



Isle of Man
Government

Reilrys Ellan Vannin

Department of Health



Service Delivery Plan 2011-12

Department of Health

Service Delivery Plan 2011

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Foreword by The Minister

Although it is still "early days" in the life of the Department of Health - distinct from the former Department of Health and Social Security – as this is only the second Service Delivery Plan for the Department of Health, what is already explicitly clear is that the provision of health care to the community of the Isle of Man remains absolutely at the heart of public services.

The delivery of those services becomes an ever more challenging environment within which the staff of the Department must work. Medical techniques; medical equipment; the requisite professional training and medicines themselves, among many other factors, are on a relentless path of sophistication and change. All of which has to be considered in parallel with the need for the keenest consideration of cost effectiveness and prioritisation of resources.

What has come as no surprise to me, but which is a matter of which I believe the Department can be proud, is the self-evident determination and willingness of the Department's workforce to make difficult decisions; to extract every ounce of value from money that is spent on patient care; to remain focused and motivated whilst at the same time never forgetting that the people of the Island, and in particular those who are most vulnerable or disadvantaged are the reason that we provide our services. Alongside that, the Department continues to focus on longer term strategic developments, recognising services that will be required in the future and seeking to create the right environment and conditions to allow for the correct evolution of health services.

This Service Delivery Plan covers the period of 12 months that commences on 1st April 2011. As many people will already be aware, midway through that period the Island will go to the polls in a general election. This will very probably bring about changes to the political landscape of the Island, but it is certain to remain the case that the delivery of quality healthcare service will be a priority for any incoming administration. I know that it will certainly remain so for our dedicated staff and for our colleagues in other Departments with whom we work so closely on so many vital matters.



Hon. David Anderson, MHK
Minister

Introduction by The Chief Executive

Within the pages of this Service Delivery Plan you will find, in clear and unambiguous terms, the vital tasks that the Department will deliver in the forthcoming 12 months and the indicators that will be used to establish the effectiveness of those tasks and the ways in which they are provided. Of course, this Service Delivery Plan does not exist in some kind of insular bubble all of its own - it is derived from the key strategic aspirations of the Isle of Man Government that were set out in the strategic plan conceived following the general election of 2006, and which has been regularly revisited subsequently. What is inescapable, and warmly welcomed by the Department, is the fundamental importance of the Island's healthcare regime, within the wider landscape of government services. Equally, where we work particularly closely with other Departments or agencies of government, for example the Department of Education and Children, there is a direct and close correlation between the relevant component parts of each Department's Service Delivery Plan. This aspect is, perhaps, especially key in the light of the very significant restructuring of government that occurred in the spring of 2010.

Given these interrelationships, and the fact that the current strategic plan was conceived and adopted at the highest political levels, it is of particular relevance that there will be a change of administration in the Isle of Man during the lifespan of this Service Delivery Plan, in the wake of the general election that will take place in September 2011. It remains to be seen what the incoming administration chooses to do in terms of revisiting or "refreshing" the key strategic aspirations of the Isle of Man Government. However, the Department of Health stands ready to deliver what is expected of it and to do so in its customary professional, cheerful and, crucially, cost-effective way.

Delivering, as it does, what can be high-cost services, there is no scope for the Department to relax its awareness of the continuing challenges to government revenues and the availability of resources for health care; the need for constant awareness of cost control and maximum efficiency but to do so without compromising the essential ethic of patient-centred care. Whether this care takes place in the community, or in an acute hospital setting, the professionals involved, and those who provide vital support functions, continue to be the best possible ambassadors for the Department. Whereas, periodically, criticism may come the Department's way (and it is not unique for such criticism to be misplaced, or levelled without a full understanding of the facts) there is constant feedback to the Department, from patients and their families, which illustrates the extent to which services are considered to be of a very high standard and are very much appreciated. The Department, of course, listens very carefully and acts wherever possible, to feedback concerning areas where we can make improvements.

Thank you for reading the Department's Service Delivery Plan for 2011. In doing so, I'm sure that you will appreciate the way in which the Department of Health operates at the very heart of public services in the Island and is determined in its ambition to consolidate its already excellent performance, and to equip itself for what will, inevitably, be a challenging future.



