

Health Department Business Plan 2005-06

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- A. Business Improvement Plan**
 - B. Information Systems Strategy**
 - C. Performance 2004-05**
 - D. Health Department Corporate Aims, Objectives and Values**

Foreword

When I joined the Health Department in January this year it came as no surprise to me to find a Department staffed by highly talented, motivated and committed people working hard in support of Ministers and striving to provide a high quality service to the people of Scotland.

I thought it would be useful in presenting my first Departmental Business Plan if I set out my vision for the Department. Firstly, I want to ensure that Ministers' priorities for the health portfolio in Scotland are delivered. Secondly, I want to build upon the skills, expertise and enthusiasm that exist within the organisation to ensure that the Health Department is the best performing Department in the Scottish Executive; a Department that delivers on its commitments; a Department that people want to work in; and a Department where staff are valued for the contribution they make.

To help achieve this the Department needs a fresh focus on delivery and performance. We will be successful if:

- Ministers' objectives for the health portfolio are delivered within timescales agreed with them;
- both the Department and the NHS are clear about their priorities and targets; and
- the degree of risk associated with delivery is identified, managed and reduced.

Making this happen is my priority. I will be in a position to share my proposals to do so shortly.

There is much to build upon and I wish to take this opportunity to congratulate all those who have contributed to our outstanding record on dealing with Ministerial correspondence. The volume of cases we deal with is by far the largest of any Department. Despite this, the standard of replies offered to Ministers remains high and we are consistently the best performing Department in forwarding replies to Private Office on time. I am grateful to everyone for their efforts.

I look forward to working with you on the challenges ahead.

Kevin Woods

Head of Department and Chief Executive of the NHS in Scotland

Introduction

This Departmental Business Plan has been approved by the Health Department Management Board.

If the Business Plan is to be delivered successfully it is essential that staff at all levels are aware of the Department's key business objectives and demonstrate a corporate commitment to deliver the highest quality service to Ministers and the public.

Health Department Directors and Heads of Division are expected to take personal responsibility for promoting a culture of delivery within the Department and for ensuring that objectives and targets set out in the Departmental Business Plan are reflected in the Business Plans of Divisions. Directors will ensure that appropriate systems are in place within their Directorate for monitoring delivery and the management of risks.

The monitoring of progress with delivery of the commitments and targets in the Departmental Business Plan will be undertaken by the Business Management Unit who will provide regular reports to the Health Department Management Board.

The Departmental Business Plan is a living document and its contents, particularly the key business objectives and milestones in the Delivery Plan, will be kept under review throughout the year and amended as necessary in the light of changing circumstances. A copy of the plan has been circulated electronically to all members of staff and has been published on the Scottish Executive Website in accordance with the Scottish Executive Publication Scheme under the Freedom of Information (Scotland) Act 2004.

Comments on this Plan would be appreciated and should be addressed to: Trevor Lodge, Business Manager, Scottish Executive Health Department, Room 1E.08, St Andrew's House, Edinburgh EH1 3DG. Tel: 0131 244 1830 E-mail: Trevor.lodge@scotland.gsi.gov.uk

SECTION 1: HEALTH AND COMMUNITY CARE PORTFOLIO

This Section offers a high level statement of the policy framework for the provision of health and social care services in Scotland, as a context for internal work planning within the Scottish Executive Health Department.

SECTION 1: HEALTH AND COMMUNITY CARE PORTFOLIO

1. The Health and Community Care portfolio has two key aims:

- To protect and improve the health and quality of life of people in Scotland; and
- To promote better health and community care services, ensuring there is treatment, care, support and protection for those in greatest need.

Health Improvement

2. Improving Scotland's health and reducing health inequalities is our most important challenge. Whilst life expectancy in Scotland is improving and there are fewer deaths from cancer, stroke and heart disease, Scotland's relative position compared to other Western European countries remains poor and the gap in life expectancy between the most and least affluent in some areas has widened. With this in mind Health Improvement is a key objective for the new Community Health Partnerships. It is recognised as an important element in the Executive's efforts to close the opportunity gap for people in disadvantaged areas.

3. The introduction of a ban on smoking in enclosed public places is recognised as offering a major contribution to improving health, reducing the toll of preventable and premature deaths as well as reducing the incidence of ill-health linked to smoking, including passive smoking.

4. A wide range of initiatives across the Scottish Executive are in place to support the health improvement agenda, in recognition that people's health impacts on the economy, on standards of education, other public services, and justice. In turn, health is also influenced by the environment, including housing.

Health & Community Care Services

5. The National Health Service and the Social Care Services of the Local Authorities must respond to the challenges of:

- an aging population;
- changing public expectations;
- rapid developments in medical science and technology,
- evolving standards for services, based on best practice, to promote safe and high quality care,
- changes in working conditions, education and training for health professionals to ensure a safe and healthier working environment.

6. Almost all the health care services in Scotland are provided by the National Health Service. Following the White Paper *Partnership for Care*, published [February 2003], the NHS now comprises of 15 area Health Boards and 8 Special Health Boards (5 of which are involved in the provision of services directly to patients on a national basis). Within these

area Health Boards, Community Health Partnerships bring together the primary care practitioners and community health teams, so far as possible in area-based partnerships designed to promote partnership working with local authority social care services. These CHPs will ensure a focus on health care to be delivered in local settings, and at the same time enable better integration of services, with both acute health services in hospitals and local authority social care services. To promote better care services across NHS boundaries, the Area Health Boards come together in 3 regional planning groups, to ensure the provision of integrated health services across Board boundaries.

7. A critical challenge for NHSScotland is to provide a service that is responsive to patients' needs and preferences, that works in partnership with patients, and with local communities. Patients are concerned about the quality of care, about the provision of treatment at the right time and in the right place. They expect to have a share in making decisions about their own treatment, and they expect clear explanations at every stage. The challenge of improving health services in Scotland, therefore, must start from a clear understanding of the patient's interests; and this will only be achieved by involving patients. A key aim is to improve the speed of access to care and treatment.

8. The principal agents of change are the front-line staff of the NHS. To that end Scottish Ministers place high importance on the effective management of staff through the legislative underpinning of staff governance, which ensures that staff are well informed, appropriately trained, involved in decisions that affect them, treated fairly and consistently and provided with a safe and improved working environment.

9. Mainstreaming an Equality & Diversity approach within NHSScotland employment practice should also help to ensure that NHSScotland can attract, recruit and retain a diverse workforce, with an inclusive working environment which supports the delivery of patient care to an increasingly diverse population. The launch of the Equality and Diversity Impact Assessment Toolkit will ensure that equality and diversity issues are considered when policies are being designed, developed and delivered. This promotion of Equal Opportunities is an important element in the NHS's effort to be an exemplar employer.

10. The Department is developing arrangements to build effective and comprehensive workforce planning across NHSScotland ensuring that there is appropriate forward planning to secure the right workforce in the right place at the right time to better meet patients' needs.

