

# *REQUIRED OUTCOMES FRAMEWORK*



**SERVICE YEAR:**  
2022/2023



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# foreword

We are delighted to be sharing our second Required Outcomes Framework (ROF) which sets out our commitments for health and care services to the Isle of Man population for 2022/23. This is our second year operating as an arm's length body, operationally independent of both Government and Tynwald.

In accordance with the Manx Care Act (2021), the Department of Health and Social Care (DHSC) sets out an annual Mandate to Manx Care as the Isle of Man's provider of health and statutory social care services. The Mandate sets out the services required for our population needs, the funding available to provide those services and the obligations and limitations of the delivery of the services.

This document details Manx Care's response to the Mandate, including how we will deliver the Isle of Man Government's Island Plan, and continue to work with the Health and Care Transformation Programme to deliver and fully embed the 26 recommendations from Sir Jonathan Michael's independent review of health and social care, whilst making a commitment to the Island's sustainability agenda.

Throughout our first year of operation, we have continued to respond to the demands of the global Covid-19 pandemic; working with the wider government to ensure and maintain the safety of our Island's population. We want to acknowledge the enormous impact this has had on our staff, our patients, our service users, their carers and the day-to-day delivery of many of our core services. We would like to thank you all for your patience, support and understanding throughout the last year whilst we have navigated our way through the pandemic.

Despite these challenges, Manx Care has made substantial progress to improve the quality and safety of our services, with a key focus on improving patient and service user experience across all our areas. Established to create a central hub for all health and care related inquiries, the Manx Care Advice and Liaison Service (MCALS) has been operating throughout our first year with the aim of making us more accessible and available to our public. From a strategic perspective, we have embarked on implementing our Ten Point Governance Road Map, which will help prepare our services to be independently and externally inspected by the Care Quality Commission over the coming months.

The pandemic has only exacerbated our waiting times across many of our specialities; with the Isle of Man Government's announcement of the endemic approach to Covid-19 from 01 April 2022, reducing waiting times through the implementation of the restoration and recovery plans remains a key priority for us during 2022/23.

Our people are our most precious resource. As a Board, we recognise that in failing to achieve our aspirations in relation to our colleagues, we will be unable to deliver against our goals. We have had some great feedback from many of our staff groups in response to our efforts to create a positive working culture; we recognise we are at the start of that journey and, as an organisation, we are committed in our efforts to continue to make Manx Care a positive working environment.



The finances were extremely challenging in our first year. The rising costs of drugs, the difficulties recruiting staff and the effects of the pandemic on the Cost Improvement Programme (CIP) all contributed to a financial deficit. Manx Care was ultimately required to seek additional in year revenue funding via a supplementary vote in Tynwald. Manx Care has received additional funding in 2022/23 which reflects the rising costs of service provision and will also fund important new services for the Island population. We are committed to operating within our allocated budget in 2022/23 and will continue to focus on embedding our CIP, further strengthening our financial governance arrangements and working with the DHSC to agree how health and care funding should be prioritised.

The provision of high quality and safe care for our patients and service users is our priority and indeed our very purpose. In 2022 we will continue to focus on:

- Improving patient safety
- Creating a positive working culture
- Improving financial health and the productivity and efficiency of our services
- Promoting integration across health and care services.

The intended audiences for this Required Outcomes Framework are our people, our patients and service users, their families and carers and our partners who all have an important role to play in making Manx Care a great success.



**Andrew Foster CBE**  
*Chair, Manx Care*



**Teresa Cope**  
*CEO, Manx Care*



# 1. introduction

- 1.1** Manx Care was formally established on 01 April 2021. This Required Outcomes Framework forms part of a suite of documents that should be considered alongside the Mandate, the Operating Framework, Operational Independence document and the Working with Elected Members document.
- 1.2** The purpose of this document is to set out the Required Outcomes for Manx Care for 2022/23 in its second year operating at arm's length from Government and Tynwald. This document outlines a set of indicators and standards to monitor performance, drive transparency and accountability, and improve quality. The document also outlines some important key commitments for Manx Care in developing credible plans for improvement over the course of 2022/23. During 2022/23, Manx Care will work to develop its three year strategy which will cover the period 2023/24 – 2026/27, articulating a longer term vision for health and care services for the Island population.
- 1.3** A key priority for Manx Care is to ensure that there is an integrated approach to managing quality, performance, workforce and finance. For this reason, an **Integrated Performance Management Framework** has been established, ensuring there is a focus on achieving the performance standards set out in this Required Outcomes Framework.
- 1.4** A guiding principle for Manx Care, as it strives to deliver greater integration of its services, is to achieve parity of esteem, valuing mental health equally with physical health. A further key overarching principle for Manx Care is to work closely with Voluntary and Community Sector (VCS) partners in the delivery of health and care where possible and clinically appropriate, to enhance the patient pathway and patient experience and achieve stronger cohesion between statutory health and care settings and local communities. We can evidence progress against both of these objectives in our first year and are committed to accelerating both over the next 12 months.
- 1.5** Manx Care commits fully to the continued delivery of the Health and Care Transformation Programme, supporting the existing programmes of work to deliver against all of the recommendations of Sir Jonathan Michael's Independent Review.
- 1.6** In year one, Manx Care identified three key priorities; improving the quality and safety of the services that we deliver; improving the culture of the organisation and improving financial performance. These will continue to be our priorities in 2022/23 along with promoting and delivering greater integration of our services.



## 2. mission, vision and values

- 2.1 **Our Mission** - To become the best small Island health and social care system in the world.
- 2.2 **Our Vision** - To meet the health and social care needs of the Island's population efficiently and effectively, and in line with accepted professional standards.
- 2.3 **Our CARE Values** have been refreshed and redesigned, with engagement from colleagues across Manx Care, to ensure that they align with Manx Care as an organisation. They are due to be relaunched in April 2022, which will include a new framework with tools to embed the values in “the everyday” experience of the workforce.

