings targets in accordance with MTFP 2 budget allocations	December 2015	<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 £200,254,500.

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.

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.

Net Revenue Expenditure - Service Analysis				
Near Cash		Near Cash		
2014 Revised Net Revenue Expenditure		Income	Expenditure	2015 Revised Net Revenue Expenditure
£		£	£	£
3,942,300	Public Health Services	(583,000)	4,613,200	4,030,200
	Hospital Services			
28,397,300	Hospital Inpatient Services	(5,188,700)	33,952,300	28,763,600
16,402,300	Theatres	(1,599,300)	17,852,300	16,253,000
11,146,700	Women & Children	(1,415,000)	12,663,400	11,248,400
7,321,200	Unscheduled and Emergency Care	(401,300)	7,773,900	7,372,600
17,812,700	Day Stay and Outpatient Services	(1,024,100)	19,336,100	18,312,000
12,020,600	Tertiary Care	(43,600)	13,219,200	13,175,600
22,102,800	Clinical Support	(3,469,000)	23,903,100	20,434,100
5,031,500	Ambulance Emergency Services	(139,600)	5,049,600	4,910,000
	Community & Social Services			
25,511,200	Older Peoples Services	(9,510,200)	36,774,100	27,263,900
27,879,000	Adults Services	(1,292,600)	29,606,700	28,314,100
16,536,000	Children's Services	(401,500)	17,220,200	16,818,700
7,661,200	Therapy Services	(264,400)	8,324,700	8,060,300
201,764,800	Net Revenue Expenditure	(25,332,300)	230,288,800	204,956,500
	Reduction in funding for 2% savings			(4,702,000)
				200,254,500

Statement of Comprehensive Net Expenditure			
2014 Revised Net Revenue Expenditure			2015 Revised Net Revenue Expenditure
£			£
		Income	
(4,000)		Duties, Fees, Fines & Penalties	(4,100)
(16,052,400)		Sales of Goods and Services	(16,419,600)
-		Investment Income	-
(8,843,600)		Other Income	(8,908,600)
(24,900,000)		Total Income	(25,332,300)
		Expenditure	
1,007,300		Social Benefit Payments	1,028,100
143,812,900		Staff Costs	146,590,400
67,395,100		Supplies and Services	71,230,900
1,133,300		Administrative Expenses	1,167,500
7,773,800		Premises and Maintenance	8,008,600
12,300		Other Operating Expenses	12,700
2,188,500		Grants and Subsidies Payments	2,216,600
-		Impairment of Receivables	-
33,300		Finance Costs	34,000
-		Foreign Exchange (Gain)/Loss	-
-		Contingency Expenses	-
223,356,500		Total Expenditure	230,288,800
198,456,500		Net Revenue Near Cash Expenditure	204,956,500
		Reduction in funding for 2% savings	(4,702,000)
			200,254,500

SECTION 4

Achievements in 2014

- 986 babies were born in our Maternity Unit, 31 in a birthing pool. 25 were born at home.
- There were 504 cremations
- There were 37,880 Emergency Department attendances, 6% higher than in 2013
- 171,757 out patient appointments
- 34,091 admissions to the hospital, 3.3% more than 2013
- 5,200 day surgery and 4,590 endoscopy procedures were carried out
- 176 outpatient hysteroscopies were carried out
- The Dental Department saw 17,128 Outpatients, with 755 dental operations
- The Ambulance service completed 9,250 emergency journeys and a further 16,500 journeys were undertaken by the Patient Transport Service
- Our JETS service (Jersey Emergency Transfer Service) which operates our air ambulance undertook 351 transfers to and from the Island, compared to 311 in 2013
- 2,400 patients were referred for off-Island treatment resulting in 3,400 appointments. Approximately 60% of these appointments were outpatient attendances.
- 111,860 outpatient prescriptions were dispensed
- We provided 1,600 speech and language therapy appointments
- We supported 870 patients through our Occupational Therapy service
- There were 32 special needs clients in residential services and 88 clients supported in the community
- 12 adults with learning disabilities and associated complex needs moved in to their own long term 'fit for purpose' home for life, under a supported tenancy model
- There were an average of 115 clients on the methadone programme, with approximately 140,000 needles issued through the needle exchange
- We had 47 approved foster parents, including 16 'connected person carers' (kinship foster carers) who look after a family member
- There was a rise of 38% in chemotherapy treatment carried out on-island compared to 2013
- We provided 61 continuing care beds for older Islanders at the Limes and Sandybrook and a further 42 beds for long term mental health care at Rosewood House
- There were 680 referrals to the psychology department prior to the launch of Jersey Talking Therapies (JTT) and a further 775 referrals after the start of the service in September
- Our Laundry processed 1,659,428 items

Hospital

The new Oncology Department was opened following refurbishment to provide a better quality of facilities and environment. Previously, care for cancer patients was delivered across two sites at opposite ends of the hospital. The upgrade enables the department to function as one designated unit.

New on-Island services were introduced, which reduced the need for Islanders to travel to the UK for treatment, including TBNA (Transbronchial Needle Aspiration), a non-surgical examination for patients who may have lung cancer or other lung diseases, and outpatient hysteroscopy, undertaken in a dedicated weekly clinic.

We continued to review our services and ask for patients' opinions. An independent survey found that the Emergency Department (ED) at Jersey General Hospital outperformed NHS Trusts in the UK - the Picker Institute Europe rated Jersey significantly better than UK hospitals in terms of the environment, waiting times, care and treatment provided by doctors and nurses and treating patients with respect and dignity.

Community & Social Services

The Scrutiny Panel focussed on Child and Adolescent Mental Health Services (CAMHS), producing a report which highlighted a number of areas which needed to be addressed. A robust action plan is now being implemented, with new leadership for Children's Services, and an Improvement Board led by the Chief Minister.