Service Improvement

11. Ministers' objectives for the improvement of health and social care services are set out in the Scottish Executive's *Building a Better Scotland*, published following the 2004 spending review (February 2005); and in *Partnership for a Better Scotland*, issued following the Election in 2003 (May 2003). There are also a number of recent major statements of policy, notably:

- *Fair to All, Personal to Each*, which set out new targets for waiting times (December 2004);
- The Sexual Health Strategy (January 2005);

- A Ministerial Statement on Oral Health and reform of dental services, (March 2005).
- *Building a Health Service Fit for the Future* which set out a vision for the future shape of the NHS in Scotland (May 2005)

12. The NHS in Scotland will respond to the need for modernisation and improvement at a time of growing investment. Public funding for recurrent expenditure on health is rising at around 5.4% a year in real terms until 2008; and funds for capital expenditure will rise from £350m to £531m between 2004-08. New contracts for GP practices, for consultants and for health service staff (Agenda for Change) offer a valuable opportunity to achieve real change in the way that services are delivered.

13. Additional resources for investment in frontline services should also become available through measures to improve efficiency, as set out in the SE's Efficient Government Programme. In particular, action is in hand to extend e-procurement throughout the NHS to centralise back-office functions, and to introduce an electronic patient record.

Service Redesign

14. In the dynamic and changing world of health care the NHS must review the way that services are organised and delivered in Scotland, and to consider new opportunities for delivering health care in local settings. In order to promote a coherent response across NHS Scotland to these pressures, a major review has reported, setting out a national framework for service development (*Building a Health Service Fit for the Future (May 2005)*).

15. The Department will continue to promote service redesign and continuing improvement in health services, through:

- the work of the Centre for Change and Innovation, which provides a central resource for the NHS to identify and to spread best practice in healthcare;
- the requirement on NHS Boards to prepare annual Change and Innovation Plans, and to make provision for resourcing them at Board level;
- the extension of MCNs to other clinical services, and the development of links into primary care (and social care) through CHPs;
- targeted efforts to reduce waiting times and to reduce the number of blocked beds in acute care ("delayed discharges");
- support for the extension of NHS QIS's framework of national standards, with particular attention to systems for promoting safety in healthcare;
- further progress in the development of joint working with social care services (Joint Future); and
- particular attention to improving mental health services to support the Mental Health Tribunal and the Mental Health (Care and Treatment) (Scotland) Act 2003.

Social Care Services

16. The Social Work (Scotland) Act 1968 and other legislation provides for social care services to be provided through local authorities. The Scottish Executive's role includes:

- making provision for public funding of such services, through the local government financial settlement;
- ensuring effective regulation of such services, through the Care Commission and Scottish Social Services Council, on behalf of service users and their carers;
- promoting a national framework of policies, where appropriate, such as the Joint Future programme to promote joint working with the NHS.

17. LA social care services also face significant pressures for change, including:

- demography, especially the increasing number of old people and the prospective decline in the number of people of working age;
- opportunities to introduce new technology, to enable individuals to be supported for longer in their own homes or in sheltered housing.

The Department is therefore engaged in a review of the range and capacity of care in the community services, including care home provision; and in developing further the framework of joint working between health and social care services through establishment of a Joint Improvement Team and through continuing efforts to reduce the extent of delayed discharges from hospitals.

Resources

18. The resources available to the Health Department to implement these strategies are set out at Annex A (programme spending and DRC provision). These resources were determined in Spending Review 2004, in the context of a statement of high level objectives and targets as published in *Building a Better Scotland* (February 2005).

SECTION 2: DELIVERY PLAN

This Section brings together the Health Department's high level objectives and targets as published in Building a Better Scotland (SR 2004) (September 2004) and links them with the Partnership Agreement commitments published in Partnership for a Better Scotland (May 2003).

To show what we are doing in 2005-06 to deliver these objectives, targets and commitments, we set out in the Delivery Plan key milestones that have been drawn from Divisional Business Plans.

This Section will be used as the principal tool for monitoring progress against the Delivery Plan. It will be updated regularly by the Business Management Unit for review by the Health Department Management Board in September and December 2005 and March 2006.

SECTION 2: DELIVERY PLAN 2005-06

Objective 1: Working across Scottish Executive Departments and with other delivery partners to improve the health of everyone in Scotland and reduce the health gap between people living in the most affluent and most deprived communities.

No.	PA Commitment	Lead official
371	Produce local Health improvement Plans	P Whittle
372	Support a Glasgow Centre for Population Health	P Whittle
373	Review of alcohol abuse	P Whittle
374	Double resources for alcohol treatment and rehabilitation	P Whittle
378	Improve availability of healthy food in low income areas	P Whittle
379	Ensure adequate nutritional standards for food in care homes, hospitals, day centres and prisons	P Whittle
380	Develop and pilot well man clinics	P Whittle
381	Pilot personal health plans	P Whittle
382	Consult on targeted health checks	P Whittle
383	Establish national delivery framework for employees to offer health screening and services	P Whittle
384	Introduce hearing tests for all new born babies	P Whittle
385	Develop and implement national Sexual Health Strategy	P Whittle
386	Invest in provision of drug rehabilitation services	P Whittle
387	Support 'Know the Score'	P Whittle
388	More smoke free restaurants and pubs	P Whittle
389	Enforce restrictions on smoking in public transport	P Whittle
426	Support voluntary proof of age schemes	P Whittle
427	Reduce supply of alcohol, tobacco and solvents to young people	P Whittle
447	Review drug treatment and rehabilitation services	P Whittle

*Commitments in red are centrally monitored commitments (CMCs)

SR 2004 Target	Lead official
Target 1: Reduce the mortality rates for those aged under 75s, between 1995 and 2010, by health improvement action to tackle diet, physical activity, smoking and alcohol consumption and by action to ensure early detection and improved access to treatment and care: cancer – 20%; coronary heart disease – 60%; stroke – 50%	P Whittle
Target 2: Reduce health inequalities by increasing the rate of improvement across a range of indicators for the most deprived communities by 15%, by 2008. (For adults, - coronary heart disease, cancer smoking, smoking during pregnancy, and for young people – teenage pregnancies and suicide.)	P Whittle

Key business objectives and milestones				
	June 05	September 05	December 05	March 06
Health Improvement	Health Scotland – Agreed Corporate Plan (3 year) and business plan (2005/06)	Health Scotland – Annual Accountability Review	October – Publication of SHeS data Inform next phase of HI Policy November – HSC4 and launch of next phase of HI policy	Complete Best Value Review of HI across SE
Substance misuse		August – Expand drug treatment services by 10 %		Agree budgets, identity, strategic plan and organisational structure for Scottish Centre for Healthy Working Lives
		August – Publish updated Plan for Action on Alcohol Problems		Achieve 70% uptake of flu vaccinations amongst over 65s

				Publish a delivery Plan to implement the Executive's cross cutting response to Hidden Harm (protecting children of drug and alcohol misusing parents).
Tobacco control	Detailed Implementation Plan for smoking ban	July – reach agreement on enforcement costs with COSLA	Agree formula for new funding for smoking cessation services taking account of inequalities targets	Jan – Establish an evaluation framework for smoking cessation
		Smoking Bill to pass Stage 2 Committee with Exec amendments passed and Se opposed amendments not passed	Agree smoking cessation targets	
		Smoking Bill to pass Stage 3 plenary vote	October - Lay regulations and Comm. Order for Smoking Bill	

