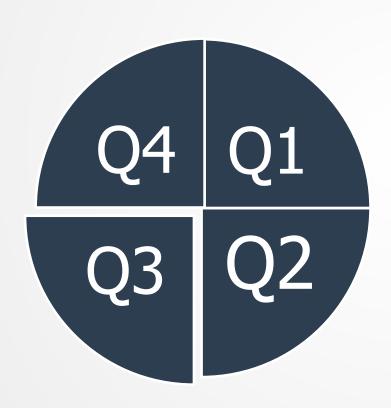
Department of Health and Social Care Annual Service Delivery Plan 2016 / 2017 Quarterly Update - Quarter 3





Foreword

In April 2016, the Department committed to publish its progress during the first year of the five year strategy for health and social care. The following pages cover each of the first year priorities and where we are up to in quarter three of the work programme. Our aim is to maintain clear and transparent reporting on what we achieve.

The status on the right-hand side of each page summarises our performance at the end of quarter three. The colour represents how well the project is running.

Red – the project is not meeting its targets.
Amber – a problem is slowing performance but is being dealt with to get the project back on track.
Green – the project is performing to plan.



Malcolm Couch Chief Executive

Agree a cross-government process for **joint strategic needs assessment** (JSNA) which, over time, will drive needs-led and evidence-based change to future health and social care services, as part of the overall approach to improving health and wellbeing.

Measure:

By March 2017, the Department will:

- ✓ Achieve cross-government agreement on a process for JSNA to drive improvement in health and wellbeing;
- ✓ Agree a resourced work programme for JSNA into priority areas for health and wellbeing improvement to be carried out in 2017/18;
- ✓ Deliver a completed JSNA on drug and alcohol misuse, the results of which will drive strategic priorities for drug and alcohol treatment and rehabilitation services

Progress:

In quarter three the JSNA Development Group progressed three phases of work to deliver this work stream:

Phase 1

The first Public Health Outcomes Framework indicator set and a presentation highlighting the key findings is nearing finalisation. This will be presented at a workshop for MHKs and, subsequently, to Social Policy and Children's Committee (SPCC) and Chief Officers Group in February/March 2017

Phase 2

Governance/reporting mechanism remains as notified in Q2 – through SPCC and Chief Officers Group

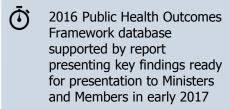
Phase 3

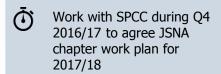
Work programme and resources for 2017/18 to be agreed through SPCC after consideration of the Framework reports by March 2017. Initial work is underway to identify potential priority areas for 2017/18 JSNA programme.

Drug and Alcohol JSNA: The provider has completed the JSNA process and submitted the draft report. Final report due January 2017.

Goals:

Next Steps...





Drug and Alcohol JSNA to be published January 2017 followed by cross-government work to agree and implement strategy (Q4 2016/17 for agreement of strategy; 2017-22 for implementation)

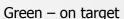


Project Lead:

Director of Public Health







Review UK NHS waiting list target times, commit to appropriate Manx targets and then monitor and publish performance data.

Measure:

By October 2016, the Department will validate the current waiting list information it holds for health services provided locally. By March 2017, the Department will identify and publish realistic and comparable waiting list targets using the UK NHS waiting list target times as a benchmark. It will publish its position against these targets on a quarterly basis from April 2017 onwards.

Progress:

- ✓ Department to consider proposals for Manx targets in Feb 2017.
- ✓ Hospital will shadow monitor performance against the 18 week RTT on a specialty basis, reporting on those patients waiting less than 3 months for first out patient appointment and for those waiting less than 6 months for subsequent treatment.
- ✓ In addition we will report on patients waiting longer than 52 weeks, as the standard would be that no one waits over 52 weeks for first treatment.
- ✓ Monitoring against '95% seen in under 4 hours' standard for the Emergency Department. We will report the numbers of patients waiting more than 4 hours.

- 93% standard for 2 week cancer referral. Reporting this weekly since end of July 2015, this can be published from April.
- √ Noble's has commenced reporting against 31 and 62 days at 85% cancer treatment targets commenced in January 2017.

Goals:

Next Steps...

- To complete the protocol and governance for waiting list validation.
- Department will review and agree Manx waiting time targets to be reported from first quarter 2017/18.
- Waiting time targets to be agreed and published on a quarterly basis from April 2017



Project Lead:

Executive Director for Health

Q3 Status:







Publish all actions for 2016/17 under the Strategic Plan for Mental Health and Wellbeing 2015 – 2025.