Based on Isle of Man Government's People Qualities, Manx Care's CARE Values have been developed to help ensure that the organisation is a place colleagues enjoy working in, and that patients and service users are receiving the best possible service. The framework is there to support positive personal development for every individual within the organisation, and is based on four CARE Values of equal importance, which are:

**Committed & Passionate**

**Accountable & Reflective**

**Respectful & Inclusive**

**Excellent & Innovative**

- 2.4 Manx Care's CARE Values help set expectations, standards and types of behaviour for all its people. When demonstrated, these values support and drive personal development and standards of service to establish expectations for effective leadership and behaviour throughout the organisation.





## 3. quality

The provision of high quality care remains a top objective for Manx Care, and as it enters the second year of operation, the quality improvement priorities continue to be:

- Preventing harm
- Enhancing patient, service user and carer experience
- Creating a continuous learning culture
- Safeguarding adults, children and young people
- Improving access to services
- Improving the effectiveness of services

To support improvement against these priorities, a ten point Governance roadmap has been developed which seeks to create a solid basis upon which tangible improvements in quality control, assurance and accountability will be delivered.

This includes the development of a standardised Quality Dashboard, which will measure key performance indicators across the whole of Manx Care. It will be developed across five domains – Safe, Effective, Caring, Responsive and Well-led, and will provide 13-month time-series data to aid the Board to evaluate quality of care and improvement/deterioration over time, enabling 'ward to board' visibility on key indicators.

This maintenance of the Quality Dashboard will enable the Board and senior leaders to demonstrate the standard of care provided to the Care Quality Commission (CQC) and DHSC and allow meaningful evaluation of quality at point of inspection.

### 3.1 *Preventing Harm*

Manx Care continues to develop credible plans aimed at reducing sources of harm, such as avoidable medication errors, pressure ulcers and falls. During the coming year Manx Care will further strengthen its reporting and learning systems, which will be supported through the recruitment of a Manx Care Risk Manager, who will oversee the implementation of and compliance with the organisation's Risk Strategy and Policy. Meanwhile work is continuing on the review and introduction of a suite of core corporate policies.

### 3.2 *Enhancing Patient, Service User and Carer Experience*

Providing a high quality patient and service user experience requires actively seeking, responding to and learning from feedback. Manx Care will continue to set out a range of interventions to enhance patient and carer experience, and to listen to and act upon feedback to improve its services.



The recruitment of an Experience and Engagement Lead will enable the development and implementation of a patient/service user engagement strategy, ensuring that all activities are coordinated and reported through Manx Care's reporting and governance structures, including the introduction of the Family and Friends Test across the organisation. An extended programme to widen the scope of the Safety and Satisfaction Walks is also to be established across services.

Following the successful pilot of the Manx Care Advice and Liaison Service (MCALS), recruitment into the team is progressing, which will enable the implementation of the service on a permanent basis from early 2022/23.

### **3.3 *Creating a Continuous Learning Culture***

Manx Care recognises that its people have a wealth of knowledge and expertise in their profession, and plans on empowering them to lead improvements in their own area of work through the launch of the Change Coaches Programme. This will use best practice as the basis for change, and provide colleagues with the tools and support required to drive change within their teams.

A key part of nurturing a Continuous Learning Culture is recognising and then developing when things go wrong, and the introduction of a new Complaints Policy will help facilitate this once the new Complaints regulations go before Tynwald later this year. This follows the conclusion of the Public Consultation on the subject.

### **3.4 *Safeguarding Adults, Children and Young People***

Safeguarding children and vulnerable adults poses statutory and ethical duties to Care Groups across Manx Care. Ensuring that the organisation works in accordance with the Safeguarding Board and to embed recommendations from reviews, it is the intention of Manx Care to create one Integrated Safeguarding Team approach across the organisation. Bringing together an integrated approach to safeguarding will support the ability to develop contextual safeguarding practices that will in turn support a Multi-Agency Safeguarding Hub (MASH).

A significant part of safeguarding statutory duties sits within the Social Care Group, specifically within statutory Social Work Services. Within adult services, safeguarding has been undertaken by a small team of staff. An options appraisal identifying future approaches recommended that Safeguarding should be a generic and vital part of all adult social work teams, akin to the approach taken in Childrens and Families' care management services. To enable this to happen throughout 2022/23, Manx Care will:

- Ensure that all staff are trained to the appropriate level in respect of being able to identify and respond to safeguarding of children, young people and vulnerable adults.
- Continue to work to support the work of the Safeguarding Board, with an ethos of close collaboration and transparency.
- Lead on establishing how Manx Care works in the multi-agency space and consider models to bring a Multi-Agency Safeguarding Hub (MASH) together in a phased approach.





### **3.5 Improving Access to Services**

Manx Care has made significant progress in year in laying the foundations of improving access to health and care services – this includes the development and ratification of an Access Policy and the securing of over £2.5m of funding for recovery of the elective waiting list.

- Manx Care will continue with the implementation of the Access Policy, with improvements in the efficiency and productivity of the administration of appointments which will ensure improved outpatient and inpatient waiting list accuracy, improved patient communication and reduced Did Not Attends (DNAs).
- Manx Care will begin to introduce the administrative and monitoring infrastructure to enable reporting against a 'Referral to Treatment' (RTT) standard, in preparation for the introduction of a RTT standard in 2023/24.
- Manx Care will continue to utilise additional internal capacity or externally commissioned capacity to reduce waiting list backlogs within outpatient and inpatient specialties.
- Manx Care will work with the Transformation Programme Management Office to undertake a review of all tumour site services to improve access across all cancer standards.

### **3.6 Improving Effectiveness**

Manx Care remains committed to improving the outcomes for its patients and service users. Full and accurate clinical coding of activity is a critical component to the delivery of effective health and care, and Manx Care will continue to deliver further improvements in this area as a result of the strategic partnership that was established during 2021.

