Jersey
Life enriching




Health and Social Services
Business Plan 2012

States of Jersey

CONTENTS

MINISTER'S FOREWORD

I am very pleased to be able to deliver my third Business Plan as Health and Social Service Minister. It gives me an opportunity to look back on what has been achieved and also to focus on the future. As I look forward, I am confident I have the right people in the right place to inspire the staff to continue to give of their best to care for our community.

We started 2011 with publication of the Verita progress report which tracked the implementation of 32 recommendations made after the untimely and profoundly sad death of a hospital patient. Amongst its key findings the progress report stated:

"Considerable progress has been made and the hospital is subsequently well positioned to develop."

This acknowledgment of how much had been done to improve services in the short period of time since Verita made their original recommendations in early 2010, has been mirrored by developments in other parts of our services.

We have made significant progress in delivering the 32 recommendations outlined by Andrew Williamson in his 2008 review of care for vulnerable children. The associated £3 million investment has enabled the introduction of Jersey Family Court Advisory Service; a strengthened role of the Jersey Child Protection Committee; the creation a Board of Visitors and a myriad of other developments.

In addition we have undertaken the first ever external independent inspection of services for Looked After Children, the findings of which will be published in January 2012.

During 2011, with support from a dedicated team, we successfully negotiated a new Reciprocal Health Agreement with the UK. The earlier collapse of this agreement, which provides a vital service, had understandably resulted in anger, disappointment and lack of faith in the system. As a result Jersey people can once again be confident of receiving emergency care when out of the Island.

Over the last 30 months we have been able to identify the need for investment into the estate portfolio across the Department and, as a result, I am very pleased that upgrades to the ICU, SCBU, maternity and main theatres will soon commence. This is in addition to £600,000 investment into Brig-y- Don Children's home.

On my initial appointment as Minister I had quickly identified an urgent need to upgrade Rosewood House and Clinique Pinel. I am very pleased these both will have the benefits of significant investment – not just in the buildings but also in the staff. States Members agreed in the 2012 States Business plan to increase the number of nurses in the hospital and across mental health services.
As Chair of the Children's Policy Group, which is a cross departmental group that includes the Ministers of Home Affairs and Education, I have just published Jersey's first ever Strategic Framework for Children and Young People. This work will change the way our services for children and young people will be delivered over the coming years. I am determined as Chair to deliver the strong political leadership needed to ensure a bright future for all children and young people.

As I regularly visit the hospital's wards, Sandybrook, The Limes, Overdale, St Saviour's hospital and our children's and group homes I can feel the wave of change in the staff. They now believe that the Department has a sense of direction. We have a dedicated team of over 2,550 staff and I would thank them for all their work and commitment.

There is much work still to do but the future is one that is positive and exciting.

The Health and Social Services Department is at a crossroads and must face the challenges that are ahead. Working with staff, GPs, the 3rd Sector, Parishes and members of the public I launched in June 2011, the consultation green paper *'Caring for each other, caring for ourselves'*.

We know that we are an aging population and the number of older people will double by 2040. We must ensure that services and resources are in the right place to cope with the needs of our older population who play, and have played, an important role in our society. We need to be able to care for them.

Over 1300 Islanders responded to the consultation and the vast majority were supportive of the need to redesign our health and social services. It is a clear mandate for the future.

The next stage will be a White Paper which will outline how we go about redesigning services. Over the next three challenging years we will need to continue to work with Parishes, with the 3rd Sector and with GPs to ensure that the right resources are in place.

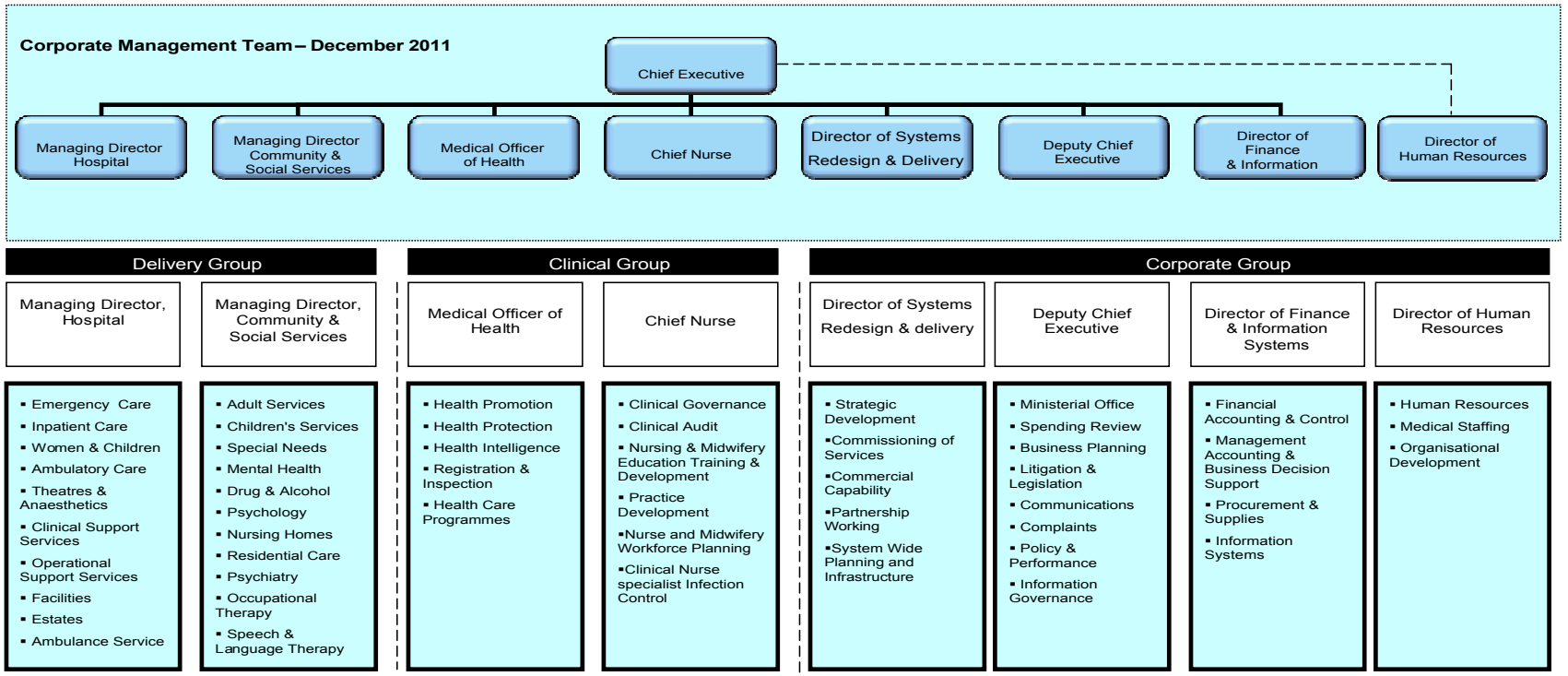
I am passionate about all Islanders' health and well being, and about ensuring that the services in place are right and sustainable as we go into the future.
There will be difficult decisions and choices to make, not least the decision as to whether we should refurbish our present hospital or build a completely new one on a new site. Whatever that decision will be, doing nothing is not an option.

The strategic direction of this Department is now firmly on the States agenda and I will take it forward alongside my highly motivated management team.

I would like to thank my Assistant Ministers, Deputy Judith Martin and Deputy Edward Noel for the strong support they gave me through 2011 and earlier. I look forward to continuing to work with Deputy Martin, and warmly welcome Constable Refault as my new Assistant Minister. I know that we will all work together to take our services forward.

Deputy Anne Pryke
Minister for Health & Social Services

HIGH LEVEL ORGANISATIONAL STRUCTURE



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 traitment 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

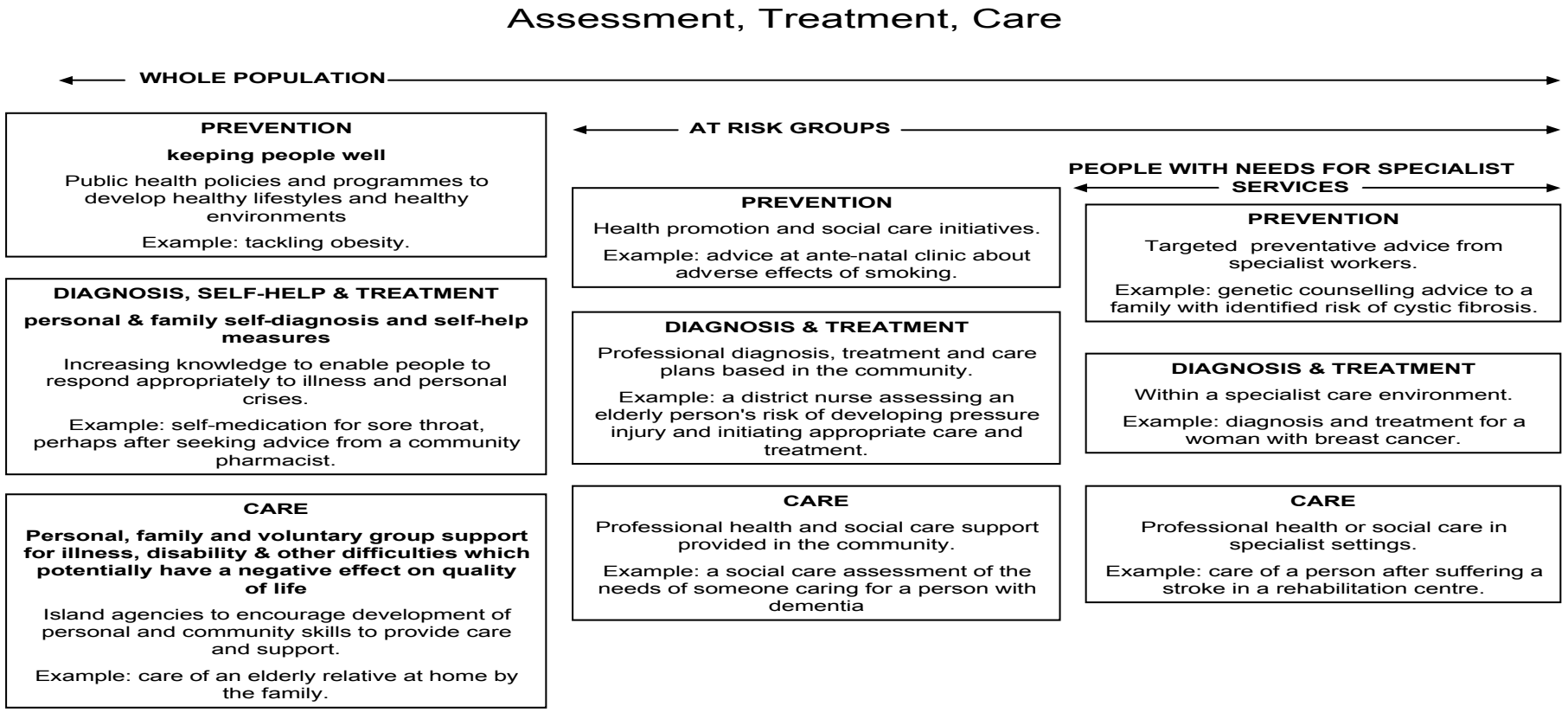
PROPOSITIONS TO BE LODGED IN 2012

Proposition Subject	Quarter
Draft Community Provisions (Traditional Herbal Remedies) (Jersey)Regulations 201-	1
Draft Community Provisions(Food Supplements) (Jersey) Regulations, 201-	1
Draft Community Provisions(Nutrition and Health Claims)(Jersey) Regulations 201-	1
Draft Community Provisions (Food Safety) (Jersey) Regulations 201-	2
In principle agreement for a Regulation of Care Law	2
Draft Amendment to Health Care (Registration)(Jersey)Law 1995	3

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.



1.2 STRATEGIC AIMS

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

- The implementation of the strategic vision for the future of health and social care in Jersey based on a White Paper being developed from the consultation document "Caring for each other, caring for ourselves".

- In conjunction with the Children's Policy Group, implementation of the key priorities of the Children's and Young People's Framework

- Establishment of a quality assured, locally regulated primary care system which will enable a new and integrated approach to healthcare planning, commissioning and delivery.

The aim of the Department is to:

Improve the health and social well being of the population of Jersey through the provision of high quality services.

Objective 1: Redesign of the health and social care system to deliver improved integration of health and social care for the island

Objective 2: Improved health and social 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: Deliver allocated savings to contribute to achieving the £65 million Comprehensive Spending Review savings target by 2013.

Objective 5: Promotion of a governance related culture through further development of the integrated corporate and clinical governance agenda with a clear emphasis on patient and client safety.

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

1.4 INTRODUCTION BY THE CHIEF EXECUTIVE OFFICER

Strategic Direction

For Health and Social Services, 2011 has been dominated by the development of and consultation on, the Green Paper, “Caring for each other, caring for ourselves”. This consultation attracted over 1300 responses from islanders which the department is now using to produce a white paper that will inform the direction of travel for health and social care in Jersey.
This White Paper will be published in 2012 and will centre around the need for a shift in services from secondary care (acute hospital services) to primary care (community based services such as those provided by General Practitioners). To this end, the necessary infrastructure and governance arrangements must be put into place and suitably resourced if services are to be re designed in order to be sustainable into the future.

Comprehensive Spending Review (CSR)

I am pleased to announce that due to the hard work and commitment of staff, the department is set to achieve its 2011 CSR savings target of £3.7m. The Programme Management Office is fully staffed and work is well underway to develop service redesign projects for 2012 and 2013. The CSR savings target for Health and Social Services in 2012 is £1.4m. In addition we have a “user pays” target of £0.6m. New charges will be brought before the States Assembly for consideration in due course. A major initiative within the States is a review of staff terms and conditions. As the largest States employer, this is likely to have a major impact on Health and Social Services and we anticipate changes that support our needs in addressing the recruitment and retention issues particularly in relation to nursing.

Commissioning for Outcomes

As technologies develop and therapies become more specific to condition, it is impossible for Health and Social Services alone to provide the full range of care required by islanders. The Department has a history of purchasing services from tertiary centres and third sector organisations both in a contractual and ad hoc manner dependant on circumstances. The future will see a more structured approach to the commissioning of services which will include payment by outcomes to ensure high quality care for the patient or client and value for money for the tax payer.

Investment in the Community

The changes set out in the Green paper “caring for each other, caring for ourselves” are fundamental and system-wide. As such they represent a complex and challenging business agenda over a period of years. In order to manage this programme of change, the Department will be producing a 10 year Transition Plan that will identify a number of service and cross cutting work streams. Key business cases are under development to identify the priority areas for change during the 2013 to 2015 Medium Term Financial Plan. Examples of these potential areas for investment include developments in integrated community support for people with dementia and long term conditions such as chronic obstructive pulmonary disease. In addition, a step-up-step-down service is planned which will amongst other activities, provide enhanced community multi disciplinary teams providing 24 hour at-home support and rehabilitation. The department is also producing an End of Life Care pathway to ensure

people can have a dignified death in “their place of choice” This work includes a standardised framework for cancer care to ensure high quality care.

The Children’s and Young People’s Strategic Framework

The document describing the island wide mandate for services for children has been presented to the States and work will begin on implementation in 2012. The emphasis for the framework is “early intervention” and much consideration is being given to this approach.

We look forward to the report on the independent review of children’s services by the Care Inspectorate which concentrated on our services for Looked After Children. The recommendations coming forth from this review will be considered in 2012.

I am pleased with the many achievements of 2011 which are the product of the determination and resourcefulness of staff within Health and Social Services.
2012 is set to be just as productive and will see further development of the foundation upon which we will build fit for purpose health and social care services for the future.

Julie Garbutt
Chief Executive Officer

SECTION 2

2.1 SUMMARY OF KEY OBJECTIVES AND SUCCESS CRITERIA

The aim of the Health and Social Services department is to:

- **improve the health and social well being of the population of Jersey through the provision of high quality services.**

SUMMARY OF KEY OBJECTIVES AND KEY SUCCESS CRITERIA

Objective 1: Redesign of the health and social care system to deliver improved integration of health and social care for the island

Success criteria

(i) Implementation of the Health Improvement Programmes which address established areas of need and have measurable targets. These include the alcohol and tobacco strategies.

(ii) Implementation of a White Paper to ensure safe and sustainable services delivered in the most appropriate setting;

(i) Development of community based, long term conditions and disease management programmes;

(ii) Development of community based preventative and support services based on evidence based, evaluated initiatives;

(iii) In conjunction with the Social Security Department, implementation of mechanisms for the funding of long term care for the elderly in relation to providing for the ageing demographic;

(iv) Development of the business case for the next phase of the Integrated Care Record Strategy:

(vii) Implementation of a Dementia Strategy;

(viii) Support for individuals who have been abused and individuals who allege to have been abused, to lead more empowered lives by continued provision of a range of services including trauma focussed therapy;

(ix) In conjunction with other agencies and States Departments, implementation of the Children and Young People's Strategic Framework;

(x) Further development of multi agency approaches for Looked After children with services benchmarked against best practice across the UK;

(xi) Strengthening of safeguarding arrangements for vulnerable children and for adults with an emphasis on multi-agency ownership of risk and the development of agreed eligibility criteria and common assessment frameworks;

(xii) Development and implementation of a workforce plan for Community and Social Services staff to anticipate and implement new ways of working across the community;

(xiii) Working in tandem with Social Security colleagues, advance primary care governance, local regulation and the quality agenda according to commitments in P36/2010.

Strategic Plan Priority: *3, 6, 8, 9, 11*

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

Success criteria

(i) Increased life expectancy at birth in Jersey with particular emphasis on males;

(ii) Reduced rate of islanders dying prematurely;

(iii) Improved screening programmes to meet national standards;

(iv) Implementation of a coordinated action plan for 2011-2016 to reduce suicide;

(v) Development, implementation and maintenance of preventative and interventionist programmes related to tobacco, obesity, diet and exercise, alcohol and common mental illness;

(vi) Maintenance of established high coverage rates for childhood immunisations;

(vii) Improved Ambulance response times to category A calls

Strategic Plan Priority: *11*

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

Success criteria:

(i) Improved consumer experience of health and social services as measured by independently validated surveys; outcomes to match or exceed comparable UK data;

(ii) Improved management of complaints including trend analysis by theme and service;

(iii) Service developments which take full account of patient and client need with the provision of appropriate care to meet assessed need;

(iv) Year on year reduction of delayed discharges of patients from the General Hospital.