Click here to see the Strategic Plan for Mental Health and Wellbeing!

Measure:

Publish quarterly updates against the actions in July 2016, October 2016, January 2017, and April 2017.

Progress:

- ✓ The update reports will be published on the Mental Health and DHSC websites on a quarterly basis.
- ✓ The first quarter report was published in September 2016.

Goals:

Next Steps...

- Publish second quarter report from Mental Health and Wellbeing Strategy no later than 30th November 2016.
- Q3 updated uploaded to Government website by 10th February 2017.



Project Lead:

Director of Mental Health Service

Q3 Status:







Carry out and publish initial planning in respect of delivering improved integrated care.

Measure:

By November 2016, identify which initiatives could be implemented to help deliver more joined up services for customers as part of an integrated care strategy. By March 2017 publish the evaluation of the proposals and establish a number of pilot projects designed to link up services.

Progress:

- ✓ A 'task & finish' group worked on defining integrated care for the Isle of Man throughout December, paper discussed at Transformation Committee (22/12/16), which will be progressed after departmental approval.
- ✓ Work has commenced on additional elements of this work stream including:
 - Integrated Urgent Care Response Team
 - Discharge management across acute and primary Services
 - A pilot Community Partnership approach to the provision of health and care services in the South of the Island
 - Telemedicine projects identified and in train

√ Urgent Care:

- •Urgent care review in final stages of GP engagement process (Jan 2017)
- Creation of Urgent care Alliance,.
- Effective patient streaming in the Emergency Department.
- Creation of real-time directory of services for effective signposting
- Design of single point of access for urgent care

Goals:

Next Steps...

- A formal definition of integrated care will be determined following completion of the Community Partnership Pilot in the South of the Island (Jan March 2017).
- Bradda Unit is currently being prepared for opening in Spring 2017, with the first four residential care beds opening in the new year. This will add to residential care capacity in the South of the Island (Adult Services)
- 'Immedicare' pilot subject to Treasury approval to start by January 2017 (Commissioning)
- Electronic referral of patients to off-Island care providers from November 2016 (Digital)

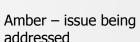


Project Leads:

Directors of identified service areas







In conjunction with Government Technology Services (GTS), publish details of all digital strategy projects for the DHSC in 2016/17, including their expected benefits.

Measure:

Identify all key projects for 2016/17 for DHSC detailed in the Digital Strategy. Produce and publish quarterly updates against progress of these projects by July 2016, October 2016, January 2017 and April 2017.

Progress:

- ✓ All projects continue into the delivery phase, each with its own agreed timeline and delivery track.
- DHR back-scanning partner engaged, contracted and preparatory works in underway.
- DHR Approval of destruction process for scanned paper records given Programme Board sign off.
- ✓ OCS ITEROP testing in hand and ongoing. Radiology and Lab build work now largely complete.
- ✓ EPMA EMM contract execution complete + heads of terms for ePrescribe contract now in place.

- ✓ CAN Patientrack configured for & deployed Ward 7, which completes medical division rollout.
- ✓ CAN schedule for Patientrack deployment in surgical wards circulated to stakeholders

Projects:

Acute Services: Digital Health Records (DHR)

The digitisation of over 100,000 general and maternity health records. Scanning of existing patient records will start early in 2017.

Acute Services: Clinical Assessments & Noting (CAN)

The reduction of paper records with the development of acceptable e-alternatives to improve patient safety and increase clinical efficiency.

Integrated Care: EMIS in Community

Health is a platform for a single source integrated care record for Primary and Community Care with key interfaces with newly developed Acute Services systems. Full functionality dependent on deliverables of the other concurrent projects.

Integrated Care: Roll-out of Patient Access

Access to full health record and test results including online appointment booking now fully operational.

Acute Services: Order

Communications System (OCS).

Digital streamlining and reporting of test requests and results. Roll out will commence in Q1 2017 with completion provisionally occurring Q4 2018.

Integrated Care: Electronic Prescribing & Medicines Administration (EPMA)

An automated prescribing system to reduce errors and unnecessary duplication. Planning, initiation & contract management on track.

Integrated Care: E-Discharge

The end-stage of the patient journey, integrated into EPMA and CAN. Roll out will commence on completion of EPMA and CAN.

Goals:

Next Steps...

- DHR Preparatory user training underway with back-scanning to commence March 2017.
- CAN Commence Patientrack deployment on surgical wards.
- EPMA ePrescribe contract agreed and signed. Detailed technical road map plan for system deployment prepared & agreed.
- OCS System training & user engagement plans prepared & agreed.