Manx Care will develop closer links with regional academic partners to improve the training and education of its people and ensure effective links continue to be developed with providers of tertiary care. Manx Care will participate in relevant national clinical audits, and will implement recommendations from national audits, national confidential enquiries and the Getting It Right First Time Programme (GIRFT), where possible, and relevant Clinical Service and Performance Priorities.



## 4. clinical and care services and performance

### 4.1 *Response to the Covid-19 Pandemic*

- 4.1.1 Manx Care has played a central role in the provision of Covid-19-related services and in supporting the Isle of Man population during its first year of existence as an organisation. Manx Care has successfully led the vaccine programme and delivered all initiatives as advised by the Joint Committee on Vaccination and Immunisation (JCVI). This has included delivering swabbing and testing capacity (up to 1,000 swabs and tests per day) and providing a secure supply chain of Personal Protective Equipment (PPE) and Lateral Flow Devices to the Island to support the Isle of Man Government policy. During 2022/23, Manx Care will continue to lead the Island's response to Covid-19, and work in partnership with the DHSC.
- 4.1.2 During 2021/22, the 111 service has been transferred across from Cabinet Office to Manx Care. During 2022/23, Manx Care will continue to deliver the 111 service, and will review and repurpose the service in line with the Urgent and Emergency Integrated Care Pathway workstream of the Cabinet Office Transformation programme.
- 4.1.3 Manx Care has been awarded additional funding in the 2022/23 budget to implement a post-Covid-19 syndrome (Long Covid) pathway. During quarter four 2021/22, listening events were held on the subject of Myalgia Encephalomyelitis (ME)/Chronic Fatigue Syndrome (CFS) and Long Covid, which will guide the development and implementation of the service in 2022/23.
- 4.1.4 Manx Care will continue to deliver the Covid Pass service in collaboration with the DHSC and the UK DHSC (including NHSX and NHS Digital) to ensure the ongoing sharing of Covid-19 vaccination data, test data and other related Covid Pass data within agreed information governance and legal frameworks.

### 4.2 *Urgent and Emergency Care*

- 4.2.1 During 2022/23, Manx Care will continue to monitor against the four-hour standard and commits to making improvements against this target from the baseline position. In addition, Manx Care will establish mechanisms to monitor against a broader set of urgent and emergency care indicators consistent with Getting It Right First Time (GIRFT) as described below which better measure the timeliness and quality of urgent and emergency care.



<i>MEASURE</i>	<i>CLINICAL RATIONALE AND IMPLICATIONS FOR PATIENT CARE</i>
Time to initial clinical assessment in Emergency Department and Urgent Treatment Centres	Focus on patient safety prioritisation and referral to the most appropriate service. This will identify life-threatening conditions faster and ensure that the patient is directed to the service and practitioner best able to meet their needs.
Time to Emergency Treatment for critically ill patients	Highest priority patients get high quality care with a complete package of treatment within the first hour of arrival for life-threatening conditions such as stroke, heart attack, major trauma, acute physiological deterioration and asthma.
Total time in the Emergency Department	Measure the overall waiting time experience for all patients. This reduces the risk of harm through long waits for admission or inappropriate admission.
Use of Same Day Emergency Care (SDEC)	Opportunities to avoid overnight stays in hospital where possible to support overall flow

- 4.2.2 Manx Care will ensure that no patient waits more than 12 hours for a hospital bed following a Decision to Admit.
- 4.2.3 Manx Care will continue to work closely with the Transformation Programme Management Office in the development and implementation of the Urgent & Emergency Integrated Care workstream. This workstream will introduce a number of pre-hospital and in-hospital developments that seek to reduce the overall demand on both ED and inpatient admission. This includes the introduction of a 'Manx Care 111' system that is equivalent to NHS 111, Intermediate Care, which seeks to provide increased community support for people who have a short term increase in dependency of care, and Same Day Emergency Care (SDEC) which looks to provide emergency care in an ambulatory or short stay setting, thereby reducing formal admissions to hospital.
- 4.2.4 Manx Care has made progress in reducing inpatient Length of Stay (LOS) during 2021/22 and will continue to monitor and optimise LOS and reduce delayed transfer of care through continued visibility and monitoring of patients with a LOS of over seven days (stranded) and over 21 days (super-stranded).



- 4.2.5 A significant number of bed days are currently 'lost' due to the delayed discharge of patients from inpatient care settings where they are deemed medically ready to be discharged. Some delays are several weeks; there are also examples of delays of several months, and even years. Manx Care will continue to work in an integrated way between health and social care to formulate robust plans for all patients who have a long length of stay to ensure they are transitioned into their preferred place of care as soon as is safe, as it is recognised that a prolonged, unnecessary stay in hospital is detrimental to long term recovery. Manx Care will utilise the additional powers afforded in the Courts, Tribunals and Local Authority Procedures and Miscellaneous Provisions Act 2020 to help tackle issues around patients who do not engage in the discharge from hospital process, and are working with colleagues in Social Security to explore the possibility of discharging patients to onward care prior to the financial assessment process being completed, therefore reducing unnecessary bed night stays in hospital.
- 4.2.6 Manx Care will ensure there will be a robust process for the management of Ambulance Handover within the Emergency Department, and will report and monitor Ambulance Handover and Ambulance Turnaround Times.
- 4.2.7 Existing performance standards in place for 999 response times are 75% of life-threatening 999 calls attended within eight minutes by an emergency responder, and 95% of life-threatening calls attended by a crewed ambulance within 19 minutes. However, there is significant variation in achievement against this standard by geographical location. Manx Care will develop credible plans to respond to the variance in performance across geographical locations and commits to improvement against the baseline position. Manx Care will also develop credible plans to improve the percentage of patients with a CVA/Stroke symptoms arriving at hospital within 60 minutes from the time of the call.