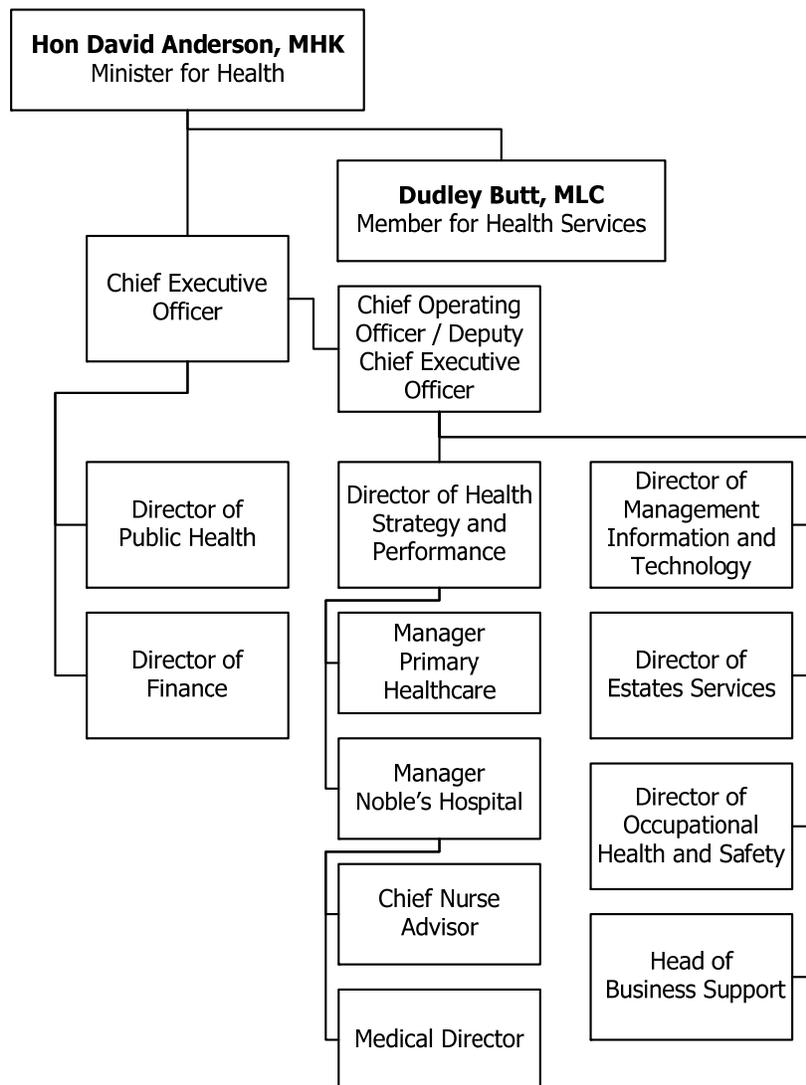
David Killip
Chief Executive

About Us

Under the 1987 Act the functions of the Department are exercised by the Minister in the name and on behalf of the Department. The Act allows the Minister to delegate such functions. The Minister has made instruments of delegation under which powers of authority, subject to certain limitations, are granted to the Department Member in relation to Health Services.

To support the Minister and Member of the Department in the exercise of their functions, a total of 1,632.40 whole-time equivalent people are directly employed. The staff are organised into six Directorates and a core Business Support Team as illustrated below.

Organisation Chart



It is likely that, during the period covered by this Service Delivery Plan, there will be revisions to the structure of senior posts in the Department of Health. The reasons for this are in part, but not confined to, the relocation of certain Department of Health staff members from Markwell house to Crookall House which is expected to be undertaken in the first half of calendar year 2011.

What We Do

Health Services Directorate

In relation to Primary Care Services, the Directorate makes arrangements for:

Family Practitioner Services, which includes:

- General Medical Services
- General Dental Services
- General Pharmaceutical Services
- General Ophthalmic Services

These services are mainly provided through detailed service contracts between the Department and appropriately qualified self-employed practitioners who have been approved by the Department.

Provision of acute / intermediate hospital based care at:

- Ramsey and District Cottage Hospital

Community Services:

- District Nursing
- Health Visiting and School Nursing
- Speech and Language Therapy
- Podiatry
- Salaried Dental Service
- Audiology
- Ambulance, Paramedic and Patient Transfer Services
- Prison Health Services

These services, in the main, are provided through directly employed staff.

In relation to Hospital and Specialist Services the Directorate directly provides and manages:

- Noble's Hospital
- Medical, Nursing and other services associated with Noble's Hospital including outreach services working in the community

In addition the Directorate secures the use of those hospital and specialist services outside the Island required to provide a comprehensive health service.

Public Health Directorate

The role of the Public Health Directorate is to assess the health needs of the population and work with others to develop policies to meet those needs. The Directorate is multi-disciplinary and works closely not only with directorates within the Department of Health but with other government departments and statutory boards. The Directorate defines three overlapping domains in which Public Health professionals practice:

Health Improvement:

This function aims to improve the health of the people of the Island by encouraging healthy lifestyles, enabling legislative changes which will help to improve health standards and monitoring the impact of various factors on health. Included within this domain are issues such as inequality, healthy schools, housing and health, family/community, obesity, tobacco, oral health, surveillance, quality of screening programmes and monitoring of specific diseases and risk factors.

Health Protection:

Health Protection ensures that the health of the population is protected from adverse influences such as infectious and communicable diseases, chemicals and poisons, radiation, emergency response and environmental health hazards.

Health Service Quality and Utilisation:

Health Services need to be effective, efficient and acceptable to the population. The starting point for planning services is an assessment of health and health care needs and it is this that is undertaken by the Public Health Directorate. The Directorate is further involved in ensuring that the services are effective (i.e. that they improve health) as well as being economically efficient (value for money). The Directorate is also involved in improving the quality of the clinical services.

Finance Directorate

The Finance Directorate provides a comprehensive package of financial services to the Directorates of the Department.