Project Lead:

Chief Information & Digital Officer

Q3 Status:







Set up a research and development group to monitor research and translate it to DHSC services (especially pathways) and to oversee novel research in the Isle of Man.

Measure:

By June 2016, identify a Manx model for a Research and Development Unit, complete a business case for any additional resources (staff and systems) required for the Unit. By December 2016 complete a 6 month pilot of an R&D Unit for the Isle of Man and by April 2017 establish the Unit to support the work of the Local Research Ethics Committee (LREC) and individuals wishing to carry out health and care research in the Isle of Man.

Progress:

- ✓ The Board approved (18th May 2016) in principle establishing a R&D Unit in DHSC to support research applications which may involve academic research, medical or clinical trials in areas relating to health and social care.
- ✓ The R&D Unit will work in support of the Local Research Ethics Committee (LREC).
- ✓ Detailed business case for submission to Health Improvement Fund for 12 month funding completed and due for submission no later than 18th November 2016.

- ✓ Pilot R&D Unit established 5th September 2016.
- ✓ Objectives for six month pilot have been agreed.

Goals:

Next Steps...

- Launched R&D Unit at Research Conference 18th November 2016.
- Scope governance and legislation requirement for clinical and medical trials no later than 1st February, 2017.
- Identify mechanisms to support promotion of appropriate commercial research projects.
- Business case for 12 month funding submitted to Health Improvement Fund for approval, Jan 2017.
- By April 2017 evaluate pilot and complete full business case to establish permanent DHSC R&D team in partnership with DED and joint BIOMED Strategy



Project Lead:

Director of Strategy & Policy

Q3 Status:





Set up a patient/client services team within the acute health care setting that is responsible for public information about services, the management of appointments, the management of travelling for UK services and coordinating services for people (including at admission and discharge).

Measure:

By March 2017, create an effective customer service hub for people using our services. The hub will provide timely and accurate information for customers coming in and out of our facilities and also support the management of travel and appointments for those people requiring health and care services off Island.

Progress:

- ✓ A project team has been in operation since **April 2016**, making good progress with transformation of admin and clerical support.
- ✓ The Patient Information Centre has moved into the former porters' lodge at Noble's Hospital. Options are being considered for integrating the patient transfers team.
- ✓ An initial workshop on the Patient Information Centre has taken place.

Goals:

Next Steps...



- 1) Sharing and communicating the vision for the Patient Information Centre
- 2) Establishing effective referral processes for patients and services
- 3) Establish a detailed implementation plan to ensure that the Patient Information Centre is in place no later than April 2017.



Project Lead:

Executive Director for Health

Q3 Status:





Put in place up-to-date contracts for all services commissioned from UK providers which specify exactly what will be delivered by the provider and what will be carried out in the Isle of Man.

Measure:

By September, 2016 review all existing service provision arrangements and contracts for services provided by UK providers. By April 2017, ensure that all UK service providers have up to date contracts approved by the Attorney General's Chambers.

Progress:

- ✓ The DHSC has agreements in place with 14 hospitals in the North-West of England. A plan for finance and activity has been agreed with all 14 hospitals.
- ✓ Work has started to formalise the agreement with hospitals which provide visiting services at Noble's Hospital. Draft service level agreements will be reviewed by March 2017 to ensure that they are meeting the needs of the Island.
- ✓ A meeting is being arranged with the Attorney General's Chambers to discuss and agree the format of contracts for 2017/2018.

- ✓ An initial list of services provided by each UK hospital for the Isle of Man has been produced. This will be discussed with Noble's doctors to agree the pathways between the Island and the UK, with the aim of returning patients to the Island where clinically appropriate.
- ✓ New arrangements for approval of referral to hospitals where DHSC does not have a contract will be in place by October 2017.

Goals:

Next Steps..

- Agree contract format with Attorney General Chambers no later than 31st January 2017.
- Clear pathways for all patients, underpinned by formal contracts that support patients to have the majority of their care on Island no later than October 2017.
- Paper to be produced for Treasury consideration regarding contracts with UK Hospitals and ensuring that Financial Directives are complied with.



Project Lead:

Director of Commissioning

Q3 Status:







Put in place up-to-date contracts for all services commissioned from Isle of Man providers and develop further collaboration with the charitable and private sectors.

Measure:

By September, 2016 review all existing service provision arrangements and contracts for services. By April 2017, ensure that all Isle of Man service providers have up to date contracts approved by the Attorney General's Chambers. In collaboration, develop an effective framework for commissioning with third sector and private organisations by December 2016.