### **4.3 Planned Care**

- 4.3.1 The continued response to Covid-19 has impacted on the Waiting Times across planned care services. During 2021/22, Manx Care launched its Access Policy which describes a clear, transparent and clinically prioritised approach to how it manages and reports its waiting times. The securing of additional restoration and recovery funding is helping to address long waiting times. As part of the Access Policy Framework, Manx Care will validate, report and monitor its overall Waiting List Volume (WLV), at speciality and sub-speciality level. It will develop further plans to reduce its WLV during 2022/23 and commits to ensuring that this figure will be lower on 31 March 2023 than on 01 April 2022.
- 4.3.2 Opportunities to manage referral demand in hospital-based services and reduce 'Did Not Attend (DNAs)' will be developed during the course of 2022/23, including use of Referral & Booking Management/e-Referral systems, which will incorporate advice and guidance systems.



- 4.3.3 The DNA rate has consistently been around 10% during 2021/22, and indicates an opportunity to improve efficiency and waste in Manx Care's system. Initiatives to remind patients of their appointments and support patients to have a greater role in the management of their health and treatment, such as Patient Initiated Follow-up (PIFU) will also be progressed during 2022/23 with an aspiration to reduce the DNA rate to 5% by April 2023. Further opportunities for undertaking outpatient appointments remotely using digital solutions rather than a reliance on face-to-face meetings will also be developed during 2022/23.
- 4.3.4 Manx Care is committed to ensuring that no patients wait over 52 weeks for their treatment, and during 2022/23 will develop further restoration and recovery plans to provide clear trajectories for when this standard can be achieved.

#### **4.4 Restoration and Recovery Programme**

- 4.4.1 Similar to other healthcare jurisdictions, Manx Care waiting lists have been severely impacted by the Covid-19 pandemic which was exacerbated by an inherited waiting list backlog position. The impact of Covid-19 is not limited to elective care and it can be seen across mental health, primary and community care. It is important as we move forward that we give these areas the same focus as elective care, and for the challenges in these areas to be tackled with an integrated approach. In line with Objective 7 in the Mandate of 2022/23, Manx Care is committed to reducing waiting times across services. Manx Care aspires to move further and faster than England with its Restoration and Recovery Programme (England has a target to deliver 30% more elective activity by 2024/25 than before the pandemic) by using innovative commissioning delivery solutions and partnerships to secure additional capacity and also support existing capacity to deliver further and faster.
- 4.4.2 Manx Care was fortunate in 2021/22 to be awarded nearly £2.8m in funding to commence its Restoration and Recovery Programme. By the end of February 2022, Manx Care cleared its endoscopy waiting list (built up over the Covid-19 pandemic) with a focused in-house delivery initiative, resulting in 450 patients being seen between November 2021 and February 2022. In March 2022, 150 cataract procedures were completed in partnership with an experienced external provider specialising in undertaking recovery activity. This follows delivery of 350 pre-assessment appointments as part of the programme of works with further procedures for these patients to be scheduled in quarter one 2022/23.
- 4.4.3 Virtual telemedicine consultations are being provided to patients from quarter one, 2022/23 across seven clinical specialisms including Cardiology, ENT (Ear, Nose and Throat), Gastroenterology, Respiratory Medicine, Pain Management, Orthopaedics and routine Dermatology referrals. This pioneering approach demonstrates that virtual outpatient activity is safe and effective for the majority of patients who consent to receive their treatment virtually. For these patients, a specialist can manage their condition remotely, including organising any face-to-face investigations or diagnostic tests that may be required in the hospital setting. This technology enables NHS specialists to work more efficiently, and also supports Manx Care's backlog recovery efforts. The additional capacity this provides means that those patients who need to see a specialist at a face-to-face appointment will have a shorter waiting time than may have otherwise been feasible.



- 4.4.4 By ensuring best value in its commissioning approaches for elective recovery, Manx Care was able to re-utilise partial funding from its initial Restoration and Recovery Programme funding envelope to support delivery of additional capacity in psychological therapies for children, young people and adults in partnership with a local mental health charity. Work is also at a detailed planning stage with regard to restarting the delivery of elective orthopaedic activity at Noble's Hospital.
- 4.4.5 Manx Care has set itself ambitious targets for the Restoration and Recovery Programme by the end of December 2022 with a specific focus on Orthopaedics, General Surgery and Ophthalmology, which have seen the most significant impact from an elective perspective during the Covid-19 pandemic. Manx Care will be seeking additional funding support from the DHSC and the Treasury Department in 2022/23 to support the next stage of delivery for the programme.

#### 4.5 *Diagnostics*

- 4.5.1 Timely access to diagnostic tests is a key supporting measure to the delivery of timely planned care and achievement of planned care standards. Early diagnosis is also important for patients and central to improving outcomes (e.g. improved survival rates for patients who have a diagnosis of cancer).
- 4.5.2 Patients requiring diagnostics tests who are on an urgent or cancer pathway should wait a maximum of two weeks for this in order to support the achievement of the Faster Diagnostic Standards. Good performance against this standard was achieved during 2021/22 and Manx Care aims to further improve on this during 2022/23.

<b>DIAGNOSTICS WITHIN TWO WEEKS PERFORMANCE - 2021/22</b>	
<b>MODALITY</b>	<b>WEEKS</b>
Computed Tomography	1.9
Magnetic Resonance Imaging	2.2
Ultrasound	2.7

- 4.5.3 Manx Care aspires to deliver a maximum six-week wait for all routine diagnostic tests; however, the baseline position identifies that waiting for routine diagnostics is significantly longer than six weeks. Therefore, Manx Care commits to reduce the overall waiting list to a maximum of 26 weeks within year one for the key modalities, and to develop credible, costed plans for reduction to a maximum of six weeks within two years.