Oakwell was re-opened in September 2014. The £800,000 refurbishment – with HSSD funding supplemented by charities including the Lions Club of Jersey and the Variety Club of Jersey – means that children of all ages can receive short breaks in a modern, up-to-date facility. The improvements included a new sensory room, improved changing areas for the swimming pool, a new wetroom, bathroom and kitchen, improved lighting, and a re-landscaped garden and improved access throughout.

Clinique Pinel in St Saviour was also officially reopened after a 12 month, £3 million refurbishment. The refurbished building provides two in-patient wards, Beech and Cedar, offering a total of 28 beds for older people with mental health problems. The environment has been transformed from multi-occupied dormitories to single rooms, many with their own en-suite facilities.

Andium Court was developed in partnership with Andium Homes, SSD and JPH to deliver phase 1 of the Adult Residential Strategy, affording long term 'fit for purpose' homes for life for adults with a learning disability and associated complex needs.

The Older Adult Mental Health memory clinic achieved external accreditation.

Public Health

In the autumn of 2014 we worked with colleagues from across the States of Jersey to ensure preparedness measures were in place in the unlikely, but nevertheless possible, event of an Ebola case in Jersey. This multiagency working enabled the plans of several States Departments to be tested and linked together.

2014 was also a busy year for regulation - the law was amended to enable the creation of new powers restricting smoking in cars carrying children. A new Regulation of Care Law was introduced and new laws applying to medical practitioners were brought into being to create the necessary legal infrastructure for doctors to be able to revalidate their licences to practise.

The 'EatSafe' scheme was introduced to promote quality improvement in standards of food hygiene across all Jersey food premises, and work began on a new Food and Nutrition Strategy, a Prevention of Suicide Framework, and a Sexual Health Strategy. A Skin Cancer Prevention Strategy was completed and published, as was our first ever Men's Health Report, which identified marked inequalities in health outcomes between men and women.

As part of European Cervical Cancer Prevention Week, awareness was raised about the importance of regular cervical screening, possible symptoms that may be associated with cervical cancer and the value of the HPV vaccination which is given to girls in school year 8.

The Department also issued a revised version of 'A Parent's Guide to Drugs' to coincide with the start of the new school term. The Guide was updated in the wake of concerns about the ongoing dangers relating to alcohol and drug use among young people. It reflected the latest developments, including legislative changes covering new psychoactive substances (or NPS for short), formerly – and misleadingly – known as legal highs.

98% of babies received their primary set of immunisations at two, three and four months old, including protection against diseases such as whooping cough and Hib meningitis; over 95% of one year olds received the measles, mumps and rubella (MMR) vaccine and more than 93% of children had their pre-school booster vaccine.

Nursing

New degree courses allowing Jersey students to train for careers as midwives, mental health nurses or children's nurses were launched, combining off-Island study with practical work experience in Jersey. The three-year courses are delivered in partnership with the University of Chester. The new courses followed the introduction of a pre-registration Nursing Degree in 2013 - the BSc (Hons) Nursing (Adult Field), which has yearly intakes in September where more than 15 local students were accepted.

The first cohort of registered nurses was accepted to study on island at Masters level through the University of Chester; the Advanced Masters programme is being introduced to support the development of services and new roles.

We completed our second cohort of non medical prescribers and currently have a cohort due for completion in 2015 which will bring our total of on island trained prescribers to more than 30.

The designated Nurse for Safeguarding Adults and Children started in post in January 2015 and is focussing on training, policies and other operational matters in order to further improve safeguarding in Jersey.

System Redesign and Delivery

We continued to work closely with our partners in the voluntary and independent sectors and in Primary Care. Without them, we would not have the range of services that we enjoy; their willingness to work jointly with us has enabled the development of some key services through P82, including Sustained Home Visiting, Mental Health Advocacy, Jersey Talking Therapies, Mellow Parenting, Community Midwifery, Community Detox and the Jersey Online Directory. These new services have had a number of benefits:

Re-designing pathways

- Community Midwifery (with GPs)
- Integrated alcohol pathway (with Silkworth Lodge)

Testing out new ideas

- 'Out of Hospital system' developing, including Rapid Response and Reablement (with FNHC)
- Improved discharge pathway, co-ordination and information on bed availability
- Market development and involving service users e.g. Children's short breaks (with Autism Jersey, New Horizons, Tutela and Centre Point)

Increasing capacity to reduce waiting times

- Pulmonary rehab
- Rapid Access Heart Failure clinic
- Mellow Parenting

Starting new services, in partnership

- Jersey Online Directory (with CAB)
- Children's Centre (with Education)
- Jersey Talking Therapies (with MIND)
- End of Life Care (with Hospice)
- Sustained Home Visiting (with FNHC)

Improving Value

In 2014 we expanded lean and have delivered a wide range of projects and interventions, improving services for patients, delivering efficiency and productivity for staff and creating value. This is making a real difference to patients and carers, and a real difference to staff, as

we reduce waste and duplication and focus on the patient and their family in all that we do. For example, the waiting time for CAMHS assessment has reduced from 14 weeks to 14 days, and over £100,000 has been saved from redesigning catering services.

Human Resources

2014 was a generally positive year for recruitment across the majority of roles including nursing and we saw the highest ever level of new appointments to senior medical posts.

HSSD achieved 100% compliance in medical staff appraisal and were highly commended by the General Medical Council and NHS England for our work on revalidation of the medical workforce.

HSS was in the vanguard of all States Workforce Modernisation workstreams with relevant staff being re-evaluated under the new process and successful piloting of the majority of new States developments in policies and systems.