Progress:

- ✓ The DHSC is auditing all of its services from providers on Island to ensure that forward contracts are in place, approved by the Attorney General's Chambers, with review dates and regular partnership meetings, in accordance with financial regulations.
- ✓ The DHSC will work with partners across the public, private and charitable sectors on an Island wide recruitment and human resources campaign to increase the caring workforce across all sectors.
- ✓ The Board of the DHSC has discussed a proposed framework agreement with the voluntary sector. It is proposed to finalise the agreement by the end of March 2017.

Goals:

Next Steps...

- Conclude detailed audit and review of existing service procurement arrangements and contracts with on Island providers no later than 31st March 2017.
- Establish a framework agreement with on Island third sector providers no later than 31st March 2017.



Project Lead:

Director of Commissioning

Q3 Status:







Amber – issue being addressed

Publish regular updates in newspapers, website and social media of progress against the strategic goals and performance data across the Department.



Click here to see the Communications Plan 2016-2017!

Measure:

Establish an effective communication strategy for both internal and external stakeholders. Publish this in a detailed Communication Plan no later than April 2016.

Progress:

- ✓ Growing demand for communication activity, finite resources, and the new administration has slowed the delivery on the communication plan. Additional capacity has been identified for 2017/18.
- ✓ Visual identity created for communications relating to the strategy to help the public more readily identify related progress and announcements.
- ✓ Department's website updated to include an organisational chart reflecting the finalised management structure from 1 January 2017. Management profiles to follow.
- ✓ Continue to demonstrate links to strategy in routine communications re: ongoing departmental activity (e.g. progress on Digital Future at Noble's Hospital, Health and Lifestyle Survey, Joint Strategic Needs Assessment, Healthy Workplace Toolkit launch)

Goals:

Next Steps...

- Explore opportunity to develop a web and PDF feature of strategy's key progress in 2016/17 featuring this in a local publication such as newspaper may be cost prohibitive
- Explore key performance indicators for the delivery of the Programme for Government to improve communication with the public on the way services are provided
- Promotion of 2017/18 service delivery plan by May 2017.

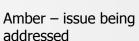


Project Lead:

Communications Executive







Develop and implement both a comprehensive recruitment and retention strategy and implementation plan for all parts of the Department.

Measure:

Working closely with OHR and key service leads, create an effective recruitment and retention strategy by September 2016.

Develop and put in place a comprehensive recruitment and retention plan for all parts of the department by March 2017.

Progress:

- ✓ Board approved the recruitment and retention strategy on 22nd September 2016.
- ✓ Nursing recruitment plan in progress and due for delivery by the end of January 2017.
- ✓ Two focus groups held in December and additional sessions booked for January to gain feedback from staff on how to improve recruitment process
- ✓ Agree to pilot informal exit interviews with staff leaving Noble's Hospital to gain qualitative data on recruitment and retention by March 2017
- ✓ Progress on implementation has been delayed by changes in senior management teams and also by resource levels in the project team.

Goals:

Next Steps...

- Recruitment plans for 'hard to recruit' roles in Mental Health commenced. Deadline for completion to be agreed.
- Plans for Community Health Services and Social Care to commence by March 2017.

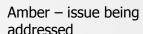


Project Lead:

OHR Business Partner







Put in place a comprehensive organisational development plan, in conjunction with OHR Learning and Development, concentrating on vision, values and behaviours.

Measure:

Working closely with OHR Learning and Development establish an organisational development plan for the department no later than September, 2016. By March 2017, deliver workshops in all service areas focussing on vision, values and behaviours. This will be based on the content of the DHSC Customer Charter.

Learning, Education and Development (LEaD) has taken responsibility for the development and facilitation of the organisational development (OD) Plan. OD deals with planned, systematic approaches to improving organisational effectiveness by aligning strategy, people, structure and processes. OD will facilitate the delivery of the five-year strategy.

- ✓ The OD plan was agreed in November 2016.
- ✓ The structure of DHSC has been. updated and an Executive Leadership Team (ELT) created on 1st January 2017.
- ✓ The OD plan was reviewed in January 2017 with a list of 26 priority projects scheduled for completion this quarter.

- Begin working with Executive Directors to develop the Corporate Services and Health and Care teams.
- Work across DHSC to develop a departmental vision that will help translate the CARE values into practice.
- Continue work on developing career pathways for care workers across DHSC.
- Review and update DHSC inductions to reflect new structure, values and vision by March 2017.



Project Lead:

OHR Business Partner

Director of LEaD

Q3 Status:





