Minnistre pouor la Santé
et les Sèrvices Sociaux

Gouvèrnément d'JÈRRI

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Deputy Geoff Southern
Chair, HSS Panel
BY EMAIL

28 November 2022

Dear Chair

Re: Health and Social Security Panel: Review of Government Plan 2023-26

Thank you for your letter dated 14 November 2022 concerning the follow-up questions raised by the Panel post the Public Hearing on the Government Plan held on 7 November. Also, thank you for your patience while responses have been prepared.

1. **In the hearing on 7th November, you advised that you might "struggle to meet some of the efficiencies that have been identified" and that you would be talking to the Minister for Treasury and Resources "to address some particular pressures that are recurrent and have not been appropriately structurally funded over time". Please can you advise what pressures you are referring to? (page 4)**

   During the period 2019 to 2021, circa £20 million efficiencies have been delivered, through a combination of recurrent and non-recurrent reductions. Recurrent savings have been offset due to increases to baseline budgets following the zero-based budgeting exercise for 2022.

   Ongoing financial pressures and demand are compounded by inflation and general price increases which have significantly impacted the ability of HCS to achieve further savings without impacting services.

   Key areas include:
   - Areas of high volatility/unplanned/demand etc.
   - Mental Health & Social Care – Demand and Complexity.
   - Off-island mental health placements
   - On Island Increase in placement costs / expenditure
   - Tertiary Off Island - Demand is now increasing and shown to be more than pre-pandemic levels with an additional increase relating to the recovery from pandemic disruption.
   - Drugs – price increases of circa 45% from 2017. HCS receive 2% annually from GoJ for maintaining health standards.
   - Premises and maintenance - price increases of circa 45% from 2017. HCS receive 2% annually from GoJ for maintaining health standards.
   - Administrative (running costs) Postage/telephones/photocopiers/stationery etc - price increases of circa 30% from 2017. HCS receive 2% annually from GoJ for maintaining health standards.

2. **The Director General advised that £7.4m has been withdrawn from the Health Insurance Fund this year against a budget of £17.9m and that she does not envisage**

that money will continue to be withdrawn until you have concluded your review of the Jersey Care Model (page 9). Why then does your letter dated 2nd November state that your forecasted total spend for 2022 is £12.3m?

The information provided against Question 25 in the letter from 2 November is correct. We apologise for the incorrect information provided in the hearing.

3. **In the hearing on 7th November the Estates Manager advised that you have a RAG rating for issues across the estate to manage the backlog of maintenance. Can you advise how many red RAG ratings you have in total and the percentage of this number against all of the ratings? (page 19)**

   As mentioned in the hearing, the RAG backlog maintenance list is being compiled annually in October/November to forecast the following year's maintenance works. This work is still underway for 2023. The outcome will be shared once this information is available.

4. **The Government Plan states that the Value for Money programme will 'launch a refreshed focus on improving productivity'. What will this mean for your department and how will it be achieved**

   Treasury and Exchequer and the Cabinet Office department are currently developing a Productivity Improvement programme which is part of the Value for Money programme. Council of Ministers have agreed that the over-arching framework and tools will be led centrally to ensure consistency and delivered locally through Departments.

   For the Productivity Improvement pillar of the programme, a small taskforce of practitioners, with previous experience in the development and delivery of continuous improvement practices has been assembled. The Taskforce will provide input to the programme design and its roll-out. HCS are represented in the taskforce. Treasury will be offering briefings on the Programme in due course.

   The following key requirements have been identified for all departments for the programme to be successful:

   1. **Leadership** and senior support are required to commit to the programme, to make progress and to embed well in the department.
   2. **Confidence** – staff need to have clarity about the programme; its purpose and aims to engender confidence and engagement
   3. **Support** - Staff need to be supported e.g. to enable them to actively participate, speak up if there is known duplication or processes that can be improved to give patients a better experience of our services. Our staff are often closest to the processes and the services users and best placed to identify where improvements are needed. The changes may also benefit the staff, improving their work environment, smoothing processes and reducing daily pressures.
   4. **Training & Tools** – staff will need the tools and training to help them engage and participate
   5. **Customer focus** - Productivity improvements should hold the service-user as a central focus given the primary desired outcome will be to improve services for the users, and therefore improving their trust in our services
   6. **Clear expectations and smart targets** - so we are able to confirm and celebrate successes, both along the way and to the final target.

7. **Continuous improvement** - Over the longer term, we might expect to see step changes in service delivery in response to advancements in recommended practice and technology. However, productivity improvement should not be a once off exercise, we should strive for continuous improvement. Often relatively small incremental improvements can serve us well in maintaining and improving service delivery, and as such we should look to embed these practices in the daily running of our business.

It is also important to note that productivity gain *does not* release cashable savings, although cumulative some savings may result as a by-product.

Cashable savings will be addressed through a different and separate stream of work. The GP proposes that HCS is a priority Department in 2023, as part of a thematic and deep-dive approach to address non-pay expenditure challenges. An action plan is under development through a collaborative review between HCS and T&E.

5. **Do you consider that previous and new revenue growth, as well as any capital projects, should be clearly mapped to each Minister in each proposed Government Plan so that there are clear lines of political accountability, as well as to demonstrate how the key priorities laid out in the Ministerial Plans will be funded?**

Ministers have set out their key priorities in their Ministerial Plans, which were developed alongside the Government Plan. Some items in these plans directly link to growth expenditure, whilst others will be funded from existing resources.