SECTION 2: DELIVERY PLAN 2005-06

Objective 2: To seek and take into account the views and experiences of patients, carers and communities in designing, planning and improving healthcare services

No.	PA Commitment	Lead Official
370	Abolish NHS Trusts and establish Community Health Partnerships	I Gordon
390	Review the boundaries of LHCCs and health boards	I Gordon
394	Review range of national health targets	P Collings
392	Obliged health boards to consult stakeholders	I Gordon
406	Develop Community Health Service Centres	I Gordon
407	Develop Community Health Service Centres in rural areas	I Gordon
408	Develop the role of Community Hospitals	I Gordon
409	Protect community pharmacies	I Gordon
412	Strengthen patient advocacy services	I Gordon

*Commitments in red are centrally monitored commitments (CMCs)

SR 2004 Target	Lead Official
Target 3: All NHS Boards will achieve year on year improvements in the planning and delivery of NHS services and in the involvements of patients in decisions about their own health Care and the development of services, as reflected in reports by the Scottish Health Council.	I Gordon

Key business objectives and milestones				
Objective	June 05	September 05	December 05	March 06
To ensure that CHPs are established – and acting as a champion for local delivery of health care and for improvement of the health of their communities	Complete assessment and approval of schemes of establishment.		Define quality and performance indicators for CHPs.	
Launch Phase 2 of the Scottish Primary Care Collaborative and continue delivery of outputs on access, diabetes and CHD	Launch April 2005 Data from June 2005 and monthly thereafter			
To implement the dental services and oral health action plan.			Introduce free dental checks for over 60s.	Implementation of Action Plan for Improving Oral Health and Modernising NHS Dental Services in line with key milestones included in the plan. Report on progress. Introduce free dental

				checks for all subject to legislation.
To promote investment in local health care services.	Announce 4 th tranche of funding for primary care premises modernisation.			All GP IT systems in Scotland to have been demonstrated to meet 'Scottish Enhanced Functionality' (SEF) requirements. Complete review of community hospitals.

SECTION 2: DELIVERY PLAN 2005-06

Objective 3: To improve the quality of NHS services to better meet the needs of patients with particular priority to cancer, coronary heart disease, stroke and mental health

No.	PA Commitment	Lead official
375	Improve mental health services	I Gordon
376	Develop community mental health services	I Gordon
391	Devolve health management responsibility to front line	I Gordon
393	Spread good practice through the Centre for Change and Innovation	J Andrews
395	NHS Scotland to focus on no more than 12 priorities	P Collings
396	Develop the NHS Scotland environment policy statement	P Collings
398	Monitor how hospitals are meeting cleaning standards	P Collings
399	Increased training for medical professionals in hospital acquired infections	P Collings
400	More specialist infection Control Nurses	P Martin
404	End postcode prescribing	I Gordon
405	Review prescription charges	I Gordon
410	Issue digital hearing aids	I Gordon
411	Deliver existing levels of respite care	I Gordon
413	End mixed sex wards	I Gordon
414	Treble nurse consultants	P Martin
415	Commitment to Agenda for Change	P Martin
416	Entitlement to continuous professional development and increased flexible working for staff	P Martin
417	Introduce a wider range of incentive packages for health staff	P Martin
418	Guaranteed one year employment for nurses and midwives	P Martin
419	Develop wider role for nurses	P Martin
420	More NHS Consultants	P Martin
421	1500 extra Allied Health Professionals	P Martin
422	Implement a national nurse bank	P Martin
423	Encourage preventive dentistry	I Gordon
424	Assess shortfall in dentist numbers	I Gordon

425	Establish dental training outreach centre in Aberdeen	I Gordon
441	Recruit more nurses	P Martin

*Commitments in red are centrally monitored commitments (CMCs)

SR 2004 Target	Lead official
Target 4: All NHS Boards will demonstrate regular and sustained improvement, as reflected in the reports by NHS Quality Improvement Scotland (QIS) in performance against the Healthcare Governance standards set by NHS QIS	I Gordon

Key business objectives and milestones				
Objective	June 05	September 05	December 05	March 06
To develop an action plan on implementation of the Kerr Report		Implementation plan agreed by Ministers.		
Mental Health Review	Steering and Reference Groups established National Conference held Website established Focus groups and interviews started	Focus groups completed October Literature review completed	Draft report written	Final report/Framework launched
To bring into force the Mental Health Act 2003 – by establishing the MH Tribunal and giving effect to new rights for people with mental illness.	Rules of Procedure in final draft.	MHTA organisation staffed, trained and with processes and structures in place to enable the handling of applications. Regulations and legal framework in place to allow commencement of main powers on 5 October 2005.		Regulations in respect of appeals against excessive security in place.

To implement a new contract for pharmaceutical care services.			Commence consultation on review of prescription charges for certain groups.	Ensure new contract for pharmaceutical care services, and related elements of the e-pharmacy programme are ready for 2006/07.
Review of Partnership machinery		New national structures in place by October	Roll out of Partnership Works to APFs by December	
Review of pensions	Consultation complete by April		New scheme in place by Autumn	
Review of Executive Managers' pay	Review Group report to Ministers by June/July	Implementation from October		
Process for tracking delivery of pay modernisation benefits	HDL issued by end May Initial Board delivery plans by end July		Progress report end November	Progress report end March
Review of secondments	Review Group report to Board by June			
PA 414 – Increase nurse consultants	Targeted funding allocated to NHS Boards	Cancer and Child Protection consultants in post in HD	20 newly approved posts	Target achieved
PA 415 – Deliver Agenda for Change		Complete job evaluations Sept Complete delivery of Knowledge and Skills Framework Oct		Agreement for new unsocial hours provisions Apr
PA 417 – AHP	Ministerial agreement to	Targeted support for	New graduates	Vacant posts filled

incentives	incentive scheme Funding allocated to new graduates and hard to fill posts	those taking up hard to fill posts and team that has supported vacancy	undertaking development programme	A programme of work exchange for experienced practitioners in development
PA 422 – Establish national nurse bank	NHS Board action plans developed	Local plans implemented		Framework for good practice and audit tool developed and in place
Improve Recruitment to the NHS workforce	<ul style="list-style-type: none"> - Complete Review of Basic Medical Education (Calman) - Lay Amendment to Dentists and PCDs Act - Develop policy to support coherent careers framework for NHS Scotland staff - Launch on-line recruitment - Transition to new arrangements for overseeing New Deal implementation (July 05) - Develop national workforce plan 	<ul style="list-style-type: none"> - Deliver Phase 1 of Modernising Medical Careers - Draft quality assurance arrangements for appraisals of career grade doctors - Develop policy for Careers for Health 2005-08 / Media Campaign - Launched International Recruitment Code (July) - Put in place Govt to Govt agreements to support International Recruitment - Submit evidence to the GB Pay Review Bodies 	<ul style="list-style-type: none"> - Deliver Commissioning Plan for Education - Recommendations from Bichard Report for proposed Bill - Complete review of terms and conditions for community hospitals 	<ul style="list-style-type: none"> - 1000 people into pre-employment training through Equality and Diversity strategy - Delivery of new terms and conditions for Staff and Associated Specialist Doctors - Review Distinction and Discretionary points
Improve Retention of the NHS	- Develop SVQ infrastructure and	- Frontline leadership – scoping / testing	- Selection of Future Strategic Clinical Leaders	- 360 degree Feedback Tool in