These services include:

- Management Accounts
- Financial Reporting
- Budget preparation and co-ordination
- Risk Management
- Project Management
- Finance awareness and compliance training
- Financial systems support

Management Information and Technology (MI&T) Directorate

In January 2011, the Management Information and Technology (MI&T) Directorate was formed from various disparate responsibilities across the Department. As one unified Directorate, and working within the frameworks established by the Department of Economic Development's Information Systems Division, MI&T provides a range of operational and strategic services including IT project management and system developments, management information from existing systems, liaison with UK health agencies, data protection and information security advice, bespoke IT training and advice on telemedicine, telecare and technology in general.

Estates Services Directorate

The Estates Services Directorate (ESD) is responsible for all estates management and provides a maintenance service to all Department of Health properties. ESD are based at The Farmhouse, Braddan.

Maintenance is carried out on a proactive and reactive basis; in addition to this, ESD are responsible for the delivery of the Department's capital programme; renovation/refurbishments of existing properties are carried out concurrently with the routine maintenance.

Whilst the maintenance of Department of Health properties is the core function, other related areas of construction come within ESD's remit. These services include professional property advice, building, engineering and equipment maintenance contracts, energy conservation, grounds maintenance and fire prevention. Estates Services also offer technical and management advice on such topics as project management, property management services and planning applications.

ESD has trade staff working in the following areas:

- Building section - joinery, painting, plastering and tiling, etc.
- Engineering section - plumbing, fitting and mechanical and electrical engineering
- Electro Biomedical - work on specialised hospital equipment and monitoring Engineering contracts for equipment outside our remit. Electrical (EBME) work comes under this section.
- Fire Officer - audits for patient evacuation, fire lectures and site visits in an advisory capacity
- Grounds section - maintains the hospital grounds and gardens of the Department of Health properties

These trades are supported by an administrative/management structure which oversees the works as a whole. ESD also manage the fleet of vehicles used by community health care professionals etc. ESD are responsible for the purchase, disposal and day to day running of the cars, vans and ambulances within the fleet.

To manage the estate, the ESD has a computerised help desk to monitor the progress of requests plus a system to monitor requests for new work (Category D).

Occupational Health and Safety Directorate

The Occupational Health and Safety Service provides comprehensive advice on health, safety and wellbeing at work to employees of the Department of Health and the Department of Social Care. In addition Occupational Health clinical and advisory services are delivered to other government departments, local authorities and the private sector, by arrangement. The Service is led by the Consultant Occupational Physician and the Occupational Health Manager along with the Health and Safety Adviser.

The services provided include pre-employment health screening, health surveillance, medical and workplace assessment and training. Advice and support is available for staff experiencing health problems that impact on their work. The service also provides occupational immunisation.

Advice from the Occupational Health and Safety Service is confidential, independent and impartial. Referrals to the service are usually from department managers but Department of Health and Department of Social Care employees can also self refer for advice on work related health problems.

The Service is also responsible for developing and monitoring the Department of Health Occupational Health and Safety Management Plan which outlines the Department's health and safety priorities and targets.

Key Challenges

Many of the key challenges to be addressed by the Department of Health, particularly in the broad sense of delivering a very wide healthcare regime to the entire population, have already been touched upon in both the Minister's Foreword to this Service Delivery Plan and in the Introduction written by the Chief Executive. The Department's obligations and purpose are, absolutely, to deliver a "national health service" and that brings with it a range of challenges which, whilst not necessarily intractable, are certainly diverse and substantial. Indeed, this equivalent section of the 2010 Service Delivery Plan specifically alluded to the fact that, in quite significant respects, the key challenges facing the Department of Health endure year on year and it is unusual to find challenges which are unique to any particular 12 month period.

Nonetheless, 2011/12, the period embraced by this Service Delivery Plan, will see the first steps taken in the implementation of the Strategy for the Future of Health Services, a keynote document which was under preparation for some time and which received the endorsement of the Council of Ministers in the later part of 2010 and was launched in February 2011. The strategy sets out a defined "direction of travel" for the future nature and delivery of health services to a horizon of at least 10 years from now, and almost certainly beyond.

It will also be imperative for the Department to continue to foster and develop its relationships with other government departments and agencies together with external bodies. For some time the Department has worked particularly closely with other areas of government with regard to services for children. This work has been profitable, in terms of its outcomes and in terms of developing close and effective working relationships between individuals. There is certainly scope for the Department to develop work of this type and to engage yet more comprehensively with other key partners, such as the Department of Community, Culture and Leisure, to advance policies designed to tackle general health, lifestyle choices, and the mitigation of ill-health risks. There is scarcely anything unique or innovative in respect of the term "prevention is better than cure" but it remains a perfectly sound maxim in terms of safeguarding health; for the community as well as for the individual.

The Department must, and will, do more in terms of developing its scope for speedily generating effective management information, not only through the medium of IT, and using that information to make ever more informed and refined decisions in terms of clinical priorities; cost effectiveness; performance management and a raft of key decision-making to underpin the quality of health care services and the direct "front line" care given to patients.

There will also be a drive to further develop what can be termed as "commissioning" to better match patient need to the provision of services, and support improved interaction between health services that are delivered in a community setting and those that are provided in the hospital setting.

