WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
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QUESTION SUBMITTED ON MONDAY 17th NOVEMBER 2025
ANSWER TO BE TABLED ON MONDAY 24th NOVEMBER 2025

Question

"Will the Minister advise the costs of any health services transformation initiatives that have recently taken place, and any savings delivered, and workforce changes implemented in 2024-2025 to date?"

Answer

In 2023, HCJ commenced a significant 'Change Programme'. Its objective was to develop and deliver an integrated approach to improving the quality of care, operational performance, and financial recovery of HCJ. To support this, the Financial Recovery Plan (FRP) was established; combining financial discipline with clinical engagement and staff involvement, and inclusive leadership to deliver sustainable improvements.

The FRP consists of initiatives including clinical productivity, demand management, procurement efficiencies and workforce optimisation. In 2024, these delivered £6.74m of recurrent savings with £10.85 forecast in 2025, the full-year effect of which is £14.56m in 2026.

Workstream	2023 Recurrent Savings £000	2024 Recurrent Savings £000	2025 Forecast Savings (Part Year Effect) £000	2025 Forecast Savings (Full Year Effect) £000	Additional savings in 2026 from FYE £000	% of total 2025 savings
Workforce	340	3,776	5,113	6,567	1,453	45%
Non-Pay and Procurement	650	1,559	1,836	2,980	1,144	20%
Income	405	1,402	3,020	4,060	1,040	28%
Clinical Productivity	0	0	881	956	75	7%
Grand Total	**1,395**	**6,737**	**10,851**	**14,563**	**3,712**	

Figure 1 - Summary of FRP savings

Most initiatives have been delivered by existing resources, with a limited number of fixed term, invest-to-save, posts.

a. Transformation Initiatives

a. Grip & Control

i. **Workforce -** efficiency measures, including improved rostering, stronger management of overtime and clinical staff deployment have strengthened operational grip, helping to control resources and expenditure.

ii. A weekly Establishment and Vacancy Control Panel (EVCP) reviews requests for workforce recruitment and expenditure on the balance of patient safety and available funding.

iii. **Tertiary Care** demand management, with improved referral pathways, greater scrutiny of provider activity and billing data, which has strengthened the control of off-island activity. This work included investment of £222k, which delivered a measurable return on investment.
iv. Embedding forecasting as routine practice has provided early identification of emerging financial pressures and trend changes.

b. **Patient Flow and Clinical Productivity -** HCJ has implemented improvements to elective care, including increased theatre utilisation and day-case activity. This is in addition to;
   i. **Rightsizing the bed base** - Investment of £2.5m supported the opening of Bartlett Ward in 2025, enabling Medical patients to be cared for within the medical bed base and protecting surgical capacity - including private patient surgical beds (necessary for the delivery of the private patient strategy). It also supported more effective patient flow throughout the general hospital.
   ii. **Establishing a Clinical Productivity and Flow Programme Oversight Group (POG),** identifying and overseeing improvements across:
      1. Elective (theatres and outpatients)
      2. Community
      3. Urgent/Emergency care

      Improvements include a Falls Response Service, Discharge to Assess Pilot and Patient Initiated Follow-up (PIFU). Length of stay reductions are being realised and delays to transfer of care reduced, which improves patient care and generates both cashable and non-cashable benefits.

c. **Workforce Productivity -** Workforce schemes represent 43% of FRP savings delivery and have been achieved without reducing clinical resources. These include:
   i. Recruitment into critical clinical posts to stabilise services and reduce reliance on premium cost agency and locum staff.
   ii. Realignment of administrative and corporate roles, which has improved financial control, e.g. improve private patient billing and income capture.

d. **Non-Pay Transformation –** Significant benefits have been realised in procurement and medicines optimisation, including through:
   i. **The Centralised Purchasing Scheme:** A £308k invest-to-save project**,** funded from reserves, enabling ward stock control support and consolidation of purchasing through the NHS supply chain, which secures improved value for money and reduced wastage.
   ii. **Pharmacy invest-to-save:** With investment of £700k funded by the anticipated savings, this has funded the high-cost drugs and formulary pharmacists, leading to biosimilar switches, improved procurement, medicines optimisation and reduced patient-safety incidents.

e. Private Patients & Income Generation
   i. A Private Patient Income Strategy is being implemented with a £328k investment in 2025. delivering demonstratable savings and ROI envisaged by aligning teams, improving operational processes and increasing income.
   ii. Other Income: through enhanced commercial support and discussions, opportunities are being progressed, including optimisation of HCJ assets such as laundry services.

f. **System Wide Transformation,** including the development of end-of-life services including the 'Living Well' team, educational services and an on-call service.

g. Structural Transformation

Throughout 2025 HCJ has progresses its integration ambitions through the appointment of key substantive roles, Director of Workforce and a Director of Finance and Commercial, with corresponding transfer of staff from central Government departments to consolidate capability. In addition, Digital Health, Strategic Planning & Projects, the Health Policy Team, Medical Officer of Health, Public Health and Ambulance Services have also been integrated into HCJ. These changes were delivered with no additional cost, supporting improved planning and delivery of Island-wide health and care services.

The FRP Programme and enhanced executive grip and control are embedding a financially accountable culture, demonstrating that improved quality and efficiency in clinical care directly support improved financial sustainability. A continued focus will help enable HCJ to live within its means, but this alone will not solve the structural deficit challenges HCJ faces. Accordingly, the proposed Government Budget 2026-2029 recognises the structural deficit and increasing health inflation, with respectively £12m and £3.6m additional funding.