workforce	<p>achievers in NHS Scotland</p> <ul style="list-style-type: none"> - 360 Feedback Pilot underway with Board CE's - Review of Pensions begins (ends Autumn 06) - Transition to new arrangements for overseeing New Deal implementation (July 05) - Develop national workforce plan 	<p>completed</p> <ul style="list-style-type: none"> - NHS Scotland Management Trainee Scheme – 1st intake - Submit evidence to the GB Pay Review Bodies 	<p>designed</p> <ul style="list-style-type: none"> - Career Development approach agreed - Executive Managers Pay implemented (Oct 05) - Complete review of terms and conditions for community hospitals 	<p>place for wider leadership community</p> <ul style="list-style-type: none"> - Delivery of new terms and conditions for Staff and Associated Specialist Doctors
Improve Workforce Environment for NHS staff	<ul style="list-style-type: none"> - Workplan evaluation and future policy direction for Joint Future HR Group - Transition to new arrangements for overseeing New Deal implementation (July 05) - Develop national workforce plan 	<ul style="list-style-type: none"> - New national structures in place for Partnership machinery (Oct 05) - Review OHS services concluded - Awareness campaign for Equality and Diversity strategy (CtOG / Ministerial target) 	<ul style="list-style-type: none"> - Roll out Partnership Works to all APFs 	<ul style="list-style-type: none"> - Implementation of Staff Governance
Improve Productivity of the Workforce	<ul style="list-style-type: none"> - Revise organisational performance review - Review of Secondments within SEHD - Establish process for tracking and perf managing delivery of benefits from Pay Modernisation – HDL 		<ul style="list-style-type: none"> - First progress report from establishing process for tracking and perf managing delivery of benefits from Pay Modernisation - UK agreement to delivery of revised GMS contract for GP practices 	<ul style="list-style-type: none"> - Second progress report from establishing process for tracking and perf managing delivery of benefits from Pay Modernisation

	(May 05) - Develop national workforce plan			
Develop coherent National Workforce Strategy	- Clearance to develop - First publication of work strands - Live <i>Working in Health</i> website - Communication milestones achieved throughout the year (05/06) - Develop national workforce plan	- Write and launch (Oct 05)		
Deliver a commissioning plan for education			Nov – Draft commissioning plan	Jan – Launch a consultation on the draft plan.
Deliver first phase of Modernising Medical Careers		Aug – Commence commissioning of MMC Foundation Programmes		
Complete review of basic medical education	June – Publish SE response to Calman			
Develop policy to recruit staff in all occupational groups	July – Launch International Recruitment Code and agree Implementation with NHS Boards	Sept – Put in place Govt to Govt agreements to support international recruitment by NHS Boards		
	June – Launch online applications to NHS Boards for implementation			

	June – develop pilot model to recruit senior medical and dental staff from Poland	Sept- Agree recruitment and retention strategy		
Consultant expansion programme (PA420)	June – Set up matching process for specialist registrars			
National Workforce Strategy	Jun- Secure clearance of the National Workforce Strategy		Oct – Launch Strategy.	

SECTION 2: DELIVERY PLAN 2005-06

Objective 4: Ensure patients receive healthcare at the right time, in the right place and in the right way

No.	PAC Commitment	Lead official
367	Guaranteed treatment time for inpatients	J Connaghan
368	Guaranteed treatment time for heart disease patients	J Connaghan
369	Guaranteed waiting time for outpatient appointments	J Connaghan
377	Introduce free eye and dental checks	I Gordon
397	Invest in community and convalescent care places	I Gordon
401	Support the achievement of the national waiting time targets for cancer	J Connaghan
402	Free personal and nursing care for the elderly	I Gordon
403	Access to GP, nurse or other health professional within 48 hours	I Gordon

* Commitments in red are centrally monitored commitments (CMCs)

SR 2004 Target	Lead official
Target 5: By December 2007, we will have delivered a further reduction to the current guaranteed maximum waiting time of 6 months for inpatient treatment and 6 months for a first outpatient consultation; and improved diagnostic services through further investment and significantly shortened waiting times, against targets to be set in Spring 2005.	J Connaghan
Target 6: We will reduce the number of people waiting to be discharged from hospital into a more appropriate care setting by 20% per annum between 2005 and the end of 2008, cutting to a minimum the number of people waiting more than 6 weeks to be discharged.	I Gordon
Target 7: By 2008, increase the number of older people receiving intensive home care to 30% of all older people receiving long term care.	I Gordon
Target 8: To work with NHS Quality Improvement Scotland, patients and clinicians to set new maximum condition specific waiting time guarantees by Spring 2005.	J Connaghan
Target 9: By 2008-09 we will reduce the proportion of older people (aged 65+) who are admitted as an emergency inpatient two or more times in a single year by 20% compared with 2004-05, to release capacity in hospitals.	I Gordon

Key business objectives and milestones				
Objective	June 05	September 05	December 05	March 06
Outpatients	<ul style="list-style-type: none"> ➤ Agree Milestones ➤ Allocate & Release Funds 	<ul style="list-style-type: none"> ➤ Review process 	<ul style="list-style-type: none"> ➤ Deliver 26 week guarantee ➤ Review Process 	
Inpatients	<ul style="list-style-type: none"> ➤ Agree Milestones ➤ Allocate & Release Funds 	<ul style="list-style-type: none"> ➤ Review process 	<ul style="list-style-type: none"> ➤ Deliver 26 week guarantee ➤ Review Process 	
Private Sector	<ul style="list-style-type: none"> ➤ Allocation of £10M to Health Boards ➤ Agreement to Stracathro 	<ul style="list-style-type: none"> ➤ Monitor progress to against allocated activity 	Independent Sector Conference	
		<ul style="list-style-type: none"> ➤ Commission towards Stracathro 		
Golden Jubilee	<ul style="list-style-type: none"> ➤ Quarterly activity monitoring against allocation 	<ul style="list-style-type: none"> ➤ Assess activity requirements for 2006/7 		
A & E Target	<ul style="list-style-type: none"> ➤ Establish high level delivery group 	<ul style="list-style-type: none"> ➤ Scope Delivery Plan 	<ul style="list-style-type: none"> ➤ Continue to monitor Action Delivery Plan 	
	<ul style="list-style-type: none"> ➤ Assess information collection 	<ul style="list-style-type: none"> ➤ Develop information systems 		
Diagnostics	<ul style="list-style-type: none"> ➤ Waiting time target announced 	<ul style="list-style-type: none"> ➤ Develop data collection systems 		
Cataracts	<ul style="list-style-type: none"> ➤ Model cataract waits 	<ul style="list-style-type: none"> ➤ Scoping exercise & development of delivery plan 		
	<ul style="list-style-type: none"> ➤ 	<ul style="list-style-type: none"> ➤ Monitor & Review 		
Heart Targets	<ul style="list-style-type: none"> ➤ Agree way forward with CHD team 			
Orthopaedics		<ul style="list-style-type: none"> ➤ Hip Fracture Specialist 	Sign-off Board Hip	

+ (Hip Fracture)		Unit definition clarified	Fracture Action Plans	
Launch Unscheduled Care Collaborative	Launch May 2005 Detailed local plans for funding approval by June 2005			
Agree and implement new programme activity on diagnostics, theatres and eye care		Launch Diagnostics September 2005 Launch Theatres October 2005 Launch Eye Care October 2005		
Develop with NWTU plans for an elective care programme to build upon common elements of current cancer and outpatients programmes from March 2006		Scope and agree with NWTU and key stakeholders future programme activity for elective care by September 2005 Programme PID by October 2005	Staffing by December 2005	Launch by April 2006
To ensure effective working of NHS Boards in regional groups – to promote integrated care pathways and collaborative development of specialist services			Analysis of reports from Regional Planning Groups. Audit of NHS Boards resourcing of regional planning.	Progress report from each RPG on work to review elective and unscheduled care configuration.

Reduce the number of patients waiting to be discharged from hospital to a more appropriate setting by 20% per year (PA397 and SR04 target 6)	20% year on year reduction	20% year on year reduction	20% year on year reduction	20% year on year reduction
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SECTION 3: FINANCIAL PLAN

This Section offers a summary of the financial resources underpinning the Health Department's work plans in 2005-06, 2006-07 and 2007-08. As the financial position continually changes this original plan will be reviewed and updated during the year as necessary.

SECTION 3: FINANCIAL PLAN 2005-06 TO 2007-08

Budgets for 2005-06, 2006-07 and 2007-08

1. Following the Spending Review in 2004 financial proposals for the years 2005-06, 2006-07 and 2007-08 were agreed with the Minister. Fixed budgets were agreed for 2005-06 with indicative budgets for the later 2 years. NHS and Special Health Boards have been informed of their budgets for this year with indicative budgets for subsequent 2 years. Similarly programme managers in the Health Department have been informed of their budgets for the SR period.

2. Annex A attached gives details of the fixed budgets for 2005-06 and the indicative budgets for the subsequent 2 years.

Efficiency Savings

3. The Department has also been engaged in the search for efficiency savings in support of the Government's policy outlined in the Building a Better Scotland – Efficient Government. So far the Department has identified £351m cash releasing savings and time releasing savings of £174m giving a total savings identified of £525m. A series of Technical Notes have been prepared supporting the savings identified. Project managers have been appointed and a monitoring system is currently being put in place. The Department is still making every effort to identify further efficiency savings. Details of the current projects are listed in Annex B.

Best Value Reviews

4. In addition, a number of Best Value Reviews are to be carried out during this period. The current programme consists of the following reviews:

- Centre for Change and Innovation
- Community Care
- Joint Future.

Administration Budget

5. The administration budget for 2005-06 has been agreed. Details are contained in Annex C. While the budgets for the Department for 2006-07 and 2007-08 are available (£14.727m and £14.351m), the distribution of these resources has not yet been agreed. Allocations for the next 2 years will be determined later in 2005-06.

Monitoring of Central Budgets

6. Revised arrangements are being put in place to strengthen the reporting and monitoring of central budgets. This will enable any potential underspends to be identified at an earlier stage and allow appropriate action to be taken to utilise any available funds in other areas of the programme.

NATIONAL HEALTH SERVICE

Spending plans 2002-08

Table 5.03 More detailed categories of spending (Level 3)

<i>£000s</i>	2002-03 Budget	2003-04 Budget	2004-05 Budget	2005-06 Budget	2006-07 Plans	2007-08 Plans
NHS Board Unified Budgets¹						
Argyll & Clyde NHS Board	394,180	430,901	489,309	514833	-	-
Ayrshire & Arran NHS Board	345,407	381,031	433,747	462840	-	-
Borders NHS Board	97,853	107,909	124,188	132754	-	-
Dumfries & Galloway NHS Board	143,593	158,289	181,040	192270	-	-
Fife NHS Board	296,302	327,187	376,032	399619	-	-
Forth Valley NHS Board	236,627	260,798	298,669	314943	-	-
Grampian NHS Board	431,776	469,159	513,841	547910	-	-
Greater Glasgow NHS Board	898,543	974,225	1,079,286	1137979	-	-
Highland NHS Board	199,643	220,407	255,182	272460	-	-
Lanarkshire NHS Board	480,614	528,622	602,127	637338	-	-
Lothian NHS Board	646,472	702,539	772,948	812864	-	-
Orkney NHS Board	19,720	21,578	23,861	25740	-	-
Shetland NHS Board	24,074	26,184	28,522	30876	-	-
Tayside NHS Board	382,951	414,943	450,643	483539	-	-
Western Isles NHS Board	37,890	40,898	44,980	48411	-	-
Special Health Board Unified Budgets¹						
National Waiting Times Centre	11,831	16,000	29,820	34,256	-	-
Scottish Ambulance Service	106,733	117,166	128,100	143056	-	-
Common Services Agency	150,206	161,723	175,000	194480	-	-
NHS Quality Improvement Scotland	9,392	10,232	10,900	11744	-	-
State Hospital	20,899	22,734	25,710	28783	-	-
NHS 24	22,156	31,561	46,540	45731	-	-
NHS Education for Scotland	182,538	198,836	215,670	289157	-	-
NHS Health Scotland	8,130	9,512	11,140	12017	-	-
Total available for NHS and Special Health Boards	5,147,530	5,632,434	6,317,255	6,773,600	7,957,790	8,459,182
National priorities						
Cancer Services ²	25,000	25,000	25,000	-	-	-
Coronary Heart Disease/Stroke	-	10,000	20,000	15,000	15,000	15,000
Delayed Discharge	20,000	30,000	30,000	29,890	30,000	30,000
Drug Misuse expenditure by NHS Boards	19,677	19,677	19,677	25,752	25,752	25,752

Audiology services modernisation ²	-	-	4,000	6,000	6,000	6,000
Diabetes	-	-	-	550	1,000	1,250
Centre for Change and Innovation ³	4,925	12,798	14,693	21,060	24,252	23,640
Education and training						
Education & Training	97,505	114,423	127,474	140,262	151,857	154,675
Primary care services						
General Medical Services ³	452,712	500,827	545,408	649,792	-	-
Pharmaceutical Services	108,304	113,366	118,628	125,372	-	-
General Dental Services	203,222	213,299	225,176	253,565	-	-
General Ophthalmic Services	43,762	45,494	47,313	50,788	-	-
Resources still to be allocated for primary care services ⁴					508,415	561,206
Miscellaneous services						
Research Support	31,940	33,599	35,348	37,504	43,104	47,604
Information Technology - revenue	16,512	19,679	36,821	35,301	65,301	100,301
NHS Central Register	1,200	950	950	950	950	950
Waiting Times Co-ordinating Unit	-	5,000	5,000	46,750	55,000	70,000
Glasgow Hostel	-	2,000	5,000	5,000	5,000	5,000
Distinction awards	14,529	17,716	18,425	19,162	19,928	20,726
Impairments	25,000	25,000	25,000	22,000	25,000	25,000
Miscellaneous Hospital & Community Health Services	6,119	46,628	36,657	16,621	19,020	19,975
National Health Service receipts	-94,691	-103,662	-104,178	-105,668	-105,668	-105,668
Capital investment						
Capital	271,578	322,120	362,340	469,600	469,600	543,100
Capital receipts	-12,100	-12,100	-12,100	-12,100	-12,100	-12,100
Unallocated resources						
Departmental Unallocated Provision	-	27,576	-	2,321	34,575	100,975
TOTAL NHS	6,382,724	7,101,824	7,903,887	8,629,072	9,339,776	10,092,568

Notes:

1. Indicative allocations for 2006-07 to 2008-09 are not yet available because the Arbutnott formula will require to be updated for in-year changes.
2. From 2005-06 expenditure on cancer services has been included within NHS Board Unified Budgets
3. From 2006-07 General Medical Services has been included within NHS Board Unified Budgets
4. Individual allocations for demand led services have still to be decided. The resources available include the financial commitment made by the Executive in relation to the *Action Plan for Improving Oral Health and Modernising NHS Dental Services*

EFFICIENT GOVERNMENT DELIVERY GROUP

Cash Releasing Savings - Health

Ref No	Title	Project Manager	Plan	Yr 1 £'m	Yr 2 £'m	Yr 3 £'m
H/C1	NHS Procurement	Ross Scott	Revised 03/05	32	40	50
H/C2	NHS Support Services Reform	Robert Peterson	Revised 03/05	0	0	10
H/C3	NHS Logistics	Ross Scott	Revised 03/05	0	5	10
H/C4	Improved Prescribing	Chris Naldrett	Revised 03/05	5	10	20
H/C5	Preventing Inappropriate Hospital Admission	Paul Martin	Revised 03/05	5	15	25
H/C6	National Benchmarking Exercise (Subsequently Dropped)	Shelah Dutta	Revised 03/05	0	0	0
H/C7	NHS Efficiency Savings	Robert Peterson	Revised 05/05	83	124	192
H/C8	Facilities Management Systems	David Hastie	Revised 02/05	0	1	1
H/C9	Drug Purchasing	Chris Naldrett	Revised 02/05	42	42	42
EYP/C2	Care Commission Efficiency Savings	Linda Gregson	Revised 02/05	1	1	1
TOTAL HEALTH				168	238	351

Time Releasing Savings - Health

Ref No	Title	Project Manager	Plan	Yr 1 £'m	Yr 2 £'m	Yr 3 £'m
H/T1	Reduction in absence	TBC	Original plan	16	35	55
H/T2	Increasing consultant product'ity	TBC	Original plan	22	47	74
H/T3	Ten high impact changes	TBC	Original plan	0	0	0
H/T4	Scottish P Care Collaborative	June Andrews	Original plan	6	6	6
H/T5	Specialty redesign projects	June Andrews	Original plan	1	1	1
H/T6	Patient focussed booking	June Andrews	Original plan	3	3	3
H/T7	Doing Well by People With Depression (Subsequently Dropped)	June Andrews	Original plan	0	0	0
H/T8	Electronic transmission of lab results to GPs	Charlie Knox	Original plan	4	8	12
H/T9	Digital X-rays/PACS	Charlie Knox	Original plan	3	13	23
TOTAL HEALTH				56	113	174

HD ADMINISTRATION ALLOCATION

2005-06 £000	2006-07 £000	2007-08 £000
15,535	14,727	14,351

2005-06 Administration Allocation by Directorate (£000s)

Directorate	Pay	Non Pay	Vacancy Assumption	TOTAL
Chief Executive *	825	93	-18	900
Performance Management & Finance	2,804	207	-42	2,969
Human Resources	1,496	173	-101	1,568
Nursing	607	82	0	689
Medical	1,409	127	-66	1,470
Service Policy & Planning	5,068	444	-517	4,995
Health Improvement	2,512	168	-59	2,621
Waiting Times Unit	28	3		31
CCI	249	43	0	292
TOTAL	14,998	1,340	-803	15,535

*** Includes funding for the post of Director of Operations**

SECTION 4: WORKFORCE PLAN

This Section provides information on the application of the Scottish Executive's new Resourcing Policy within the Health Department and the Department's approach to workforce issues and staff planning. The Departmental Workforce Plan is maintained by the Health HR Team and is reviewed quarterly by the Resourcing Sub-Committee of the Health Department Management Board.

SECTION 4: WORKFORCE PLAN

In order for the Health Department to successfully fulfil its various roles and responsibilities it is important to ensure it has a full complement of staff, that staff are properly equipped with the right skills, that we use the expertise of staff within the department, that we recruit and retain staff effectively and that staff have effective and appropriate development plans that support both personal and organisational development. In order to ensure all of this it is important for the Department to have an appropriate workforce plan.

A workforce plan needs to be an important and integral element of business planning at Departmental, Directorate/Group and at Divisional level and is key to success, as without the right staff in the right place, with the right skills we cannot deliver

In effect the plan sets out an approach that seeks to attract, retain, develop, manage and motivate people to enable individuals and the Department to keep pace with the increasing demand for high performance, continuous improvement, ongoing efficiency and any future changes in the structure and approach of the Health Department.

The key areas for action in the current year's plan are:

- The implementation of the new SE HR resourcing policy to support recruitment, retention and effective succession planning.
- Learning and development; providing opportunities to develop and improve personal skills, and continuous personal development. Opportunities to address skills and knowledge gaps will also be important in ensuring staff are able to adapt and respond to any future changes within the Health Department.
- HD Secondments. Work on the regularisation of the broad range and nature of 'secondments' within the Department will continue. However, the work of the department will continue to require specialist input from a number of external people with specific skills and relevant experience.
- Management action. Effective workforce planning requires reliable basic data. The Health Department Board will consider this information pro-actively and routinely. And as Divisional Heads and line managers take on the more pro-active roles as part of the HR resourcing policy implementation, appropriate management action will be needed to follow up eg around sickness and staff support issues, with the support of HR advice and support.

	Action plan for year ahead	Outcome
Recruit and Retain Staff	<ul style="list-style-type: none"> • Effective Implementation of new HR resourcing policy • Right staff in the right place within resources by reviewing and refocusing hard to fill posts and taking account of future resources. 	<ul style="list-style-type: none"> • All staff to have opportunity to attend briefing sessions on the new HR policy • Staff implementing the new system have access to HR support to ensure the correct procedures are adopted in line with new policy • Reduced longstanding vacancies across the department. • Reduction in the use of temporary agency staff • Directorate plans for delivering within reduced DRCs in 06/07 and 07/08 to be agreed
Active Learning & Development	<ul style="list-style-type: none"> • Training as necessary for implementation of new HR resourcing policy including conducting promotion boards • Departmental and divisional learning plans reflect changing HD agenda and required skills • Ongoing programme of briefing and awareness of NHS, health and Executive priorities 	<ul style="list-style-type: none"> • Appropriate training in place for staff • All divisions have a divisional learning plan that takes account of the focus on Delivery
HD Secondment management	<ul style="list-style-type: none"> • Agenda for Change implemented for NHS staff on secondment to HD • Take forward implications of the secondee review as appropriate 	<ul style="list-style-type: none"> • Arrangements in place with NSS and all Staff with NHS contracts progressed through Agenda for Change; • Seconded staff information included in workforce analysis and planning discussions. • Programme to DRC considerations finalised and actioned as appropriate in line with any agreed outcome from next steps discussions
Management action	<ul style="list-style-type: none"> • Collect and analyse workforce data • Sickness management improvements in place supported by local scrutiny and follow-up action at Divisional, Directorate and Departmental levels. Ensuring action is instigated for persistent short-term absence and ensuring staff have access to occupational health support for absences over the trigger point. 	<ul style="list-style-type: none"> • Quarterly reports on staff in post, vacancies and staff sickness and action required identified and followed through; • SEHD Sickness absence reduced from the current 7.3 days average to 6.3

SECTION 5: RISK MANAGEMENT PLAN

This Section sets out the Health Department's approach to risk management. The first part deals with the key risk management process that an organisation of this Department's size should have in place if it is to manage risk appropriately. The second part is the Departmental Risk Register. Both parts will be kept under continuous review by the Departmental Management Board.

SECTION 5: RISK MANAGEMENT PLAN

Introduction

Health Department risk management has thus far been based on risk registers at both Divisional and Departmental level. Arrangements at Divisional level will continue unchanged but a new approach is to be taken at Departmental level.

The 4 Components of Risk Management in the Health Department

The following 3 elements of the risk management process are to be reviewed by the Health Department Board each June and December:

- The Department's assessment of where it stands against the risks identified in the Priorities and Risks Framework by Audit Scotland. A grid recording progress and plans in managing each risk area is attached (Appendix A). This grid will form the risk register at Departmental level. It will be reviewed and considered by the Health Department Board each July and December.
- The risk assessments which have been produced for each Partnership Agreement commitment. These are to be reviewed for those commitments not yet achieved.
- The Divisional risk registers, the compilation of which is to be reviewed by the Health Department Board.

The fourth element relates to the monitoring of the key targets and performance measures through a balanced scorecard. This is:

- The monthly performance monitoring report will include notes about specific risks to delivery which have been flagged up by the individual responsible for each item. The risks and the approach to managing them will be covered in the supporting text to the performance reports to the Health Department Board.

The above approach will apply to risk management in 2005-06. The Health Department Board will review the plan, and how effective it has been, in March 2006.

BUSINESS IMPROVEMENT PLAN

Introduction

The Health Department is fully committed to the Executive's drive to improve public services through the application of Best Value principles. The Department actively encourages a culture of continuous improvement.

This Departmental Improvement Plan forms part of the Health Department's contribution to the Scottish Executive's change agenda. It links into the Changing to Deliver review that is focusing on pan-Executive processes and culture. The Best Value Reviews in the Plan also inform and assist Departmental business planning.

The following programme of Best Value Reviews covers the period 2003/4 to 2005/6. It is actively reviewed and monitored by the Health Department Board.

Year 1 Streamlining financial management (completed) (2003-04)

Internal and external communications (completed)

Public Appointments (completed)

Funding of the Voluntary Sector (not yet started)

Year 2 Evaluate/Implement Y1+2 (2004-05)

Older People's Unit

Performance management process

Health improvement across the Executive

Year 3 Evaluate/Implement Y1+2 (2005-06)

Centre for Change and Innovation

Community Care

Joint Future agenda

In 2005-06, we shall aim to extend our programme of Best Value Reviews to include more areas of the Department's work, and to roll forward our programme into 2006-07.

INFORMATION SYSTEMS STRATEGY 2005-06

Introduction

1. Purpose of the Health Department IS Strategy

1.1 This is the third version of the Information Systems (IS) Strategy for the Health Department (HD) which was originally produced in 2002. Its main purpose is to act as a basis for current and future information systems (ISs) and information and communications technologies (ICTs) needed to deliver and support all business objectives. The proposed strategy takes account of the Scottish Executive's considerable investment in IS/ICT so far and the Executive's IS strategy.

1.2 The Strategy makes a clear link between the use of ICTs and meeting the Programme for Government (PfG) along with the resultant Deplan/Divplan aims and objectives. The Strategy aims to maximise any opportunities for greater collaboration and joined-up working. The Strategy is also fundamental in the preparation of a forward programme of IS/ICT developments within the Health Department.

2. Scope of the Health Department IS Strategy

2.1 The IS Strategy covers all business area in the Department.

2.2 The IS Strategy promotes joint working with National Services Scotland for the provision of NHS-wide statistics and the publication of web-ready information on the SHOW (Scottish Health on the Web) web site.

3. Period of the IS Strategy and Review

3.1 The period of this Strategy document is 12 months.

Business Context and Objectives

4. Aims, Objectives and Business Direction

4.1 Specifically, the Health Department's purpose is:

- To improve the health and quality of life of people in Scotland; and
- To promote better health and community care services, ensuring there is support and protection for those in greatest need.

The aims are covered in detail in Section 1 of the Health Department Business Plan 2005-06.

5. Business Drivers

APPENDIX B

5.1 These aims are clearly in line with the SE key business objectives, sanctioned by Ministers, which are as follows:

- to encourage innovation and creativity in government;
- to identify and remove blockages that prevent the public sector from being modern;
- to encourage the sharing of knowledge
- to put the citizen at the centre of what we do.

5.2 They also match the strategic investment criteria which underpin the business objectives

- working in partnership;
- openness and accountability
- inclusion; and
- delivery

5.3 The following are potential business drivers:

- Ministerial initiatives
- Legislative changes
- Cross-cutting issues
- Electronic Service Delivery
- 21st Century Government initiatives
- Departmental Plan
- Changing to Deliver
- *Our National Health*
- Working Together for Scotland
- Freedom of Information
- Partnership for Care and Partnership for a Better Scotland
- Building a Health Service Fit for the Future

6. Internal and External Business Contacts and Relationships

6.1 Internal

- HD Secretariat
- HD Directors and Heads of Divisions
- HD Business Management Unit
- Other SE Departments
- CISD

6.2 External.

- NHS Boards and Special Health Boards
- NHS Services Scotland - ISD Scotland Division
- Local Authorities

➤ Other Uk Health Departments

7. Information Requirements of the Health Department

7.1 Key information sources used by the Department.

- Paper & Electronic from GPs / LHCCs/CHPs/ NHS Boards
- Paper & Electronic from DoH (England & Wales)
- Paper & Electronic from Local Authorities
- Electronic from SHOW website
- Electronic from S.E. Internet & Intranet
- Electronic from various other websites.

8. Current use of IS/ICT in the Health Department

8.1 Information Systems currently in use/supported by the Department.

Health have maximised the use of existing ICT systems to produce over 60 MS Access database/hybrid. Types vary from Financial, Appointment, Consultative, Statistical, Workflow, Project Management to numerous generic Record Keeping, File and/or Mail Databases. ICT tools have also been used to create and maintain around 80 Web sites mainly housed within the SHOW site.

IS Strategy

9. Priorities for the Health Department IS Strategy

9.1 The Health Department will use corporate ICT systems to assist in delivering its key objectives. We are looking to improve Communications both internally and externally and are streamlining and improving internal systems to maximise efficiency by using electronic means where possible. We do not foresee a need to bid to SEISSG for funds at this time.