Strategic Plan Priority: *11*

Objective 4: Deliver allocated savings to contribute to achieving the £65 million Comprehensive Spending Review savings target by 2013.

Success criteria:

(i) Sustainable, efficient and cost effective services;

(ii) Business Plans delivered within agreed Cash Limits;

(iii) Financial balance achieved and total budget and spend profile consistent with forecast;

(iv) Costs of each defined service area and relevant overheads identified, so that meaningful comparisons can be made year to year and with UK and other jurisdictions where appropriate;

(v) Explicit link between budget prioritisation process and Strategic Plan objectives demonstrated;

(vi) Implemented action plans of the outcomes resulting from the in depth review of expenditure, to be undertaken as part of the Comprehensive Spending review;

(vii) Staff developed to help them achieve their full potential.

Strategic Plan Priority: *1, 2, 3, 4 and 11*

Objective 5: Promotion of a governance related culture through further development of the integrated corporate and clinical governance agenda with a clear emphasis on patient and client safety.

Success criteria

(i) On going development of the Integrated Governance Committee so as to ensure effective governance arrangements across all areas of service, recognising the differing requirements relating to risk within the acute and community settings;

(ii) Introduction of change and development through the timely implementation of clear and focussed recommendations identified through inspection, external review, serious case reviews and serious untoward incident reviews;

(iii) Promoted implementation of national evidence-based guidance and standards;

(iv) Continued implementation of a Risk Management Strategy for HSSD;

(v) Continued development of an organisational culture which promotes a positive and open environment in which staff are empowered to make challenges to achieve service improvements ;

(vi) Appropriate staffing levels to support safe and effective care;

(vii) Further development of financial and management reporting systems including performance management;

(viii) Improved outcomes for service users by the introduction of standardised systems for specific groups;

(ix) Continued reduction in the number of hospital acquired infections;

(x) In conjunction with Chief Minister's Department, undertake policy and legislation to progress compliance with the United Nations Convention for the Rights of the Child

Strategic Plan Priority: *9, 11*

2.2 2012 Comprehensive Spending Review Initiatives

The following projects have been identified to deliver savings in 2012 or as potential "user pays" schemes. They will be closely monitored throughout the year. Where circumstances dictate, schemes may be replaced by others which prove more cost effective or have less of an impact on front line services.

		2012 Proposals	
Ref	**Savings Proposals**	**£'000**	**FTE**
HSS - S1	Introduce systems to manage procurement. (Procure to Pay System)	250	-
HSS - S2	Review Service Level Agreements (UK & Jersey) with providers	150	-
HSS - S3	Reduction in Energy Consumption	130	-
HSS - S5	Review Occupational Therapy Services, less essential SLA annual increases and other efficiency savings	165	-
HSS - S6	Review process pathways in the hospital to improve efficiency	175	-
HSS - S7	Joint initiatives with Guernsey	150	-
HSS - S8	Rationalisation of H&SS Estate	110	-
HSS - S10	A&E - appropriate use of service	50	-
HSS - S11	Workforce efficiencies review	141	-
HSS - S12	Redesign of Special Needs residential services	50	-
HSS - S13	Better price negotiations for the purchase of care services	15	-
Total		**1,386**	**0**

Ref	**User Pays Proposals**	**2012 £'000**
HSS -UP1	Patient Transport: Review PTS provision	46
HSS -UP2	A proposal to move smoking cessation support services into a community setting	94
HSS - P3	Introduce an A and E charging mechanism	94
HSS - P4	Review the thresholds for travel to the UK for elective surgery	94
HSS - P5	Consider the re-introduction of prescription charges by H&SS	78
HSS - P6	Surgical specialties: non-urgent cosmetic procedures	32
HSS - P7	Income generation initiatives within Community and Social Services	31
HSS - P8	Recovery of costs from Private Patients and insurance companies for Road Traffic Accidents	161
Total		**630**

2.3 KEY OBJECTIVES, PERFORMANCE INDICATORS, RISKS

CORPORATE SERVICES

	Activity	Key performance indicators	Target	Imp Year	Key Risk	B.P Key Objective
1.	Further develop financial governance and management	Implementation of risk based audit programme	Timely completion of programmed audits. Implementation of agreed audit recommendations	2012	▪ Significant change in service demands ▪ Availability of new corporate systems (e.g. procurement) ▪ Recruitment and retention of key staff	4,5
		Appropriately trained budget holders with delegated budgets	All budget holders receive appropriate training Service delivery within budget Improved quality and accuracy of forecasting			
		Development of improved budgetary and financial control processes	Improved compliance with Treasury Financial Directions Appointed budget holders for all budgets with documented budget statements. Resource allocation and budgetary control policy in			

	Activity	Key performance indicators	Target	Imp Year	Key Risk	B.P Key Objective
		Development of service costing	place Costing Policy agreed and in place Implementation plan for costing of all services in place			
2.	Further development of management information systems	Improved monthly and quarterly financial reporting Monthly reporting to all budget holders on Insight	Senior management financial reports reflecting best practice All budget holders have easy, timely access to understandable financial information	2012	▪ Recruitment and retention of key staff ▪ Availability of new corporate system: RRT Insight	5
3.	Staff and resources managed effectively in accordance with CSR	Financial balance achieved CSR targets achieved Effective, appropriate and demonstrable value for money decisions made	Budget + or - 1% over / underspend at year end Saving target delivered Appropriate level and quality of financial information and support to inform decision making	2012	▪ Major increase in service demand ▪ Significant number of high cost treatments ▪ CSR targets not met	4

	Activity	Key performance indicators	Target	Imp Year	Key Risk	B.P Key Objective
4.	Develop service and system changes for the period 2013 - 2015	Publish White Paper based upon 'Caring for each other, Caring for ourselves' – the Green Paper Develop the Transition Plan for Health and Social Services; 2012 – 2021 Secure funding for service changes as part of Medium Term Financial Plan Recruit to key posts in Primary Care development and Commissioning	White Paper approved by Ministerial Oversight Group by Quarter 1 White Paper lodged in Quarter 1 Transition Plan approved by Ministerial Oversight Group by Quarter 2 Full Business Cases for priority areas by Quarter 2 Budget allocation from the States for 2013 – 2015 in Quarter 4 Personnel in post by Quarter 2	2012	▪ Capacity to progress priority areas to Full Business Case (particularly within service teams, finance and HR) ▪ Ability to recruit to key posts ▪ Approval from Ministerial Oversight Group for White Paper and Transition Plan ▪ Agreement from The States regarding service changes and funding	1
5.	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	Deliver relevant drafting instructions	2012	▪ Ongoing cooperation of Primary Care Body ▪ Dissident GPs ▪ Lack of resources (people and finance) ▪ Delays or complications in legal programme ▪ GMC obstacle or any other barrier to Jersey GPs becoming ready for	3,5

	Activity	Key performance indicators	Target	Imp Year	Key Risk	B.P Key Objective
		Primary Care Body.			revalidation ▪ Lack of progress with GP Central Server (SSD)	
6.	Preparation for the introduction of non-medical prescribing in 2013	Formation of an oversight group Secondary legislation in place	Quarter 1 Quarter 4	2012	▪ Lack of engagement of stakeholders ▪ Challenges around implementation related to accessing the HIF	1
7.	Improve workforce capacity with particular regard to staffing levels and recruitment and retention	Registered nurse vacancy rate to be maintained below 6% Reduce middle grade doctor vacancies by 25% on 2011 Recruitment to additional nursing posts in Mental Health and within the hospital	1% reduction in overall vacancy rate by Quarter 4 Quarter 2	2012	▪ Terms & conditions fail to attract or retain talent ▪ Avoidable 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	3,5
8.	Continue implementation of the Infection Prevention and Control Strategy 2009-2014	On going reports of incidents, the monitoring and screening of alert organisms and implementation of care bundles	Performance within acceptable limits as set by the Health Protection Agency Implementation of Hydrogen Peroxide Vaporisation and	2012	▪ Unreliable data due to lack of appropriate IT support and hence manual approach to collating data gives rise to staff resource issues ▪ Outbreak of infection either in the community or the hospital/ lack of resource	5

	Activity	Key performance indicators	Target	Imp Year	Key Risk	B.P Key Objective
		Reduction in the rates of hospital acquired infection Finalise a mandatory infection prevention and control learning package	introduction of Chloroprep line and surgical skin preparation. Broader Screening for MRSA E learning package in place			
9.	Support the Integrated Care Record (ICR) Programme	Programme to meet scheduled targets User satisfaction and realisation of predicted benefits	Pathology System to be upgraded Order Communications to be implemented Consideration of next stages of the programme	2012	▪ Staff unable to commit to input and training due to daily work commitments ▪ Suppliers unable to fulfil obligations within timeframes ▪ Lack of continued and confirmed support for programme over future years hinders planning	1,5
10.	Further develop internal communication and staff engagement in HSSD	Maintain system for team briefing Continue to ensure key organisational changes are briefed to staff in advance of any media reporting	Bi monthly Team Brief published Engage in states wide staff survey	2012	▪ 24/7, multi-site working mitigates against timely briefing of staff ▪ Rumours or media briefing act in advance of formal communications.	5
11.	Programme to ensure	All eligible staff to have	HRIS to show a figure of	2012	▪ Failure to have comprehensive appraisal poses a clinical	4

	Activity	Key performance indicators	Target	Imp Year	Key Risk	B.P Key Objective
	all Performance and Appraisal Review discussions for eligible staff are completed within the year	had PRA discussion Current recorded performance by %	75% of PRA interviews completed Quarter 4		governance and patient safety risk ▪ Poor data recording of PRAs on HRIS ▪ Negative impact on ability to undertake Work Force Planning and Training and Needs Analysis.	
12.	Development of an Attendance Management Project to ensure effective utilisation of staff	Achieve 25% in-year improvement on current absence rate of 4.36% Achieve 25% improvement on Average Working Days Lost, current performance 10.48 days lost due to sickness per annum	3.5 % sickness absence by Quarter 4	2012	▪ 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	5
13.	On behalf of the Children's Policy Group lead on the development of a Children's and Young People's Strategic Framework for Jersey	Framework agreed by States Members	Presented to States as R Dec 2011. Delivery structure set up by Quarter 2.	2012	▪ Plan not approved by States. Framework not endorsed by States members and not used to inform States Strategy Plan. ▪ Other States Departments fail to engage in delivery structure.	1
14.	Implement the 2012-13 CSR schemes to deliver projected savings and user pays schemes	Saving and user pays targets are being realised.	£1.1m savings & £0.5m user pays achieved at Quarter 4 end	2012	▪ Insufficient capacity to manage the programme and the individual schemes ▪ Public or political pressure to not undertake certain schemes	4

	Activity	Key performance indicators	Target	Imp Year	Key Risk	B.P Key Objective
					▪ Delayed start to schemes means that the non recurrent affect of savings is not realised.	
15.	Manage the civil claims related to the historic child abuse inquiry	All claims for compensation received and acknowledged	Compensation claims processed within recognised procedures	2012	▪ Stakeholder management of sensitive issues ▪ Financial uncertainty with regards to quantum and costs	1, 4
16.	Further development of a Safeguarding Board and multi-agency procedures for the protection of adults	Development of HSSD overarching Safeguarding Policy and procedures.	Quarter 4	2012	▪ Lack of sign up within HSSD ▪ Lack of resources	1,5

KEY OBJECTIVES, PERFORMANCE INDICATORS, RISKS
PUBLIC HEALTH

	Activity	Key performance indicators	Target	Imp Year	Key Risk	High Level B.P 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	2012	▪ Staff not aware of departmental/personal objectives	4
2.	Staff and resources managed effectively in accordance with CSR	Effective management of resources – human and financial Financial balance achieved CSR target for Smoking Cessation Service achieved	Budget + or - 1% over / underspend at year end	2012	▪ Budget overspend ▪ CSR targets not met	4
3.	Contribute to a new vision for Health and Social Services in Jersey including white paper work	Align Public Health Strategic function to support corporate HSSD Follow up and lead on Outline Business Cases for: Alcohol Pathway Services for Children. Provide expert inputs	Complete full business cases as directed by corporate HSSD for:- Alcohol Pathway Early Years	2012	▪ Managerial and professional capacity to respond	1,2

	Activity	Key performance indicators	Target	Imp Year	Key Risk	High Level B.P Objective
		into the Long Term Conditions Outline Business Cases: Management in the community: commencing with Chronic Obstructive Pulmonary Disease (COPD). Informatics (cross cutting) Provide expert inputs into Mental Health Outline Business case. Transition plan for lifestyles and services for children	COPD Informatics			
4.	Contribute to the implementation of agreed actions within the Children & Young People's Plan	Actively participate in the development of a structure for delivery across all children's services within HSSD Co-ordinate with partner agencies working with children, young people & their families Develop prioritised	Prioritise work for future years Resourced delivery plan for	2012 to 2013	▪ Lack of co-ordination between all agencies delivering services for children and young people ▪ Resources not available to deliver identified service development or facilitate participation ▪ 'Sign up' of other agencies, and commitment to participation in implementation of plan not sufficiently robust.	1

	Activity	Key performance indicators	Target	Imp Year	Key Risk	High Level B.P Objective
		actions to deliver health improvement in children and young people	the 'be healthy outcome' of the children's plan			
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 2010 data Produce End of Life (EoL) data set	Channel Island Health Profile report online New template for Jersey EoL data	2012	▪ 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	1
6.	**Healthcare Programmes** Lead on improvements to programmes of healthcare	**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 growth funding request	Lead on the Island's preparedness for and response to a flu pandemic Updated pandemic plan to be in place Maintain preparations to mitigate against winter flu pressures Monitor any impending changes to UK flu	2012	▪ H5N1 pandemic alert escalates ▪ HSSD not fully prepared ▪ Lack of growth funding to enable effective seasonal flu vaccination campaign ▪ Business continuity threatened due to winter flu pressures	2

	Activity	Key performance indicators	Target	Imp Year	Key Risk	High Level B.P Objective
		Work with Pharmacy to ensure adequate supply of vaccine is secured Work with other departments to ensure activities are in place to deliver vaccine to key groups Maintain presence at the Joint Committee for Vaccination and Immunisation (JCVI) **Screening** Work collaboratively with radiology and mammography colleagues to maximise access to and uptake of breast screening Organise external quality assurance audit of the breast screening service starting with the administration function Work collaboratively	vaccination strategy Engage senior staff in infection control team, maternity and pharmacy to ensure HSSD is prepared for seasonal flu vaccination campaign Organise external audit of breast screening administration Work up implementation of colorectal screening service Work collaboratively with law draftsman to submit regulation requesting H&SS		▪ Lack of funding locally to implement any changes to UK seasonal flu vaccination strategy ▪ Poor uptake of screening programmes ▪ Funding for HPV testing not secured ▪ Names and addresses register may be delayed or fail to function	1,2

	Activity	Key performance indicators	Target	Imp Year	Key Risk	High Level B.P Objective
		with colleagues in other departments to introduce HPV testing into the cervical screening programme Scope configurations of cervical screening service delivery to improve coverage Lead an implementation group for colorectal screening **Long term condition management** Work collaboratively with colleagues in other departments to implement both care bundles	access to the names & addresses register Implement COPD care bundle in hospital Complete full business case for COPD management in the community		▪ Growth funding for colorectal screening not secured ▪ Lack of buy-in from key stakeholders ▪ Lack of use by ward staff	1,2
7.	**Health Improvement** Develop Policy and Programmes to improve health	**Tobacco** **Lead implementation of Tobacco Strategy**	Continued decrease in smoking prevalence in adults and children Progress Regulations on tobacco advertising,	2012	▪ Legal action from trade ▪ Political blocking ▪ Delay in similar UK regulations	1,2

	Activity	Key performance indicators	Target	Imp Year	Key Risk	High Level B.P Objective
			promotion and display Implement targeted school based prevention programme H&SS 'Smoke Free' policy implemented Alcohol Strategy lodged Agreement of content and process for revised licensing law		▪ Capacity of other departments such as Youth Service and Secondary Schools ▪ Some areas may need longer lead in time ▪ Unable to find political support ▪ Political will to progress review	1,2
		Alcohol Lead development of 5 year Alcohol Strategy Assist in the development of revised licensing law				
8.	**Health Protection** Protect Islanders against significant environmental hazards. Create and promote positive health outcomes through action on the environment	**Regulatory Programme** **Statutory Nuisance Law** **Revised schedules for the Notifiable Diseases Order**	Amendment to be implemented	2012	▪ Failure to meet inspection deadlines due to staff shortages and other service pressures ▪ Law drafting staff constraints	2

	Activity	Key performance indicators	Target	Imp Year	Key Risk	High Level B.P Objective
		Food Safety Food premises inspection programme New Food Safety regulations New Food Supplements regulations New Nutrition and Health Claims regulations **Housing and Health** Development of Public Health (Dwellings) Law 201- **Joint Strategy for Health and Environment** **Joint working with Guernsey**	 Lodge in Quarter 2 Lodge in Quarter 1 Lodge in Quarter 1 Develop drafting instructions ready for 2013 Develop joint strategies for nitrates in drinking water, air quality and contaminated land. Develop joint strategy for climate change – both mitigation and adaptation		▪ Law drafting time constraints ▪ Positive relationship needed with the Department of the Environment ▪ Political agreement	2 2,5

	Activity	Key performance indicators	Target	Imp Year	Key Risk	High Level B.P Objective
			strategies Develop and enhance joint work streams with the States of Guernsey across environmental public health			
9.	**Health Protection** **Registration and Inspection**	**Regulatory legislation programme** Framework for new Regulation of Care (Jersey) Law 201- lodged in States Amendment to the Health Care Registration (Jersey) Law 1995 lodged in States Amendment to Opticians (Registration) (Jersey) Law 1962 Development of an administration system to manage the new Medical Practitioners (Registration) (Jersey Law	Policy report to be approved by States prior to issuing drafting instructions to Law Draftsmen Drafting of amendment finalised Drafting instructions produced Registration to become responsibility of Minister for Health as delegated function to MOH	2012	▪ 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 ▪ Additional demands of Medical Practitioners legislation on existing administrative staff	2,5

KEY OBJECTIVES, PERFORMANCE INDICATORS, RISKS

HOSPITAL SERVICES

	Activity	Key performance indicators	Target	Imp Year	Key Risk	High Level B.P. Key Objective
1.	Deliver financial balance	Financial balance achieved CSR targets achieved Resources managed effectively in accordance with CSR	Remain within budget at year end: Achieve allocated savings	2012	▪ Unfunded cost pressures resulting in budget overspend. ▪ Lack of financial support to monitor budgets and provide accurate timely financial information to effect operational action. ▪ CSR targets not met. ▪ Lack of financial and operational infrastructure to capture and enhance income generation. ▪ Patients with private insurance refuse to use private services. Public/Political concern	4
		Develop and implement effective and efficient income generation system across hospital services	Recovery of entitled income			
		Respond to any recommendations outlined in the Private Patients Audit Report				
		Discontinuing surgical procedures of low clinical value	Improved Theatre utilisation			

	Activity	Key performance indicators	Target	Imp Year	Key Risk	High Level B.P. Key Objective
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	2012	▪ Staff not aware of departmental/personal objectives	4
3.	Improve Hospital Estates and Facilities.	Contribute to HSSD Strategic Estates Group. Feasibility study for the new/refurbished Hospital. Develop prioritised list of Hospital capital schemes. Achievement of capital projects agreed for 2012 on time and within budget.	Template tender for feasibility by end of Quarter 1. Completion of study by Quarter 4. Quarter 1. Quarter 4.	2012	▪ Lack of funded resources. ▪ Estates not meeting project plan targets.	1
4.	Contribute to a new vision for Health and Social Services in Jersey.	Continue contribution to development of HSSD White Paper. Lead on acute services partnerships to deliver sustainable services on and off Island i.e. Oncology and Renal.	Development / maintenance of sustainable clinical services.	2012	▪ Lack of funds to support new developments. ▪ Lack of managerial and professional capacity to respond.	1

	Activity	Key performance indicators	Target	Imp Year	Key Risk	High Level B.P. Key Objective
		Support & contribute to other Community based schemes.				
5.	Improve Hospital Informatics	Timely and accurate information to deliver operational services. Accurate information for the production of the agreed project plan for OrderComms	Appropriate use of resources to maintain clinical services Implement the project within agreed timescales. Remain within budget at year end. Implement and adhere to the project plan within agreed timescales	2012	▪ Lack of Information Manager for the production of timely and accurate reports for operational teams. ▪ Operational pressures may affect release of key staff for the project. ▪ Delays to the project due to potential faults with the system. ▪ Lack of capacity and expertise of IS/IT to maintain and improve the functionality of the system.	3
6.	Improve patient care	Identify and implement service developments. Clear business plans with identified objectives from each Division. Maintain services on island and repatriate where possible.	Timelines for implementing divisional objectives by end of Quarter 1. End of Quarter 1	2012	▪ Insufficient funds to develop services on Island. ▪ Delays resulting in de-skilling of newly appointed clinical staff. ▪ High level of UK referrals causing overspend. ▪ Lack of resources to implement efficient ways of working/change process. ▪ Increased Waiting Lists due to lack of hospital capacity.	3, 5

	Activity	Key performance indicators	Target	Imp Year	Key Risk	High Level B.P. Key Objective
		Minimise number of patients clinically ready for discharge occupying hospital beds.			▪ Lack of capacity in the community to receive or support discharges from the acute sector. ▪ Demand exceeds Hospital capacity. ▪ Reduction in capacity due to Infection Control issues. ▪ Patient dissatisfaction.	
7.	Improve Hospital Governance	Deliver effective Risk Management processes. Introduce clear Governance accountability. Develop standardised departmental dashboards. Develop quality indicators for JGH. Introduce mortality and morbidity quarterly meeting with appropriate audit processes.	Implement an effective and timely risk identification and risk mitigation process by end of Quarter 1.	2012	▪ Insufficient resources to mitigate risk. ▪ Lack of timely information to support quality indicators. ▪ Inability to gain agreement with staff on appropriate KPI's for each speciality.	5

	Activity	Key performance indicators	Target	Imp Year	Key Risk	High Level B.P. Key Objective
8.	Improve services for Private Patients.	Produce a Business Case/rolling programme to support and develop private patient services across the Hospital. Creation of a Private Patient Business Project Team, including Financial, Clinical and Operational Managers. Subject to funding the appointment of a Private Patient Business Manager. Increased income to meet targets	End of Quarter 3	2012	▪ Lack of infrastructure and capacity to develop service. ▪ Reduced private patient demand resulting in reduced income generation. ▪ Inability to recruit Private Patient Manager/ development of appropriate team.	3,4

KEY OBJECTIVES, PERFORMANCE INDICATORS, RISKS

COMMUNITY AND SOCIAL SERVICES

	Activity	Key Performance Indicators	Target	Imp Year	Key Risks	High Level B.P. Key Objective
1.	Develop a Comprehensive Organisational Development Plan for Community & Social Services	Formulation and Implementation of a plan for all Services	Completion of Plan by Quarter 4 Initial Developments in Children Services by Quarter 2l	2012	▪ Capacity in the context of other demands such as "White Paper" implementation	1
2.	Formulation and Implementation of Comprehensive Quality Framework for C&SS based on European Framework for Quality Management (EFQM) model and addressing both Health and Social Care	Formulation of a Community, Health and Social Care Governance Framework supporting and complementing the Integrated Governance Framework across H&SS	Formulation of Framework by Quarter 1 Implementation of Framework by Quarter 2	2012	▪ Capacity in the context of other demands such as "White Paper" implementation	3, 5
3.	Development and implementation of a Performance Management Framework across C&SS	Implementation of a framework with additional targets set from April 2012	Broad Framework set by Quarter 2 Full Framework identified and ready for implementation by Quarter 4	2012	▪ Adequacy of funding for systems change and improvement of ICT framework in C&SS	5

	Activity	Key Performance Indicators	Target	Imp Year	Key Risks	High Level B.P. Key Objective
4.	Enhancement of ICT processes in all Services to support performance management and evidence based decision making and practice	Extension of Adult Services Client Record and Case Management Processes to Older Peoples Services. Development of Soft Box within Children's Services	Extension into Older People's Services by Quarter 4 Enhancement of Children's Services system by Quarter 4	2012	▪ Lack of Resources of Community Services Development in terms of process change, improvement and Implementation	3, 5
5.	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	2012	▪ Staff not aware of departmental/personal objectives	4
6.	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.	2012	▪ Budget overspend ▪ CSR targets not met	4
7.	Finalisation and Implementation of an internal and external Communication Strategy	Finalisation of Strategy Implementation of Strategy	Quarter 1 From Quarter 1	2012	▪ None identified	1, 3, 5

	Activity	Key Performance Indicators	Target	Imp Year	Key Risks	High Level B.P. Key Objective
8.	Finalisation and Implementation of an internal and external engagement strategy	Finalisation of Strategy Implementation of Strategy	Quarter 1 From Quarter 1	2012	▪ None identified	1, 3, 5
9.	Consolidation of Adult Safeguarding Processes across all services	Multi-Agency Steering Group establishment New policies and procedures implemented	Quarter 1 From Quarter 1	2012	▪ Inter-Agency Commitment ▪ Capacity to coordinate complex multi-agency practice ▪ Commitment from all partner agencies	1
	SERVICES FOR CHILDREN					
10.	Complete Management Appointments to Children Services Structure	Appointment completed	Quarter 2l	2012	▪ Availability and urgency of HR support and decision making	1
11.	Review roles of Children's Fieldwork teams to enable improved multi-agency referral, advice, support and care management processes	Revised framework agreed Revised framework implemented	Quarter 2 Quarter 4	2012	▪ Development time against competing demands ▪ Failure to fill key management posts	1, 3

	Activity	Key Performance Indicators	Target	Imp Year	Key Risks	High Level B.P. Key Objective
12.	Complete re-location of staff and consolidate associated working arrangements	Revised accommodation arrangements completed Revised accommodation arrangement support processes consolidated	Quarter 1 Quarter 2	2012	▪ Completion of building works to ensure safe working and client access.	3
13.	Implement the Self Evaluation Action Plan derived from the Looked After Children's Inspection	Detailed in Comprehensive plan supported by Child Policy Group	Specific targets set out in plan. These include: Workforce Development Plan Development of comprehensive policy and procedures Stakeholder engagement Review of Admin Support Yearly pledge Develop links with Education Appoint CAMHS Manager Enhance Foster Care Consolidate Independent Reviewing Officer Service Implement Intensive	2012	▪ Capacity to provide enhanced management contribution until all key posts are filled	3, 5