The Department is also, to some degree, still "finding its feet" in terms of its structuring since becoming a stand-alone independent department of government in the spring of 2010 as a consequence of the restructuring that saw the dissolution of the former Department of Health and Social Security. It is imperative that the right staff members are in the right place, doing the right things, at the right time. As part of further developments of this type, it is highly likely that the "HQ function" of the Department of Health will relocate early in the lifespan of this Service Delivery Plan and will be based in Crookall House, previously the divisional base of the health services elements of the DHSS - as well as being a base for many primary care services. Basing the Department of Health HQ in Crookall House will bring about very useful synergies by placing staff that were previously in different locations geographically together, and under a common management structure.

It would also be remiss not to mention in this section of the Service Delivery Plan the fact that the "political cycle" will come around again during 2011 when a general election takes place in September. There will be a challenge for the Department, in common with all other Departments, to seamlessly maintain services and effective management of our business whilst, at the same time, being immediately ready to give effect to the priorities and wishes of the incoming administration; explain the Island's healthcare structure and arrangements to those who need that information and to work corporately in support of the new administration for the greater benefit of the Island as a whole.

The initial work to re-balance budgets in light of the Island's economic challenges is now well underway and will continue to be a driver for change over the next few years. The process of implementing these necessary changes is being carefully managed to ensure that essential front line services are maintained. Transforming Government is a longer term programme which will change the way Government works, helping it to become more effective and efficient, and putting a clear focus on the needs of our customers. The aim is to reduce costs associated with administration by standardising processes, making better use of technology and reducing duplication in back office functions.

Through the Transforming Government programme we have an opportunity to work corporately to redesign services to better meet the needs of the people using them. As well, shared service centres for finance, human resources, estates management and procurement are being created to standardised and streamline processes and make more efficient use of resources across Government. Transformation is not a short-term cost cutting measure, but a sustainable approach which ensures continuity of government services for the people of the Isle of Man.

What We Will Achieve

Policy One: Income, Employment and the Economy

Purpose: To raise the standard of living of all the people of the Island through the ongoing development of a successful economy and the sharing of its benefits with all in our community.

Education and Training

Government Aim: To maximise the productivity of the workforce.

Department Aim: To ensure that we have a well trained experienced and qualified staff throughout the Department, to deliver the current and future services.

We will:

1. Ascertain future skills requirements in Health Services, and create coherent single Workforce Plan by April 2012, to address gaps in professional groups and skills and thus prevent disruption of core health services.
2. Continue full implementation of the Knowledge and Skills Framework to staff in the scope of the Manx Pay, Terms and Conditions (MPTC).

Key Performance Indicators

| Indicator | Current Performance | Benchmark | Target |
|--|---|----------------------------|--|
| Workforce Plan in Place | Individual documents require amalgamation | Following UK best practice | Coherent single workforce plan by 30 th April 2012 |
| Complete the roll out of the Knowledge and Skills Framework through support to managers and provide training in the soft skills of appraisal | All MPTC staff in post have a Personal Delivery Plan (PDP) Only framework for performance gateways outstanding | Not applicable | Department to have framework in place to commence performance gateways sequentially during 2012 - 2013 |

Employment

Government Aim: To maintain full and rewarded employment.

Department Aim: To ensure that we have a well trained, experienced and qualified staff throughout the Department, to deliver the current and future services.

We will:

1. Provide support to managers and staff to ensure we have a fully motivated and engaged workforce to ensure maximum attendance at work.
2. Comply with UK best practice to promote the wellbeing of NHS staff in order to benefit service delivery and patient care.
3. Provide effective, high quality occupational health and safety advice to maintain a healthy and productive workforce.

Key Performance Indicators

| Indicator | Current Performance | Benchmark | Target |
|---|---|---|--|
| Directorates to continue to work towards reduced sickness absence levels | Department's annual absence for 09/10 was 5.87% of working time lost | Chartered Institute of Personnel and Development / public sector | Department sickness absence levels not to exceed 5% of working time lost |
| Occupational Health and Safety Directorate to achieve UK Faculty of Occupational Medicine Accreditation Standards | Annual Service audits on customer satisfaction, record keeping and report quality. Quarterly service activity reports | UK Faculty of Occupational Medicine Accreditation Standards (2010). UK NHS Plus Quality Standards (2010) | All standards to be in place by 31 st March 2012 Formal accreditation to be achieved by 31 st December 2012 |
| Develop and implement a staff health and wellbeing strategy | Ad hoc initiatives and monitoring. Co-ordinated strategy not in place | The Boorman Report on the health and wellbeing of NHS staff (2009). Isle of Man Government policy for the 'Prevention and Management of Workplace Stress 2010' | Framework and strategy to be in place by 30 th September 2011 Stress policy to be implemented by 31 st March 2012 |

Policy Two: Government Spending and Revenues

Purpose: To raise revenues and allocate resources for the provision of services in a way that:

- meets the needs of the community
- ensures that people are healthy and secure
- assists those most in need
- distributes the benefits of economic growth

Children and Young People

Government Aim: To improve the lives and health of all children and young people recognising that some will need extra support.