9.2 In addition, there are a considerable number of underlying performance measures in, for example, the Performance Assessment Framework which the Health Department uses to track NHS Boards' progress and performance.

10. Timetable

10.1 The strategy implementation plan aims to:

- Formulate a credible IS strategy for HD over the next 12 months which will underpin the Department's business aims and objectives identified at Paragraph 4 above.

PERFORMANCE 2004**Ministerial Correspondence****Green Folders and Diary Cases**

In the year ended 31 December 2004, the Health Department received 2585 (↑ 201 on last year) **Green Folders** and 513 (↑ 166) Diary cases, some 21% of the total Scottish Executive ministerial correspondence caseload for the year. Focusing on **Green Folders** only (excluding Diary cases), over the year 87% of draft replies were forwarded to Private Office within 14 days, compared to 88% in the previous year. This continues to be above the Executive target of 84%.

The Department issued 89% of **Green Folder** replies within the target of 17 working days during the year, compared with 85% in the previous year. This represents steady progress towards the Executive target of 92%

93% of final replies were issued within the 25-day deadline against the Executive target of 100%. This compares with 94% of replies issued within the deadline in the previous year and 88% for the Executive as a whole.

The following table compares performance between the 2003 and 2004 calendar years. Against a background of increased volume, although slightly down on the previous year, the overall performance remains high and significantly above the Scottish Executive average. This reflects the commitment of Health Department staff to improving efficiency in preparing appropriate answers to Ministerial correspondence.

Green Folders (excluding Diary cases)	Year end December 2003		Year end December 2004	
	Number	%	Number	%
HD: Draft to PO in 14 days	2095	88%	2253	87%
HD: Final issued in 17 days	2016	85%	2089	89%
HD: Final issued in 25 days	2247	94%	2398	93%
SE: Draft to PO in 14 days				
	8879	84%	9740	81%
SE: Final issued in 17 days				
	7791	75%	8515	71%
SE: Final issued in 25 days				
	9392	91%	10541	88%
Target: Draft to PO in 14 days				
		84%		84%
Target: Final in 17 days				
		80%		92%
Target: Final in 25 days				
		100%		100%

Redrafts

Figures collected by CCU show that from 1 November 2004 to 31 March 2005, this being the period of the current Ministerial team's tenure in office, the proportion of MCS cases returned to the Department for redrafting. These are set out in the following table. SE figures for the corresponding period are not available:

Cases returned for redrafting 1 November 2004 – 31 March 2005

		Cases returned for significant redraft					
No GF cases received	No Diary cases received	GFs		SE Average	Diary		SE Average
		No.	%		No.	%	
995	244	137	14		45	18	

Official Replies

The Health Department dealt with 4,638 Official Replies during 2004, (an increase of 70% from 2003) which represented 24% of the total items of correspondence for the Executive. Of these, 96% were replied to within the 20 day limit matching the 96% average for the Executive as a whole.

Parliamentary Questions

The volume of Parliamentary Questions answered by the Health Department remains very significant. In the year ending 31 December 2004, the Department answered 2,127 (↑ 472 on the previous year) written questions and 217 (↑ 207) oral questions.

Latest published figures for the Executive as a whole show that 8,646 written questions were lodged in the year ending 31 December 2004, and that 25% (↑ 2%) of the total were answered by the Health Department.

The number of PQs answered on time during 2004 was consistently high at 85%.

The number of PQs put forward to Private Office on time in 2004 was also consistently high at 95%.

HEALTH DEPARTMENT CORPORATE AIMS, OBJECTIVES AND VALUES

Introduction

The Health Department is wholly committed to the principles of modernising government:

- ensuring that policy making is more joined up and strategic – developing policies to deliver outcomes that matter, not simply reacting to short-term pressures;
- making sure that public service users, not providers, are the focus, by matching services more closely to people’s lives – meeting the needs of citizens, not the convenience of service providers;
- the delivery of public services that are high quality and efficient.

Aim, Vision and Values

The Health Department shares the Scottish Executive’s overall mission:

<p>Aim:</p> <p>To work with Scottish Ministers to improve the well being of Scotland and its people.</p> <p>Vision:</p> <p>Our vision is an organisation which:</p> <ul style="list-style-type: none">- earns respect and trust- promotes Scottish interests- is open and in touch- works together- works with and learns from others- ensures high quality services- makes best use of resources- values its people. <p>Values:</p> <p>As Civil Servants, our values are:</p> <ul style="list-style-type: none">- integrity and honesty- objectivity- political impartiality- fairness.
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Purpose

The Health Department works with Scottish Ministers, with other Scottish Executive Departments, with NHSScotland and with local authorities and the voluntary sector to improve the health of, and to promote better healthcare and community care services for, the people of Scotland; and to reduce inequalities in health.

Functions of the Health Department

The functions of the Health Department are:

Support for Scottish Ministers

- providing advice on:
 - the health of the people of Scotland, and on the challenge of reducing health inequalities;
 - the provision of health and social care services in Scotland;
 - public resourcing for health and social care services; and on their value for money
- determining priorities for NHSScotland;
- developing policies for the promotion of patients' and service users' interests in the provision of health and social care services (e.g. access to services, quality and safety of care);
- working in partnership with other government departments and agencies to achieve cross-cutting policy objectives, in particular health improvement, health protection and social justice;
- enabling Scottish Ministers to account to Parliament for the performance of NHSScotland and for social care services funded by the Health Department;
- providing assistance to Parliamentary Committees in their scrutiny functions, in particular, the Health Committee;
- representing Scottish interests at United Kingdom level on matters which impact on health and social care;
- providing timely, relevant and accurate information to the public on health and social care matters in accordance with the demands of open government;

Leading and Managing NHS Scotland

- developing strategies and plans to implement national health service priorities;

APPENDIX D

- developing strategies and plans for the workforce of NHSScotland, and for its infrastructure; health and social care policy, in partnership with key stakeholder groups;
- providing guidance to NHSScotland on the planning of health care services;

Resource allocation

- allocating resources to NHSScotland organisations;
- requiring financial propriety and regularity, and ensuring the economical, efficient and effective use of resources;

Operational policies

- providing guidance to NHSScotland on organisational and management issues, and on the development of clinical services;
- providing guidance on other operational matters, including partnership working with local authorities and voluntary bodies;

Performance management

- promoting consistent and improving standards of performance across all NHSScotland organisations;
- monitoring and holding to account NHSScotland organisations, particularly NHS Boards, for their performance, by means of the Performance and Accountability Framework and Accountability Review processes.

Improving information management

The Health Department is committed to ensuring that the Brix system is updated on a regular 6 monthly basis keeping the health content on the system up to date and fit for purpose.

As the Department with the largest proportion of content, we aim to ensure that staff make best use of the system and that our content is regularly maintained.

A key task for the Department in the year ahead will be the preparatory work necessary to ensure a smooth transition to ERDM in the Autumn 2005.

Promoting equality and diversity

The Health Department is committed to a policy of equal opportunities for all staff within the Department and NHSScotland. Our policy is to:

- promote equality and diversity
- tackle discrimination in all its aspects
- put equality at the heart of policymaking and service provision

APPENDIX D

- promote good employment practice
- recognise the importance of providing all staff the opportunity to realise their full potential.

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