	Activity	Key Performance Indicators	Target	Imp Year	Key Risks	High Level B.P. Key Objective
			Support team			
14.	Prepare a detailed business case to anticipate the implementation of the medium term financial strategy for 2013/15 Key Areas: ▪ Enhanced Fostering ▪ Early Intervention ▪ Multi Agency referral access and case management.	Detailed business case prepared Supportive policy, practice and procedures completed Staff awareness and training provided	Quarter 2 Quarter 3 Quarter 4	2012	▪ None identified	1, 4
	SERVICES FOR ADULTS & OLDER PEOPLE					
15.	Support preparation for the implementation of the key White Paper Outline Business Case	Support to the development of detailed Business Cases	To deliver written financial planning milestones across 2012	2012	▪ Availability of professional and management capacity against competing demands	1
16.	Support and implement transition planning for all age group services	Maintain the transition plan and ensure priorities for implementation are met	To finalise programme To manage the transition plans To provide management	2012	▪ Overall management capacity to lead and implement radical change agenda	1, 5

	Activity	Key Performance Indicators	Target	Imp Year	Key Risks	High Level B.P. Key Objective
			and project management support to key priorities			
17.	Further develop a provider network and partnership structure to support strategy development, commissioning and market development	Clear terms of reference for provider and partnership framework to be finalised Programme of meetings and activities to be organised	Quarter 1 Quarter 1	2012	▪ None identified ▪ None identified	1, 4
18.	Implement ward improvements in capital programme for old age psychiatry.	Programme dates to be met for completion	As defined in the capital programme	2012	▪ Decanting arrangements are dependent on other programmes of work being completed on time	3, 5
19.	Revise Service Level Agreement (SLA) with Family Nursing Home Care (FNHC) taking account of changing priorities and arrangements	Revised FNHC contract in place	Quarter 1	2012	▪ Agreement from FNHC to revised requirements	3, 4

	Activity	Key Performance Indicators	Target	Imp Year	Key Risks	High Level B.P. Key Objective
20.	Update contracts with providers of residential and nursing care	Revised contracts issued	▪ Agreed and implemented by Quarter 1 ▪ Active review through the years	2012	▪ Will require agreement with Service Providers. ▪ Will need agreement on charging regime.	3, 4
	ADULT SERVICES					
21.	Prepare detailed business case for the implementation of "Improving Access to Psychological Therapies" (IAPT)	Detailed Business Case prepared	Detailed Business Case provided by Quarter 2 Policy, Procedures and guidelines completed by Quarter 4 Staff and stakeholder training and awareness implemented by Quarter 4	2012	▪ None identified	3, 5
22.	Review Business Models for key Third Sector providers and achieve sustainable implementation	Agreed and sustainable business models	Implementation of agreed business model and sustainable budget by Quarter 1	2012	▪ Availability of specialist financial and business advice.	1, 4
23.	Development of a clear vision for the development of Autism Services with a particular focus on	Enhanced strategy for Autism	Quarter 2	2012	▪ Development capacity in both States and Voluntary Sector.	3, 4

	Activity	Key Performance Indicators	Target	Imp Year	Key Risks	High Level B.P. Key Objective
	Third Sector contribution to day activities and support					
24.	Update Mental Health Law addressing modernisation and mental capacity	Maintains Programme of development	Complete legal brief by Quarter 2	2012	• None identified	1
25.	Develop a Comprehensive Homelessness Strategy ensuring the complementary contribution of key agencies	Outline strategy to be achieved by June	Quarter 2	2012	• Commitment from all agencies	1
26.	Implementation of Residential Strategies within Adult Services	Tevielka development completed in 2012. Upgrade of Aviemore site	Completed by Quarter 4	2012	• Corporate Estates priority to deliver	1

SECTION 3 RESOURCES FOR 2011/2012
3.1 Net Expenditure – Service Analysis

Health and Social Services

Net Revenue Expenditure - Service Analysis

2011 Net Revenue Expenditure + Depreciation £		2012 Gross Revenue Expenditure DEL £	2012 Gross Revenue Expenditure AME £	2012 Income £	2012 Net Revenue Expenditure £	2012 FTE
	Public Health Services					
2,212,900	Public Health Clinical Services	2,529,570	14,800	(725,670)	**1,818,700**	**26.4**
1,726,300	Public Health Strategies	2,173,700	9,300	(342,100)	**1,840,900**	**26.8**
	Hospital Services					
25,894,600	Inpatients	30,506,400	156,600	(3,894,500)	**26,768,500**	**470.4**
14,132,000	Theatres	16,126,000	322,900	(1,212,700)	**15,236,200**	**222.0**
11,160,800	Women & Children	12,306,500	110,100	(1,289,400)	**11,127,200**	**172.2**
4,994,300	Unscheduled Care	6,689,600	53,700	(238,200)	**6,505,100**	**162.5**
18,922,000	Ambulatory Care	21,436,200	117,000	(1,156,200)	**20,397,000**	**202.9**
20,612,800	Clinical Support	23,072,000	1,427,100	(2,915,500)	**21,583,600**	**274.5**
4,156,700	Ambulance Emergency Services	4,405,800	213,300	(132,700)	**4,486,400**	**56.9**
	Community & Social Services					
18,294,000	Older Peoples Services	24,305,430	51,200	(8,007,230)	**16,349,400**	**354.8**
25,153,600	Adults Services	27,876,600	53,700	(1,423,000)	**26,507,300**	**350.0**
16,438,600	Children's Services	14,788,800	34,700	(367,600)	**14,455,900**	**250.9**
6,332,600	Therapy Services	6,967,200	23,200	(267,200)	**6,723,200**	**91.0**
170,031,200	**Net Revenue Expenditure**	**193,183,800**	**2,587,600**	**(21,972,000)**	**173,799,400**	**2,661.1**
(2,392,000)	Less: Depreciation					
167,639,200	**Reconciliation to Business Plan 2011**					

3.2 Service Analysis- Objectives and Performance Measures

Detailed Service Analysis - Key Objectives

Description of Service and Objectives	Ref. key objectives	2011 Estimate+ Depreciation	2012 Estimate + Depreciation £	Increase / (Decrease) £	Financial Summary
Public Health Services					
Objectives: To improve health outcomes by reducing the incidence of mortality, disease and injury in the population.	1,2,3,4 & 5				
Public Health Clinical Services		2,212,900	1,818,700	(394,200)	
		The Public health clinical services budget has decreased by £-394k from the 2011 net revenue expenditure service analysis. Changes between preparation of the 2011 net revenue expenditure service analysis (prepared May 2010) and detailed budget setting for 2011 (completed Dec 2010) have reduced budget by -£259k due to the estimation of the primary care schemes to be recharged to the HIF. Changes in the proposed cash limit associated with 2012 amount to a decrease of £-72k through the introduction of a user pays scheme for smoking cessation services £-94k, and other changes in the budget amounting to £22k. Overhead has changed between the two years by £-63k because of the reduction in cash limit as a result of HIF income funding the FNHC contract for services.			
Public Health Strategies		1,726,300	1,840,900	114,600	
		The Public Health Strategies budget has increased by £115k from the 2011 net revenue expenditure service analysis. Changes between preparation of the 2011 net revenue expenditure service analysis (prepared May 2010) and detailed budget setting for 2011 (completed Dec 2010) have reduced the budget by £-127k as a result of changes to estimated CSR schemes. Changes in the proposed cash limit associated with 2012 have increased the budget by £188k, £200k for the bowel screening strategy and other changes in the budget £-12k. Overhead has changed between the two years by £53k			
Total Public Health Services		3,939,200	3,659,600	(279,600)	
Hospital Services					
Objectives: To provide prompt diagnosis, effective treatment and rehabilitation for patients.	1,2,3,4 & 5				
Inpatients		25,894,600	26,768,500	873,900	
		The Inpatients Service budget has increased by £874k from the 2011 net revenue expenditure service analysis. Changes between preparation of the 2011 net revenue expenditure service analysis (prepared May 2010) and detailed budget setting for 2011 (completed Dec 2010) have given rise to a reduction in budget of £-700k as a result of EAU growth being allocated to unscheduled care after service analysis revisions. Changes in the proposed cash limit associated with 2012 amount to a total increase of £876k. This investment has been allocated to increased capacity £439k following completion of the ICU capital programme (5.7FTE), growth of £211k relating to nursing pay terms & conditions, and consultant subspecialisation investment £351k. CSR agreed saving have been estimated to reduce the budget by £-110k, and other changes on the budget amount to £-15k. Overhead has changed between the two years by £698k largely due to a change in the estimated efficiency savings in hospital overhead budgets which were achieved in clinical support services.			
Theatres		14,132,000	15,236,200	1,104,200	
		The Theatres service budget has increased by £1,104k from the 2011 net revenue expenditure service analysis. Changes between preparation of the 2011 net revenue expenditure service analysis (prepared May 2010) and detailed budget setting for 2011 (completed Dec 2010) have increased budget by £451k, largely as a result of the estimation of the primary care schemes to be recharged to the HIF. Changes in the proposed cash limit associated with 2012 have increased budget by £349k; £100k for medical day unit capacity, £148k for increased usage in drugs, healthcare and other supplies and other increases in budget amounting to £101k. Overhead has changed between the two years by £305k largely due to a change in the estimated efficiency savings in hospital overhead budgets which were achieved in clinical support services.			