Department Aim: To support the Safeguarding Children Board (SCB) in co-ordinating and monitoring effectiveness of work to protect and safeguard children.

We will:

1. Support the implementation and adherence of SCB procedures and protocols for the protection and safeguarding of children.
2. Participate in the planning of services for children on the Isle of Man ensuring that safeguarding is considered throughout all developments.
3. Through supporting the work of the SCB monitor the effectiveness of what is done to protect and safeguard children.

Key Performance Indicators

| Indicator | Current Performance | Benchmark | Target |
|--|---|----------------|--|
| Monitor and evaluate the arrangements made by SCB partners individually and collectively to protect and safeguard children | The formal report of the service review outcome will be presented to the SCB meeting taking place in March 2011 | Not applicable | Acceptable performance in all areas as confirmed by each SCB annual report |

Public Services

Government Aim: To provide high quality public services at maximum efficiency, whilst having regard to the cost to the community.

Department Aim: To drive service wide efficiency initiatives to ensure value for money and appropriate use of resources.

We will:

1. Develop a Strategic Performance Management Framework.
2. Establish financial targets to ensure that budgets in relation to salaries and wages do not exceed that budgeted for in 2011-2012.
3. Establish a target cost reduction of 3% of spending to be pooled to mitigate against emergent cost pressures and for invest to save projects.

4. Establish a corporate performance framework to improve efficiency and quality of services.
5. Continue the process of open consultation with staff on matters relating to organisational change and efficiencies, to encourage participation.
6. Deliver internal promotion campaigns to raise staff awareness of their responsibilities in delivering lean and efficient services that provide value for money to the public.

Key Performance Indicators

| Indicator | Current Performance | Benchmark | Target |
|--|---|--|--|
| A Strategic Performance Management Framework is available | No framework in place | UK Trusts | To develop a Strategic Performance Management Framework by 31 st March 2012 |
| Salaries and Wages budget is not exceeded during year | N/A | N/A | Salaries and Wages budget doesn't exceed profile – reported monthly to Department |
| 3% target savings applied to absorb emerging financial pressures and to provide a pool for invest to save projects | N/A | N/A | 3% bottom line savings target applied at beginning of year – savings measures to achieve target - reported monthly to Department |
| Increase organisational efficiency by applying 'Lean' principles | Over 50 Champions identified and trained | Toyota Department of Health 'Lean' initiative providing over 40 efficiency projects to date | Introduce 'Lean' principles to all areas of the Department of Health by 31 st March 2012 |
| Engage with staff on matters relating to organisational change | Noble's Hospital team brief, Estate Services Directorate activity report, Human Resource Management team brief Review of 'team brief' systems for corporate application being undertaken | Published best practice for effective communication with staff | All staff to receive a quarterly briefing from appropriate line management by 31 st March 2012 |

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| Deliver internal promotion campaigns to raise staff awareness of their responsibilities in delivering lean and efficient services | Staff e-newsletter circulated organisation wide Intranet site available but not fit for purpose Regular 'all staff' communication emails issued | Chartered Institute of Public Relations Chartered Institute of Marketing | Staff e-newsletter content to be further developed to increase staff awareness and access to best practice efficiency tools by 31 st August 2011 New Intranet site to be re-launched to meet requirements by 31 st July 2011 |
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Department Aim: To improve public awareness and understanding of the Department's services and the limits on those services.

We will:

1. Increase the scope and depth of corporate press conferences/events to communicate service availability and limits on those services, achievements and efficiencies.
2. Launch a public awareness campaign to educate the public to understand the cost of Department of Health services and the implications to the public finances of ensuring appropriate use e.g. cost of Did Not Attend (DNA) rates, benefits of a healthy lifestyle.

Key Performance Indicators

| Indicator | Current Performance | Benchmark | Target |
|--|---|---|---|
| Maintain the number of corporate press conferences/events to communicate service availability and progress | Department of Health Communication Strategy presently being rewritten 15%, increase in press conferences/events in 2010/11 – target achieved | Department of Health Communication Strategy | Maintain the current level and periodically review effectiveness of that level |
| Develop public awareness campaigns to increase understanding of service costs and usage | Department of Health Communication Strategy presently being rewritten | Department of Health Communication Strategy | Increase scope and depth of available information by 31 st December 2011 |

Department Aim: To provide quality services to the public.

We will:

1. Continue the process of open consultation with the public on matters relating to service improvement, by developing a customer focused Department of Health website to meet current and future e-business requirements, ensuring continued compliance with the World Wide Web Consortium (W3C) Standard AA accreditation for accessibility.
2. Identify questions most frequently asked by the public and publish on the Department of Health website.

Key Performance Indicators

| Indicator | Current Performance | Benchmark | Target |
|--|--|---|--|
| Review the Department of Health website to meet current and future e-business requirements | Department of Health website created and initiated | Department of Health Communication Strategy being rewritten Compliance with W3C AA accreditation for accessibility | Launch the new Department of Health website by 31 st July 2011 |
| Review Department of Health FAQs | FAQs on website, but in need to full review | Compliance with Government's 'Customer First' objectives in support of 'One Stop Shop' approach | Full review of website FAQs and updated on the Department's website by 31 st March 2012 |

Department Aim: To provide high quality public services at maximum efficiency, whilst having regard to the cost to the community.