In line with the requirements of the Public Finances Law, financial allocations are assigned to departments, and hence Accountable Officers. Ministerial responsibilities have now been more closely aligned to departments, and so the political accountability for growth is in almost all cases obvious. A mapping of departmental budgets to Ministers has been shared with Scrutiny.

In addition to the above, we would like clarity on the below in respect of your answer to question 22 in your letter dated 2nd November 2022:

6. **Please can you provide the full names of the projects where acronyms have been used in your answer**

Table 1 shows a translation of the abbreviated project name to the full project name.

Table 1: Project name translation

Abbreviation	Full name /description
PAS & Acute EPR	Patient Administration System (“PAS”) and Acute Electronic Patient Record (“EPR”)
EPMA	Electronic Prescribing and Medicine Administration (“EPMA”)
Cancer Screening FIT Programme	Cancer Screening Faecal Immunochemical Test (“FIT”) Programme
GP Order Comms	General Practice (“GP”) Order Communications

Teleradiology	Teleradiology
VNA Phase 2	Vendor Neutral Archive (“VNA”)
Care Partner Replacement	Care Partner Replacement
Ophthalmology EPR	Ophthalmology Electronic Patient Record (“EPR”)
E-Consent for surgical procedures	Electronic Consent for Surgical Procedures
Cervical cancer screening	Cervical Cancer Screening
Scantrack	Scantrack

7. **Are you now in a position to provide a breakdown of how the £5.3m will be spent across the projects highlighted?**
8. **How much has been spent to date on each of the stated projects and what have the outcomes been?**
9. **Please can you explain the aims and objectives of each project.**

The answers to questions 7, 8 and 9 have been combined into table 2.

A status is shown for each project. The definitions of the various statuses are:

- **Approved In Progress:** Project has been approved by the Digital Health Portfolio Board and is being delivered in line with the Government’s project delivery framework
- **Approved Not Started:** Project has been approved by the Digital Health Portfolio Board but is waiting for resource to be assigned and work to start on the project
- **Awaiting Project Approval:** Project has been identified as required but has not yet been formally approved by the Digital Health Portfolio Board

Table 2: Digital Care Strategy Projects

Capital Project	Aims and Objectives	Outcomes	Status	Spend to FY 2022	2023 Estimate
Patient Administration System ("PAS") and Acute Electronic Patient Record ("EPR") – Release 1, 2 and 3	Replacement of the current TrakCare system with a modern, integrated solution that brings together key clinical and administration information involved in the care and management of patients in the Hospital.	Right clinical information, right place, right time.	Approved In Progress	3.3	2.4
Electronic Prescribing and Medicine Administration ("EPMA")	The remaining rollout of an Electronic Prescribing and Medicine Administration ("EPMA") system that enables medication to be prescribed and dispensed using electronic records at the patient's bedside.	EPMA has been implemented in all in-patient wards, theatres and ITU. Still to complete are outpatients and chemotherapy	Approved In Progress	0.3	0.1
GP Order Comms	To improve the accuracy and turnaround time for requests from GPs for radiology and pathology tests	GP Order Comms has already been implemented for radiology orders.	Approved In Progress	0.2	0.03
Teleradiology Phase 2	To implement a teleradiology service which allows images to be reviewed off Island and reported on overnight as well as giving access to specialist stroke services not currently available on Island.	Availability of a radiology review and reporting service out of hours when on-Island radiologists are not available.	Approved In Progress	0	TBC

FIT Order Comms	To improve the effectiveness of the Bowel Cancer Screening Programme and enable Jersey to follow NICE guidelines by connecting different hospital systems which increases the number of people that can be screened.	More Islanders put through the FIT bowel cancer screening programme.	Approved In Progress	0.14	0.2
Ophthalmology	Electronic Patient Records for the Ophthalmology department.	Right clinical information, right place, right time.	Approved Not Started	0	0.5
Care Partner Replacement	To review and replace / upgrade the current Care Partner system used in Mental Health, Social Care and CAMHS.	Fit for purpose patient record and care planning solution.	Awaiting Project Approval	0	0.8
ScanTrack Replacement	Replacement of end of life system used for the tracking of sterile equipment.	Fully supported system in place.	Awaiting Project Approval	0	0.13
Vendor Neutral Archive Phase 2	To expand the vendor neutral archive to contain images from all other specialities.	Improved access to images across speciality.	Awaiting Project Approval	0	TBC
E-Consent for Surgical procedure	Electronic consent solution for surgical procedures	Streamlined consent process, quicker, safer and more convenient for patients	Awaiting Project Approval	0	TBC
Cervical Cancer screening	To improve the effectiveness of the Cervical Cancer Screening Programme by connecting different hospital systems which increases the number of people that can be screened.	More Islanders put through the cervical cancer screening programme.	Awaiting Project Approval	0	TBC

10. **Can you please explain why 'Referral Services and Jersey Care Record have been re-profiled in line with the Online Hub platform currently being led by Modernisation and Digital as part of Service Digitalisation programme"?**

    The foundations for the Jersey Care Record and Referral Services will be based on the Online Services Hub technology which is being implemented by the Service Digitisation Programme. It is being done this way to give best value for money for Government by using common technical components. The re-profiling is a contribution from these projects to the costs of developing the Online Services Hub foundations.

    a. **Were any additional costs involved?**
    There are no additional costs. The intent is to save cost by reusing technical components.

I trust the above addresses the Panel's questions and please do not hesitate to contact me again.

Yours sincerely

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