Detailed Service Analysis - Key Objectives

Description of Service and Objectives	Ref. key objectives	2011 Estimate+ Depreciation	2012 Estimate + Depreciation £	Increase / (Decrease) £	Financial Summary
Women & Children		11,160,800	11,127,200	(33,600)	
		The Women & Children service budget has decreased by £34k from the 2011 net revenue expenditure service analysis. Changes between preparation of the 2011 net revenue expenditure service analysis (prepared May 2010) and detailed budget setting for 2011 (completed Dec 2010) have increased the budget by £110k largely as a result of the estimation of the primary care schemes to be recharged to the HIF. Changes in the proposed cash limit associated with 2012 have increased budget by £249k; £143k for additional midwives (2.3FTE) following the implementation of the maternity capital programme £37k for increased drugs usage, healthcare and other supplies and other increases in budget amounting to £69k. Overhead has changed between the two years by £-392k because of the reduction in costs as a			
Unscheduled Care		4,994,300	6,505,100	1,510,800	
		The Unscheduled Care Service budget has increased by £1,511k from the 2011 net revenue expenditure service analysis. Changes between preparation of the 2011 net revenue expenditure service analysis (prepared May 2010) and detailed budget setting for 2011 (completed Dec 2010) have increased budget by £1,450k as a result of EAU growth being allocated to unscheduled care from inpatients after service analysis revisions and the estimation of the primary care schemes to be recharged to the HIF. Changes in the proposed cash limit primarily associated with 2012 user pays schemes have reduced budget by £-76k. Overhead has changed between the two years by £138k largely due to a change in the estimated efficiency savings in hospital overhead budgets which were achieved in direct clinical support services.			
Ambulatory Care		18,922,000	20,397,000	1,475,000	
		The Ambulatory Care service budget has increased by £1,475k from the 2011 net revenue expenditure service analysis. Changes between preparation of the 2011 net revenue expenditure service analysis (prepared May 2010) and detailed budget setting for 2011 (completed Dec 2010) have increased budget by £158k largely as a result of estimation of the primary care schemes to be recharged to the HIF. Changes in the proposed cash limit associated with 2012 have increased the total budget by £394k; £335k for drugs usage, healthcare and other supplies, and other changes in budget amounting to £59k. Overhead has changed between the two years by £923k largely as a result of the investment in UK specialist treatments.			
Clinical Support		20,612,800	21,583,600	970,800	
		Clinical support budgets have increased by £971k from the 2011 net revenue expenditure service analysis. Changes between preparation of the 2011 net revenue expenditure service analysis (prepared May 2010) and detailed budget setting for 2011 (completed Dec 2010) have increased the total budget by £175k as a result of the estimation of the primary care schemes to be recharged to the HIF. Changes in the proposed cash limit associated with 2012 have increased budget by a total of £431k; £344k for increased drugs usage, healthcare and other supplies, £212k for increased depreciation and other changes £-125k. Overhead has changed between the two years by £365k largely due to a change in the estimated efficiency savings in hospital overhead budgets which were achieved through direct clinical			
Ambulance Emergency Services		4,156,700	4,486,400	329,700	
		The Ambulance Emergency Services budget has increased by £330k from 2011 net revenue expenditure service analysis. Changes between preparation of the 2011 net revenue expenditure service analysis (prepared May 2010) and detailed budget setting for 2011 (completed Dec 2010) have given rise to an increase in budget of £171k as a result of ambulance staff pay terms & conditions. Changes in the proposed cash limit associated with 2012 amount to a decrease in budget of £-24k largely as a result of estimated agreed CSR savings. Overhead has changed between the two years by £183k largely due to changes in estimates in ambulance fuel and maintenance between preparation of the 2011 net revenue expenditure service analysis (prepared May 2010) and detailed budget setting for 2011 (completed Dec 2010)			
Total Hospital Services		99,873,200	106,104,000	6,230,800	

Detailed Service Analysis - Key Objectives

Description of Service and Objectives	Ref. key objectives	2011 Estimate+ Depreciation	2012 Estimate + Depreciation £	Increase / (Decrease) £	Financial Summary
Community & Social Services					
Objectives: To promote the independence of adults needing health and social care enabling them to live as safe, full and as normal a life as possible, in their own home wherever feasible. To maximise the social development of children within the most appropriate environment to meet their needs. To provide accessible and high quality Mental Health services based in the community whenever possible; and ensuring quality inpatient treatment and continuing care facilities for patients who require it.	1,2,3,4 & 5				
Older Peoples Services		18,294,000	16,349,400	(1,944,600)	
		The Older Peoples Service budget has decreased by £-1,945k from 2011 net revenue expenditure service analysis. Changes between preparation of the 2011 net revenue expenditure service analysis (prepared May 2010) and detailed budget setting for 2011 (completed Dec 2010) have increased budgets by £337k as a result of the estimation of the primary care schemes to be recharged to HIF. Changes in the proposed cash limit associated with 2012 have increased budget by £402k; £286k due to investment in the care and management of older people (3.4 FTE) and other changes amounting to £116k. Overhead has changed between the two years by £-2,684k because of the reduction in cash limit as a result of HIF income funding the FNHC contract for services.			
Adults Services		25,153,600	26,507,300	1,353,700	
		The Adults Service budget has increased by £855k from 2011 net revenue expenditure service analysis. Changes between preparation of the 2011 net revenue expenditure service analysis (prepared May 2010) and detailed budget setting for 2011 (completed Dec 2010) have resulted in a total increase in budget of £515k as a result of estimation of the primary care schemes to be recharged to HIF. Changes in the proposed cash limit associated with 2012 have resulted in an increase in budget of £411k; £383k for investment in under 65 placements and other changes in budget £28k. Overhead has changed between the two years by £-71k due to minor changes in apportionment			
Children's Services		16,438,600	14,455,900	(1,982,700)	
		The Children's Service budget has reduced by £-1,484k from 2011 net revenue expenditure service analysis. Changes between preparation of the 2011 net revenue expenditure service analysis (prepared May 2010) and detailed budget setting for 2011 (completed Dec 2010) have reduced the budget by £-1,613k following changes in the allocation of Williamson budgets to other operational support budgets. Changes in the proposed cash limit associated with 2012 have reduced the budget by a permanent transfer of budget of £-269k to Probation following the implementation of the Jersey Court Advisory Service. Proposed investments in the budget total £299k and relate to Wlliamson year 3 funding £234k, a transfer of budget of £116k (2FTE) from Home Affairs for additional responsibilities under the Sex Offenders Law, and other changes £-110k. Overhead has changed between the two years by £159k largely as a result of the Williamson training budgets being transferred to operational support areas.			
Therapy Services		6,332,600	6,723,200	390,600	
		The therapy service budget has increased by £391k from 2011 net revenue expenditure service analysis. Changes between preparation of the 2011 net revenue expenditure service analysis (prepared May 2010) and detailed budget setting for 2011 (completed Dec 2010) have increased the budget by £269k as a result of determination of the primary care schemes to be recharged to the HIF. Changes in the proposed cash limit associated with 2012 amount to an increase in budget of £100k as a result of investment in staff and loan equipment. Overhead has changed between the two years by £21k.			
Total Community & Social Services		66,218,800	64,035,800	(2,183,000)	
Total		170,031,200	173,799,400	3,768,200	

3.3 Net Expenditure- Operating Cost Statement

Health and Social Services

Net Expenditure - Operating Cost Statement

2011 Net Revenue Estimate		2012 Estimate
£		£
	Income	
(3,800)	Duties,Fees,Fines & Penalties	(3,800)
(465,300)	Sales of Goods	(365,800)
(12,383,300)	Sales of Services	(13,612,600)
-	Commission	-
(1,250,600)	Hire & Rental	(1,471,600)
	Investment Income	-
(6,945,300)	Other Revenue	(6,518,200)
(21,048,300)	**Total Income**	**(21,972,000)**
	Expenditure	
1,076,600	Social Benefit Payments	1,099,100
126,464,000	Staff Costs	126,933,900
49,965,400	Supplies & Services	54,182,500
997,700	Admin Expenses	1,078,900
7,812,300	Premises & Maintenance	7,159,200
11,900	Operating Expenses	11,900
2,357,400	Grants and Subsidies Payments	2,686,100
2,200	Finance Costs	32,200
-	Financial Return	-
-	Pension Finance Costs	-
-	Foreign Exchange (Gain)/Loss	-
-	AssetDisposal (Gain)/Loss	-
2,392,000	Depreciation	2,587,600
-	Contingency	-
191,079,500	**Total Expenditure**	**195,771,400**
170,031,200	**Net Revenue Expenditure**	**173,799,400**

3.4 Reconciliation of Net Revenue Expenditure

Health and Social Services

Reconciliation of Net Revenue Expenditure

	2012 £
Prior year Net Revenue Expenditure	**167,639,200**
Revised Net Revenue Expenditure	**167,639,200**
Commitments in Base	
Williamson Funding	300,000
Reduction in HCAE recurrent funding	(290,000)
Additional funding for existing services	3,320,400
Additional Expenditure	
Provision for Annual Pay Awards	
Non-staff Inflation	996,400
CSR Process - Part 2	
User Pays	
Patient Transport	(46,000)
Smoking cessation	(94,000)
A&E charging mechanism	(94,000)
Travel subsidies	(94,000)
Prescription charges	(78,000)
Non-urgent cosmetic procedures	(31,000)
Income generation initiatives	(31,000)
Insurable events	(32,000)
Portfolio of initiatives to be scoped in the Hospital	(130,000)
Savings	
Reduced cost of procurement of care services	(15,000)
Rationalisation of Management Posts (VR savings of £29,000 delivered in	(120,000)
Reduce energy consumption	(130,000)
Develop P2P procurement systems	(250,000)
Rationalise H&SS estate	(110,000)
Workforce efficiency review	(50,000)
Re-design special needs facilities	(50,000)
Appropriate use of A&E services	(50,000)
Review process pathways in the hospital to improve efficiency	(175,000)
Joint initiatives with Guernsey	(150,000)
Review SLAs with providers (UK & Jersey)	(150,000)
Redesign of respite services	(65,000)
Community & Social services other initiatives	(100,000)
Growth	
Civil Partnerships	40,000
Loss of income due to reinstatement of Reciprocal Health Agreement	400,000
Nursing Terms & Conditions	800,000
Other Adjustments	
Employers social security ceiling increase 2%	226,300
Departmental Transfers	
Transfer of Williamson funding to Probation	(269,000)
Transfer of HR Budget to T&R	(22,500)
Transfer of Sex Offenders/Child Protection funding from Home affairs	116,000
Depreciation	2,587,600
Net Revenue Expenditure	**173,799,400**
Add: Depreciation	(2,587,600)
Net Revenue Expenditure (rec to financial forecast)	**171,211,800**

Note:
The 2012 cash limit includes the proposal that a further transfer of £6.131m will be transferred fror the Health Insurance Fund

3.5 Capital Expenditure

TREASURY AND RESOURCES – PROPERTY HOLDINGS
(on behalf of HEALTH AND SOCIAL SERVICES)

INTENSIVE CARE UNIT

Programme Total £2,500,000

Department's Submission:
The Intensive Care Unit (ICU) is situated on 2nd floor of the 1960's wing of the hospital; it currently has 3 surgical beds, 5 medical beds and one isolation room which are neither compliant with UK Government Health Building regulations nor with Fire Regulations.
This project will:

- Increase the bed space areas to between 16.5m_2 and 23.0m_2 (average of 18.4m_2) which will significantly reduce the risk of the cross infection of neutropaenic patients and further improve infection control through the provision of adequate storage facilities, hand washing basins, equipment decontamination facilities;
- Provide required dedicated Isolated Power Systems (IPS) which continuously monitor electrical circuits and Uninterruptible Power Supplies (UPS) which guarantee continuous service to medical monitoring equipment in case of power failure; and,
- Improve fire segregation in the unit and create a secure horizontal escape route to the main corridor by interlinking the patient treatment areas

This project will be delivered by Property Holdings.

Land required: No **Land Available:** N/A

Capital Expenditure

Proposed 2012:	£2,500,000
In Principle 2013:	£0
In Principle 2014:	£0
Programme Total	£2,500,000

Potential Revenue Implications

Net Revenue Effect	£301,000 from 2013

MATERNITY THEATRE SPECIAL/ CARE BABY UNIT

Programme Total; £1,494,000

Department's Submission:
The Maternity Unit and Special Care Baby Unit (SCBU) are based on the 1st floor of the 1960's wing of the Hospital adjacent to main theatres. The current obstetric theatre in the maternity unit is too small for purposes of infection control and maintaining privacy & dignity (to achieve a safe transfer of a patient onto the theatre table it is necessary to open the doors onto the public corridor. There is no suitable area to designate for laying up instruments and no recovery area (following delivery the patient has to be pushed through public corridors and past the public lifts to access main theatre recovery).

The obstetric theatre has been used 144 times in the 6 months to April 2010, of which 103 were emergency Caesarean sections, whilst the main theatres have been used 53 times mainly for elective Caesarean sections.
The project will:

- Create a modern, fit for purpose maternity theatre with all associated facilities and direct access to main theatre recovery;

- Ensure that the new maternity theatre is suitable for any form of surgery so that it may be used as a decant facility during the refurbishment of main theatres; and,
- Increase the size of the SCBU isolation room to an acceptable level.

This project will be delivered by Property Holdings.

Land required No **Land Available** N/A

Capital Expenditure

Proposed 2012:	£1,494,000
In Principle 2013:	£0
In Principle 2014:	£0
Programme Total:	£1,494,000

Potential Revenue Implications

Net Revenue Effect £65,000 from 2012, further £15,000 from 2013.

UPGRADE OF MAIN THEATRES

Programme Total; £4,989,000

Department's Submission:
Main theatres are on the 1st floor of the Hospital. The existing theatres were constructed in the late 1980's and the ventilation plant has reached the end of its serviceable life and does not comply with current requirements increasing the risk of infection during surgery and resulting in frequent equipment breakdowns. Only two theatres have laminar flow air exchange systems which is an essential requirement for orthopaedic surgery but which is also recommended for all theatre areas under UK Government Health requirements.

The project will:

- Reconfigure existing theatre 1 to allow direct access from the new maternity theatre to the recovery area and use of the new maternity theatre as a decant during the work on main theatres;
- Refurbish existing theatres 3 & 4 with an expansion of theatre 4 and installation of laminar flow in theatres 3 & 4;
- Replacement of air handling plant in accordance with current guidance in theatres 1 – 4.
- Replace the reception area for patients for surgery; and,
- Centralise and expand the storage space available for main theatres.

This project will be delivered by Property Holdings.

Land required No **Land Available** N/A

Capital Expenditure

Proposed 2012:	£1,052,000
In Principle 2013:	£2,100,000
In Principle 2014:	£1,837,000
Programme Total:	£4,989,000

Potential Revenue Implications

Net Revenue Effect £10,000 from 2014

CLINIQUE PINEL REFURBISHMENT

(As Amended) **Programme Total**
£2,868,000

ORIGINAL SUBMISSION

Original Total £1,100,000

Department's Submission:
Clinique Pinel provides 17 beds for the assessment, treatment and respite for people suffering form organic mental health problems (the dementias) in Beech Ward and 17 beds for the assessment and treatment of functional mental health problems (depression, psychosis and anxiety etc) in Cedar Ward. Clinique Pinel also provides a further 10 beds for people who have had long term mental health conditions and have become institutionalised over the years and are unable to cope with residential care away from a hospital setting in Lavender Ward. This project will ensure that the building is fully compliant with fire regulations, environmentally compliant with Infection Control Recommendations and will address issues of patient dignity.

- The day to day risk to patients will be reduced through safety measures such as the introduction of handrails
- Flooring and lighting will be improved
- Decoration and signage will be co-ordinated in such a way so as to 'sign post' more clearly areas for patients

Patient dignity will be improved through improved bathing facilities including showers within Clinique Pinel.

An improved toilet layout will aid with patient continence issues and the general enhancement of
environmental conditions within the building will reduce confused and frustrated behaviour.

INCREASED BY AMENDMENT (P.123/2011 Amd 10) **Amendment Total £1,768,000**

The additional request for £1.768 million will allow the internal environment to be upgraded to a nature and degree that is conducive to patient care, and will reduce risks to the patients of slips, trips and falls, as well as reducing risk to staff and patients due to confusion, violence and hostility. This proposal will not bring the unit to the standards specified within the NHS Estates document "HBN37 inpatient facilities for older people", but will significantly improve the environment for the projected 5 to 10 years that Clinique Pinel continues to provide inpatient services for this client group. It is proposed that all patients should have their own bedroom, and that 20% of these bedrooms should have ensuite facilities. There needs to be more, but smaller, living spaces for people with functional mental health problems, and an area where people with organic mental health problems can be nursed safely during the day whilst full mental health assessments are carried out. It is also planned that each unit will have low stimulus areas which will incorporate bedroom and daytime living space with bathroom facilities to allow those patients who pose significant risk to themselves or others to be nursed in a safe part of the ward, thus reducing risk significantly.

It is recognised that longer-term plans for the re-provision of inpatient services for patients with mental health problems are to be relocated onto the Overdale site at some stage in the future. Taking cognisance of the future development plans on the Overdale site, this request for funding for the Clinique Pinel upgrade is excluding any upgrade of the current plant (water, boiler and heating systems), lifts, extensions and significant external improvements.
This project will be delivered by Property Holdings.

Land required No **Land Available** N/A

Capital Expenditure

Proposed 2012:	£2,868,000
In Principle 2013 :	
In Principle 2014 :	
Programme Total:	£2,868,000

Potential Revenue Implications

Net Revenue Effect	£100,000 from 2013

THE LIMES REFURBISHMENT

Programme Total £700,000

Department's Submission:

The Limes is a nursing care home built in the 1980s to a very high standard but not refurbished since. Due to a change of use the needs of the patients have increased significantly in recent years.

This project will:

- Refurbish all 32 bedrooms;
- Install 4 new bathrooms;
- Install and upgrade sluices; and,
- Completely redecorate the building inside and out.

The total project cost is estimated at £1.7 million, with the balance of funding to be provided from the H.E Le Seelleur fund.

This project will be delivered by Property Holdings.

Land required No **Land Available** N/A

Capital Expenditure

Proposed 2012 :	£700,000
In Principle 2013 :	
In Principle 2014 :	
Programme Total:	£700,000

Potential Revenue Implications

Net Revenue Effect	£15,000 from 2013

For further information visit

www.gov.je

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