We will:

1. Maintain health services within resource allocations.
2. Implement the Strategy for the Future of Health Services.
3. Continue to develop a commissioning approach to the resourcing of health services.
4. Renew efforts to reduce and manage effectively demands placed on all parts of the Health Service.
5. Develop and target programmes which help ensure that people have the opportunity to reach their full potential in health terms.
6. Review the charges and benefits across the health services sector.

Key Performance Indicators

| Indicator | Current Performance | Benchmark | Target |
|--|---|---|---|
| Maintain services within resource allocations | Some areas of significant overspend | Isle of Man Government Revenue Budget 2011-12 | Achieve financial balance in each financial year |
| Implementation of the Strategy for the Future of Health Services | Strategy approved by Council of Ministers in October 2010 | Not applicable | Strategy implementation group set up by 31 st April 2011 and at least three key areas for work identified by 31 st March 2012 |

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|---|--|--|--|
| Extend commissioning approach to the resourcing of health services | Commissioning approach currently in use in 12 external areas | Commissioning approach already applied in some areas | Introduce commissioning approach in a further 12 areas by 31 st March 2012 |
| Reduce waiting times for routine Outpatient appointments in ENT, Ophthalmology and Endocrinology | Various but excessive waiting times in these specialties, up to two years in a few cases | Current waiting times based on clinical evidence | Reduce waiting times to less than six months by 31 st March 2012 |
| Offer new appointments for operations cancelled by the Department within 28 days of original date | 80% | UK 95% | 100% of possible appointments by 31 st March 2012 |
| Processes in place to manage demand placed on all parts of health services and identify ways of managing that demand to improve capacity and patient care | No formal demand management processes in place | To establish multi-disciplinary short-life working group to identify comprehensive demand management procedures. | Working group to prepare plans by 31 st August 2011 Plans to be implemented over succeeding 1 year |
| Identify best settings for delivery of care using appropriate guidelines and pathways | Inconsistent between service areas | Benchmark against appropriate standards from other jurisdictions | Review balance of where care is provided by 31 st March 2012 |

Health and Social Services

Government Aim: To promote the benefits of a healthy lifestyle and provide high quality programmes of health and social care.

Department Aim: To ensure the health of the Island's population by using both education and preventative methods across the spectrum of illnesses and substance abuse.

We will:

1. Continue to provide a smoking cessation programme and develop a Noble's Hospital based smoking cessation programme and other services in other locations where required.
2. Work with other agencies to increase the opportunities for physical activity in the Isle of Man.
3. Continue to work with other agencies to develop a focused approach to tackle drug and alcohol issues, by raising awareness of risk taking behaviour and promoting behavioural change.
4. Implement a bowel cancer screening service.

Key Performance Indicators

| Indicator | Current Performance | Benchmark | Target |
|---|---|---|--|
| Continue promoting and offering free stop smoking services across the Island and further develop links with Noble's Hospital and other services where required | <p>Quit4You data: current quit rates of 49% (at 1 month follow-up)</p> <p>An audit (2009/10) showed limited support or Nicotine replacement therapy was offered to hospital patients who smoke, with very few referrals to the stop smoking service</p> | Department of Health UK 'Stop Smoking Interventions in Secondary Care Guidance' | <p>Pilot the Secondary Care Guidance in the Noble's Hospital Medical Directorate by 31st March 2012</p> <p>Improve links and services offered in key target areas at Noble's Hospital (e.g. surgical, cardiovascular, respiratory and IVF patients) by 31st March 2012</p> <p>Increase number of referrals to the Quit4You service from Noble's Hospital by 31st March 2012</p> <p>Pilot a Quit4You clinic in the new Peel GP Surgery by 30th April 2011</p> |
| Work in partnership with other agencies to take forward the Physical Activity Strategy and develop the implementation plan | Strategy completed, awaiting submission to Tynwald in April 2011 | Not applicable | To implement the Physical Activity Strategy by 31 st March 2012 |
| Continue to work with other agencies to further develop and expand the 'Crash Test Tim' website, providing up-to-date advice and information on drug and alcohol related issues in a user friendly format | 'Crash Test Tim' Website is live, with information and advice available on Mephedrone | 'Talk to Frank' UK website | <p>Expand the website to include information on:</p> <ul style="list-style-type: none"> • Emerging drugs of concern • A-Z of drugs • Risk taking behaviour • Increase the number of hits on the website by 20% <p>by 31st March 2012</p> |

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| Implement a bowel cancer screening service | Bowel cancer screening service not available | Meet UK coverage and performance | Introduction of bowel cancer screening service by 1 st July 2011 To achieve an uptake of 80% screening by 31 st March 2013 |
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Department Aim: To engage service users and where appropriate, their carers' in the planning and delivery of services.

We will:

1. Develop a cancer services strategy for the Island with full involvement of users, cancer charities and carers.

Key Performance Indicators

| Indicator | Current Performance | Benchmark | Target |
|----------------------------------|----------------------|---|--|
| Develop Cancer Services Strategy | No strategy in place | UK Calman/Hine Report 2005 (UK) NHS Cancer Plan 2000 | Development of a Cancer Services Strategy by 31 st March 2012 |

Department Aim: To take a leading role in the development of responses to both existing and new threats to the public's health.

We will:

1. Identify the likely threats to the quality of life on the Island and work with other departments to address the threats, e.g. new infections, Chemical, Biological, Radiation and Nuclear (CBRN) incidents.
2. Undertake horizon scanning to identify any emerging threats which may impact on the health of the Island directly or indirectly and work with other agencies to tackle such threats.
3. Put in measures to reduce the risk of Isle of Man residents developing infections during travel and importing such infections to the Island.

Key Performance Indicators

| Indicator | Current Performance | Benchmark | Target |
|---|---|----------------|--|
| Awareness raising exercises if a new threat is identified | Last major threat was in 2009 with the Influenza H1N1 virus (flu). A well organised awareness raising exercise was undertaken | Not applicable | To identify any new threats and ensure adequate awareness and planning across all sectors on the Island and submit a report by 31 st March 2012 |

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|--|---|------------------|--|
| Reduce the number of imported infections | No accurate data on imported infections | No accurate data | Promote travel vaccinations and ensure training for primary care staff on travel health by 31 st March 2012 Complete the initial awareness raising of travel health by 31 st March 2012 |
|--|---|------------------|--|

Department Aim: To provide a diverse range of high quality care and support to those who use our services ensuring that they are appropriate to their level of need.

We will:

1. Undertake regular health and lifestyle surveys to monitor the changes in health and health related behaviour in the population to identify and target the areas of greater need.
2. Develop a health profile with health indicators to identify the Isle of Man's relative position in comparison with North West England.
3. Undertake health needs assessment for specific conditions/client groups to lead the commissioning process.

Key Performance Indicators

| Indicator | Current Performance | Benchmark | Target |
|------------------------------|---|---|--|
| Health and Lifestyle Survey | Survey completed in 2010 and results widely disseminated | Not applicable | Survey to be undertaken every three years and changes in health status/health related behaviour assessment, to inform action |
| Profile of Health Indicators | First set of health indicators provided by North West Public Health Observatory in 2010 | England: Annual publication of health indicator | To publish 25 health indicators and for those indicators where the Isle of Man is an outlier, identify the reasons and proceed to address areas of concern by March 2012 |

Policy Three: Legislation and Regulation

Purpose: To introduce and enforce legislation and regulations which provide for the care, protection, safety and personal development of the individual whilst minimising the burden of compliance to employers and the community.

Legislation and Regulation

Government Aim: To provide a legislative and regulatory framework that strikes a balance between the interests of all stakeholders within the community.

Department Aim: To introduce and enforce legislations which provide for the protection, safety and personal development of the individual whilst minimising the burden of compliance to employers and the community at large.

We will:

1. Submit amendments to NHS Act 2001 to ensure that it incorporates up to date measures to underpin the provision of Health Services.
2. Review and update the Medicines Act 2003 to ensure that it provides adequate regulation and protection for professionals and the public
3. Submit amendments to the Medicines for Human Use Regulations 2005
4. Prepare new Regulations or a new Act to permit recovery of health costs resulting from Road Traffic Accidents

Key Performance Indicators

| Indicator | Current Performance | Benchmark | Target |
|--|----------------------------|---|--|
| Review NHS Act 2001 | Partially completed | Amendments completed and submitted to Tynwald | Complete amendments by 31 st March 2012 |
| Review Medicines Act 2003 | Partially completed | Amendments or new Bill completed and submitted to Tynwald | Complete by 31 st March 2012 |
| Medicines for Human Use Regulations 2005 | Partially completed | New Regulations completed and submitted to Tynwald | Complete Regulations by 31 st March 2012 |
| Compensation Recovery Legislation | Partially completed | New legislation submitted to Tynwald | Complete new legislation 31 st March 2012 |

Department aim: To ensure that legislation is fit for purpose in supporting the initiatives and desired outcomes of a co-ordinated public health strategy.

We will:

1. Work with other agencies to develop legislation to reduce adverse impact on health e.g. legislation and other measures to deal with emerging drugs of concern.
2. Monitor the impact of legislation and policies on health of the population, e.g. maximum price per unit of alcohol, reduction in speed limit.

Key Performance Indicators

| Indicator | Current Performance | Benchmark | Target |
|---|---|--|---|
| Impact of policies on the Health Status of the local population | No formal Health Impact Assessment (HIA) in place | Scandinavian benchmark in HIA for all major policies | Obtain agreement for a HIA from the Chief Officer Group and set up a HIA for the planned sewage treatment plant in Peel, working alongside the Water Authority by 31 st March 2012 |

Governance

Government Aim: To ensure that Government complies with the principles of corporate governance.

Department Aim: To ensure that we have a well trained, experienced and qualified staff throughout the Department, to deliver the current and future services.

We will:

1. Produce month end “Flash Figures” within five working days, identifying areas of concern and emergent financial risks and communicating to the Department.
2. Produce an options appraisal report identifying alternative funding models for health services, for consideration by the Department.
3. Establish financial targets to ensure that budgets in relation to Salaries and Wages do not exceed that budgeted for in 2011-2012.
4. To ensure support is provided to budget holders through a series of financial management awareness courses, financial regulations workshops and lean working workshops.
5. Establish a target cost reduction of 3% of spending to be pooled to mitigate against emergent cost pressures and for invest to save projects.
6. Establish a corporate performance framework to improve efficiency and quality of services for consideration by the Department.

Key Performance Indicators

| Indicator | Current Performance | Benchmark | Target |
|---|---|--------------|---|
| Production of month end "Flash Figures" | Production within five working days | None | Production within five working days of month end |
| Produce an options appraisal report for health services funding | None | None | Options appraisal report submitted to the Department by 31 st December 2011 |
| Identification of material financial risks | All material risks that could impede the ability to remain within budget are communicated to the Department monthly | None | Production within five working days of the month end |
| Production of Department Risk Register | None | None | A consolidated Department Risk Register is presented to the Department on a quarterly basis |
| Develop a comprehensive IT hardware and software replacement programme to enable development of a full suite of management and clinical performance information | Some available in acute care and most available in primary care | Match UK NHS | Full suite of information available by 31 st July 2011 |

Department Aim: To engage with service users and, where relevant, their carers in the planning and delivery of services.

We will:

1. Continue to involve service users in the planning of health services and monitoring their delivery.

Key Performance Indicators

| Indicator | Current Performance | Benchmark | Target |
|--|---|--------------------------------|--|
| All services have lay or patient or carer representation | 50% | 75% | 75% by 31 st March 2012 |
| All service development groups and reviews to include patient, lay or carer involvement as appropriate | Unquantified but probably less than 30% of all appropriate groups | 100% of all appropriate groups | 50% of all appropriate groups by 31 st March 2012 and 100% by 31 st March 2013 |

Policy Four: Quality Of Life

Purpose: To continue to give people the freedom and opportunity to live and prosper in a safe and caring community, whilst protecting the Island's unique natural and cultural heritage and way of life.

Energy

Government Aim: To provide for growing energy needs, which allows economic growth whilst minimising environmental impacts.

Department Aim: To ensure the most effective use of resources to deliver positive and sustainable outcomes for the people we serve.

We will:

1. Continue to investigate energy saving initiatives across our properties and where economically viable, upgrade as appropriate using central funds.
2. Continue to implement energy efficiency initiatives, commencing with the least efficient buildings.
3. Continue work with local managers to identify individual targets for each property to reduce energy consumption.

Key Performance Indicators

| Indicator | Current Performance | Benchmark | Target |
|------------------------------|---|----------------------------------|--|
| Update clinical waste policy | Clinical waste policy exists, but out of date | European best practice standards | Clinical waste policy update complete by 30 th September 2011 |

Energy Data and CO₂ Emissions

| Energy Data 2009/10 | | | |
|-------------------------------|----------------------------|------------------|---------------------|
| Indicator | Current Performance | Benchmark | Target |
| Building Type | kW-m2 | Typical kW-m2 | Good practice kW-m2 |
| Hospital's | 887 | 594 | 497 |
| General Medical Practitioners | 193 | 270 | 174 |
| Administration Services | 143 | 282 | 157 |
| Staff Accommodation | 196 | 294 | 245 |

| Department of Health CO₂ Emissions | | | |
|--|----------------------------|------------------|---------------|
| Indicator | Current Performance | Benchmark | Target |
| | Tonnes | | Tonnes |
| 2004/05 | 11,565 | 2004/05 | 11,565 |
| 2005/06 | 11,171 | 2005/06 | 11,102 |
| 2006/07 | 10,179 | 2006/07 | 10,640 |
| 2007/08 | 9,473 | 2007/08 | 10,177 |
| 2008/09 | 9,052 | 2008/09 | 9,715 |
| 2009/10 | 9,159 | 2009/10 | 9,252 |

Resources

| Revenue And Personnel Budget | |
|---|-------------------------------------|
| Revenue , Capital and Personnel limits | Estimate 2011-2012 £ |
| Core Services:- | |
| Chief Executive's Office | 180,000 |
| Chief Operating Officer's Office | 3,609,140 |
| Estate Services Directorate | 5,577,200 |
| Finance Directorate | 2,876,975 |
| Management Information and Technology Directorate | 3,504,176 |
| Public Health Directorate | 1,352,700 |
| Hospital and Specialist Services:- | |
| Noble's Hospital | 74,287,711 |
| Ramsey and District Cottage Hospital | 4,630,178 |
| UK Referrals/Patient Travel | 11,661,278 |
| Primary Health Care:- | |
| Administration | 1,043,334 |
| Community Services | 8,010,079 |
| Isle of Man Ambulance Service | 2,918,434 |
| Practitioner Services | 36,167,975 |
| Prison Health Service | 356,232 |
| NHS Contributions (IOM) Acts 1971 | (34,808,000) |
| Total | 121,367,412 |
| Personnel (WTE's) | 1,632.48 |
| Capital (£M) | 5.381 |

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