- 4.5.4 In response to the Coronavirus pandemic, work was undertaken within diagnostic services to reduce, where possible and clinically appropriate, the number of patients required to travel to England for diagnostic tests. Robust processes are now in place to review all referrals prior to them being sent for 'off Island' diagnostics. Manx Care will continue to review opportunities for diagnostic tests to be undertaken on-Island, which will both improve patient experience and reduce tertiary spend.
- 4.5.5 Manx Care's Pathology services have agreed and anticipated turnaround times for all relevant laboratory investigations which will be available at the point at which they are needed for clinical decision-making. Pathology services will participate in accredited technical External Quality Assessment (EQA) schemes, if available, covering all analytical and technical areas of the service repertoire, evidenced by available, up-to-date EQA registration and performance records for all accredited technical schemes in which the laboratory participates. Pathology services will undertake internal quality assessment for all relevant tests in their repertoire, evidenced by available and up to date metrics. All scientific staff providing clinical services will be compliant with regulatory requirements for continuing professional development (CPD), evidenced by continuous HCPC registration for Biomedical Scientists.

#### **4.6 *Integrated Cancer Care***

- 4.6.1 Following Manx Care gaining a place on the Cheshire & Mersey Cancer Alliance, relationships with the Alliance and its partners across the Cheshire & Mersey region will be further developed through forging of closer links with tertiary cancer services and the development of shared pathways that ensure seamless transition between diagnostic and treatment pathways between Manx Care and tertiary providers. These partnerships are critical to cancer care being more effectively planned and achieving improved outcomes for patients.
- 4.6.2 During quarter four of 2021/22, Manx Care has commenced work in conjunction with the Health and Care Transformation Programme to develop and implement clear tumour site pathways reflecting best practice standards and supporting achievement of the 28 day Faster Diagnostic Standard.
- 4.6.3 Manx Care will continue to work with Public Health England and Public Health Isle of Man to ensure annual reporting of cancer incidence and mortality rates.
- 4.6.4 Manx Care will monitor and report against eight key waiting time standards. These standards are not currently being consistently achieved. Manx Care will put credible plans in place to improve on the baseline position and will commit to achieving this.



<b>STANDARD</b>	<b>REQUIRED STANDARD</b>
Maximum two-week wait from referral to first outpatient appointment	93%
Maximum two-week wait from referral of any patient with breast symptoms (where cancer is not suspected) to first hospital assessment.	93%
Maximum 28 days from referral for suspected cancer (via 2WW or Cancer Screening Programme) to date of diagnosis	75%
Maximum 31 days from decision to treat to first definitive treatment	96%
Maximum 31 days from decision to treat or other appropriate date to start of second or subsequent treatment	Surgery - 94% Drug Treatment - 98% Radiotherapy - 94%
Maximum 62 days from referral for suspected cancer to first treatment	85%
Maximum 62 days from urgent referral from a Cancer Screening Programme to first treatment	90%

- 4.6.5 Manx Care will continue to develop the Acute Oncology service, following investment in the service during 2021/22 to ensure that patients have timely access to services. This will include the expansion of the Acute Oncology Team and the substantiation of an Acute Oncology presence within the SDEC facility.
- 4.6.6 Manx Care is committed to improving screening services for the Island's population. During 2020/21, specifications for the Breast Screening services, Cervical Screening services and Bowel Screening services have been developed and a gap analysis has been undertaken against the revised specification. Progress has already been made around addressing significant issues within these services. Areas of development that are outstanding do require funding, therefore costed improvement plans will be submitted for consideration by DHSC and Public Health.
- 4.6.7 During 2021/22, Manx Care, in partnership with Hospice Isle of Man, established a Palliative and End of Life Oversight Group to take forward the recommendations of an external review published in January 2021. The system-wide programme, including a wide range of stakeholders, will implement a redesigned Palliative and End of Life pathway, ensuring the Isle of Man has an appropriately skilled and trained workforce, and that there is a programme of enabling conversations around death and dying amongst public and professionals in health and social care.



## **4.7 Integrated Mental Health Services**

- 4.7.1 Manx Care is committed to achieving parity of esteem, valuing mental health services equally to physical health and, as such, will seek to, where possible and clinically appropriate, apply the same waiting time standards to mental health as physical health.
- 4.7.2 Manx Care inherited large waiting lists in both Adult and Child and Adolescent Mental Health Services and is committed to continue reducing the waiting times for services during 2022/23 in line with the restoration and recovery investment plans.
- 4.7.3 Manx Care will focus on promoting recovery from Mental Disorder and/or Substance Abuse Disorder, improving the lives and wellness of service users and enabling them to live a self-directed life and reach their full potential. Manx Care will launch its Recovery College in April 2022, which will offer educational courses on mental wellbeing and supporting personal recovery in conjunction with University College Isle of Man.
- 4.7.4 During 2022/23 Manx Care will contribute to the development of a Children's Mental Health Strategy, adopting the Thrive Model of delivery which promotes early help and support and will strengthen existing collaborations and joint working with schools.
- 4.7.5 Manx Care is committed to further review and development of urgent and emergency pathways for patients presenting with mental health issues. Manx Care recognises that the best practice standard is for patients requiring Mental Health liaison services within the Emergency Department to be seen within one hour, and patients admitted to physical health wards requiring a Mental Health assessment to be seen within 24 hours. During 2021/22, Manx Care established internal reporting to monitor performance against both of these best practice standards, setting a standard of 75% compliance. During 2022/23, Manx Care will continue to benchmark its urgent and emergency mental health pathways against best practice and develop plans and associated business cases to support improvement.
- 4.7.6 100% of people under adult mental illness specialities on a Care Programme Approach (CPA) will be followed-up within seven days of being discharged from psychiatric inpatient care.
- 4.7.7 Manx Care will report against and monitor inpatient Length of Stay (LOS) within a Mental Health setting and will develop credible plans to optimise a patient's length of stay (LOS) in hospital. Manx Care will establish processes to monitor and report against Delayed Transfer of Care (DTC) from inpatient mental health settings and ensure effective integrated discharge planning processes are in place.



#### **4.8 Integrated Primary Care, Community Services and Therapy Services**

- 4.8.1 Manx Care will develop, negotiate and implement GP Contract 'directed enhanced services' in line with the requirements of the clinical pathway design as part of the Health and Care Transformation programme.
- 4.8.2 Manx Care will continue to develop resilience in General Medical Practice by:
- a) working with the Transformation Team's Primary Care At Scale project team to develop services to be provided by the Primary Care Network for the GPs and to promote collaborative working within the other Primary Care professions;
  - b) ensuring at least two GP Trainees are recruited each year to the Isle of Man GP Training Scheme, improving the advertising initiatives in Primary Care in liaison with the British Medical Journal (BMJ), and securing additional salaried GPs to support the General Practice system.
- 4.8.3 Manx Care will implement years two and three of the Dental Strategy, in particular the introduction of an updated Dental contract, including specific Key Performance Indicators in relation to patient access to services, and ensuring that 80% of all children aged 0-16 seen in General Dental Practice have fluoride varnish applied twice yearly as part of their overall treatment.
- 4.8.4 Manx Care will reduce and then maintain the wait for patients to receive a first appointment for Consultant-level Orthodontic services, when required, to no more than eight weeks.
- 4.8.5 Manx Care will work with the Primary Care Orthodontic provider to ensure all referrals suitable for the service are transferred for initial Index of Orthodontic Treatment Need (IOTN) assessment, and priority established within eight weeks of referrals having been received.
- 4.8.6 Manx Care will reduce the waiting list for Paediatric Special Care Dentistry general anaesthetic treatment to eight weeks, and for referral to treatment for Adult special care and phobic patients to no more than eight weeks.
- 4.8.7 Manx Care will expand on the MECS (Minor Eye Conditions Service) and integrate the service into the contracting arrangements for opticians, developing services in line with both the Eye Care Strategy and the Eye Care Transformation clinical pathway design.
- 4.8.8 In the NHS back-office, Manx Care will manage the migration from the 'NHAIS' GP registration system to the NHS Spine. All GP medical registrations and amendments will be processed within a period of no more than two working days and the GP registered population will be cleansed to within no more than a 4% 'inflation' figure using the Isle of Man census data.



- 4.8.9 The Medicines Optimisation team in Primary Care will focus on the CIP projects as proposed by the CIP Board, and the expansion of the team to support the frailty agenda and the care of patients in care homes. Pharmacy support will be ongoing in Community Mental Health Services (CMHS), Child and Adolescent Mental Health Services (CAMHS) and for Learning Disability services users. The joint prescribing committee, which commences in January 2022, will continue and expand into further development of formulary and prescribing guidelines. The pharmacy team will expand into the provision of clinical care in the GP Primary Care Network, which will include provision of Pharmacist-led clinics focusing upon specific therapeutic areas.
- 4.8.10 Therapy Services will implement First Contact Practitioners (MSK Physiotherapy) within Primary Care Settings, and establish the Long Covid-CFS-ME service for Adults and Children. They will increase manufacturing capabilities on-Island for the Prosthetics and Orthotics services, to ensure improved timely care, measured by internal audit of prosthetic delivery timeframes. Therapy services will also establish a combined Alternative and Augmentative Communications Service within Adult and Children's Services in conjunction with Third Sector Partners, and successfully transition the new Enteral Feeds contract within the Dietetic service. They will negotiate alongside commissioning for defined Head and Neck Cancer Speech and Language Therapy pathway and provision. The external review/restructure of Therapy Services will be completed, as well as development of Standardised KPIs for all Therapy areas.
- 4.8.11 For Community Nursing services during 2022/23, the Continence Service will reduce and then maintain the waiting list for patients to receive a first appointment with Continence Advisor for a continence assessment to no more than four weeks. The Tissue Viability Service will reduce the waiting list for referrals for specialist tissues viability care for patients who have a hard to heal wound and any associated diseases for example, pressure ulcers, leg ulcers, malignant wounds, chronic oedema to no more than four weeks.
- 4.8.12 Adult outpatients will be seen/treated within 12 weeks of referral. Adult inpatients will be seen/treated within 24 hours. Telephone requests for specialist advice will be met within 24 hours, and emails for specialist advice will be met within 72 hours. A full KPI data set for Community Services will be developed.
- 4.8.13 Newly diagnosed diabetics will be offered structured education within six to 12 months of being diagnosed, as per UK NHS guidelines. A full Key Performance Indicator data set for the Diabetes Centre will be developed.



#### **4.9 Integrated Women's, Children's and Family Services**

- 4.9.1 The Integrated Women's, Children's and Families Care Group (IWCF) newly formed with the establishment of Manx Care and brought together obstetrics & gynaecology, primary and secondary care paediatrics, children's community nursing, health visiting & school nursing, sexual health and the safeguarding team. During the first year as a care group, significant progress has been made in developing integrated pathways and bring synergistic services together to ensure a seamless journey for patients – this includes integrating Genitourinary Medicine, Family Planning and the Termination Service into a single Contraception & Sexual Health service as well as bring Safeguarding Children and Safeguarding Adults into a single team under a Head of Safeguarding.
- 4.9.2 In 2022/23, IWCF will progress the implementation of the agreed action plan associated with the first Ockenden Maternity Review published in December 2020, and will develop a new action plan that covers the recommendation from the final review report published in April 2022. The Care Group will continue to support a regular Ockenden Meeting of key stakeholders and will report back progress via the Performance & Accountability Reviews on a quarterly basis.
- 4.9.3 In 2022/23, the Care Group will support the development of a Multiagency Safeguarding Hub (MASH) model by working with colleagues from Safeguarding Social Work teams, the IOM Constabulary Public Protection Unit and Department of Education Safeguarding Team and others. The MASH model will allow an integrated approach to safeguarding across the Isle of Man which has information sharing and joint decision-making at its heart.
- 4.9.4 In conjunction with Public Health, the Care Group will lead the development of the Healthy Child Programme via the Health Visiting and School Nursing Service, to ensure that services are able to be accessed by children and young adults from 0-19 years of age.
- 4.9.5 The IWCF Care Group will work with the Integrated Mental Health Services Care Group and other stakeholders to develop an integrated, person-centred, and needs-led approach to delivering mental health support for children, young people and their families across a range of health, care and education services.





## 4.10 Social Care Services

- 4.10.1 Social Care has made significant progress in bringing Adults' and Children's Social Work and Social Care together as one cohesive group. The Care Group has also been reviewing both its internal and external relationships and has made great progress in working in a more collaborative and integrated approach. There are still key positions within the structure that need to be recruited to. Throughout quarter one, Social Care will work with colleagues in the Talent Acquisition Team to undertake a targeted recruitment campaign to attract quality staff to these positions and reduce its agency reliance.
- 4.10.2 Social Care has moved to a Partnership 'Single Assessment' process within Adult Social Care to support work being developed within the Wellbeing Partnerships. This has helped streamline the referral process into Manx Care services with all professionals of a multi-disciplinary nature using the same single assessment. Through 2022/23 Social Care will work to review this document to ensure it can be used not only on a multi-agency 'single assessment' but on that of a 'self-assessment' tool.
- 4.10.3 Social Care will work to develop approaches to gain service user feedback and to use this feedback, not just in respect of continual improvement, but for the purposes of developing the approach or co-design of service provision (provision that can be responsive, effective and well-led, that supports individuals in the right place, at the right time, and by the right person). Manx Care will work with colleagues in DHSC to develop further strategies in respect of multiple areas such as (but not limited to):
- Carers strategy
  - Dementia
  - Autism
- 4.10.4 These strategies need to be co-designed with those with lived experience from the very beginning if they are to be successfully implemented in every corner of the community.
- 4.10.5 The Care Group will engage in all streams of Transformation. Social Care will help shape and influence the transformation work and ensure that the voices of those in the community requiring support are heard.
- 4.10.6 It is recognised that particularly in Adult Social Work and Social Care, the KPIs reported upon are not particularly those which help in any meaningful way to improve and shape services that are integrated. Through the work of the Integrated Care Programme Board, the Care Group is developing KPIs that will measure the success of integration and transformational activity (please see next page).
- 4.10.7 All Adult Social Care services (except day care) will be inspected through the early quarters of 2022/23. Social Care will use the recommendations of these inspections to prioritise improvement work and to develop a robust continual improvement programme that has the voice of the service user at the front and centre of all it does.



- 4.10.8 Social Care will continue the early work it has done on Quality Assurance and ensure this aligns to and is incorporated in the wider Roadmap that has been developed within Manx Care. The Care Groups will also develop the ability to identify and respond to 'risk' in an aligned approach across all care groups in Manx Care.
- 4.10.9 It is a priority to continue to support the multi-agency approach to abolish the criminal and sexual exploitation of children and vulnerable adults. Social Care will work with the IOM Constabulary in monitoring and reporting on this activity on the Isle of Man, and continually consider multi-agency approaches to disrupt this activity.
- 4.10.10 A focus for 2022/23 will be the development of the Fostering and Adoption service to support those children and young people who, for a variety of reasons, are displaced from their own families. Social Care will design and undertake a targeted high profile campaign to attract individuals to be trained and supported within this vital role.

#### **4.11 *Integrated Priorities across Health and Care***

- 4.11.1 The Integrated Care Programme Board has begun to meet on a monthly basis rather than quarterly; this is needed due to the number of workstreams that have emerged in support of integrated ways of working. Currently the workstreams include:
- Wellbeing Hubs
  - Local Area Coordination
  - Community Frailty
  - Intermediate Care
  - Long Length of Stay reduction

This group has been used to report progress in the main, but members and leads of workstreams have been asked to develop work plans for the year in order to identify both synergies and duplication. As mentioned previously, the current focus of the group is to identify new KPIs in order to evaluate its new approaches and the impact on personal outcomes and most effective approaches. Manx Care will further develop a suite of indicators that will support the ability to measure the impact of integrated services.

- 4.11.2 The development of the Wellbeing Partnerships has taken a great leap forward following the establishment of Manx Care. During 2021/22, Wellbeing Partnership Leads have been appointed and the responsibility for the Partnerships has transferred to Social Care.
- 4.11.3 The Southern Wellbeing Partnership opened in December 2021 and the Northern Partnership will be opened by June 2022, with all localities of the Isle of Man having a Wellbeing Partnership by April 2023.



- 4.11.4 All will receive and co-ordinate all referrals into community-based statutory services and some Third Sector providers who are members of the partnership. A Multi-Disciplinary Team (MDT) approach to the management of all referrals, where more than one community service is requested to support a single service user, will ensure an integrated approach of shared care and decision-making facilitated through a shared care record and care planning document.
- 4.11.5 During 2022/23, Manx Care will continue to implement plans to maintain patients and service users in their own homes and their own communities and avoid admission to hospital, where possible, through the development of a comprehensive tiered model of community care – this involves the implementation of Local Area Coordination, Wellbeing Partnerships, community frailty services and intermediate care.
- 4.11.6 In addition to the Wellbeing Hubs, Manx Care is entering the next stage of the Local Area Coordinators programme. Co-ordinators for the South have been recruited and Manx Care will continue to work with colleagues across Government to identify the ability of the Island to roll this out across all areas. The Executive Director of Social Care chairs the Change Leadership Group on a monthly basis in order to provide momentum and motivation to continue with this approach to building resilience and utilising assets of all types within the community.
- 4.11.7 All community-based provision will work together under the umbrella of the Integrated Care Programme Board (ICPB) to support the full integration of community health and social care, to ensure that the acute provision on-Island is protected and used only when absolutely necessary.
- 4.11.8 During 2022/23, Manx Care will look to appraise how other approaches across Europe have supported integration and made best use of available resources, one such model being the Buurtzorg model. Although the true application of such models may not be entirely right for the Isle of Man, hybrid approaches could prove effective. An example is care at home support and community nursing. A range of models will be discussed and appraised, and considered under the ICPB by Autumn 2022.



## 5. workforce

- 5.1** Manx Care is committed to the ongoing development of its culture, building on the foundations established during its first year of operation. Continuing to develop a positive and inclusive working culture will not only support colleagues in being able to deliver exceptional and safe patient-focused care, but in supporting colleagues to achieve their own personal career aspirations.
- 5.2** Manx Care is aware that it has a high vacancy rate across the organisation and particularly for front line clinical roles. During 2021/22, reviews of the staffing establishments and verification of workforce statistics have taken place to provide a clear baseline for workforce planning. Manx Care is committed to reducing the vacancy rate across the organisation and will implement a number of initiatives to achieve this, including increasing the number of international recruitment places for registered Nurses and Doctors, and reviewing the number of on-Island training places available.
- 5.3** Manx Care requires a workforce with the knowledge and skills to be able to deliver safe and exceptional patient-focused care now, alongside the need to support the development of its workforce to meet the future healthcare challenges of its population. The organisation is committed to supporting the ongoing development of colleagues from both a personal and an organisational perspective, with a further commitment to enhance the training opportunities available on-Island. Developing home-grown talent is essential.
- 5.4** Manx Care will continue to support the Workforce and Culture Development Team (which is aligned to the Cabinet Office Health and Care Transformation Programme) in the development of a positive working culture.

**The Programme's priorities over the next 12 months include:**

- Development of a Recruitment Strategy
- Development of an Equality, Diversity and Inclusion Programme
- Development of a systemic change management programme
- Development of a programme to support psychological safety in the workplace
- Targeted sickness absence reduction programme
- Rollout of a new appraisal system



## 6. finance

- 6.1** During its first year of operation, Manx Care identified significant inherited funding pressures, as well as ongoing cost pressures such as increasing drugs costs, rising staff costs due to intense competition in the marketplace and high cost patients.
- 6.2** During 2022/23 Manx Care will work with the Department to develop a sustainable funding mechanism for high cost patients and IFR Requests.
- 6.3** During 2022/23 Manx Care will continue to develop robust systems of financial control and oversight in order to control spend and to identify and manage significant risks. This will include work to support performance management measures, which will help develop greater understanding of cost drivers and improved activity-based financial modelling.
- 6.4** Manx Care will continue to support the work of Transformation in developing future funding models for Health & Social Care.
- 6.5** During 2021/22, Manx Care developed a robust governance framework to identify, impact assess, monitor and evaluate cost improvement and efficiencies to support delivery against its efficiency target of 1%. An increased efficiency target of 2% has been set for 2022/23 and Manx Care will further expand its Cost Improvement Programme to support delivery against this target.
- 6.6** Due to policy decisions required to manage the situation arising from the Covid-19 pandemic, health and social care services have incurred significant additional expenditure that has been necessary over and above its 'normal' requirement. This funding has been met by the Treasury through the provision of a significantly higher than normal Contingency Fund (2020/21 and 2021/22).
- 6.7** During 2022/23, Manx Care will continue to monitor and respond to changes in Covid- 19 policy and the corresponding impact on the financial requirement. Manx Care will also continue to identify ways to rationalise and improve the efficiency of services, whilst maintaining the ability to expand capacity should another outbreak occur.



## 7. data and digital

- 7.1** Sir Jonathan Michael's Independent Review considered the implementation of a single overarching system to be an essential part of enabling the provision of higher quality services. Manx Care will work alongside the Transformation Programme to develop the business case and requirements to facilitate the procurement of the Manx Care Record through 2022/23, and prepare for the implementation in 2023.
- 7.2** The availability of complete, comprehensive, accurate and timely data is an essential component in the provision of high quality health and care services. During the year, Manx Care will continue to develop the systematic and accurate capture of data, building on the delivery of the first iteration of the core data set. Supported by the Transformation Programme, Manx Care will build a 'data warehouse' to bring together information currently housed across the current range of disparate systems. The warehouse will enable a transparent view of activity, quality, safety and a range of other essential outcomes and measures.
- 7.3** The approach to reinforce GDPR compliance has been scoped, and work completed during 2021/22 has highlighted the scale of the challenge ahead. Detailed planning for compliance will need to be costed and implemented during 2022/23, which will follow extensive discovery work that is still required in each division of Manx Care. Completion of the work will be dependent on specialist resources provided by the Transformation Programme.
- 7.4** A significant number of the current contractual arrangements, which encapsulate the support and maintenance of the existing Manx Care IT (Information Technology) systems estate, will expire over the next few years. Some of these systems are likely to be replaced in phases, either wholly or in part, by the Manx Care Record once it is fully implemented. During 2022/23 Manx Care will work alongside GTS and the Transformation Programme to ensure the smooth transition and contractual compliance.
- 7.5** Manx Care will develop and plan for the strategic delivery of new technologies. In particular, the plan will focus on supporting patients and service users with enduring needs and the management of long terms conditions from their homes.
- 7.6** Since its establishment, Manx Care has begun the process of coding all finished consultant episodes of care. A review into coding policies and procedures was completed in 2021/22, setting out a number of key recommendations. These will be planned and implemented during 2022/23. The outcome for this year is that Manx Care has a more efficient and timely capture, recording and output of clinical coding data and subsequent reporting. In addition to this, Manx Care will engage a benchmarking organisation to assist in discovering insights from this critical information.





## 8. partnerships and contracting

- 8.1** Manx Care inherited a challenging contractual position in 2021/22 with a large number of contracts for delivered services and procurement of goods and temporary staffing resources being non-compliant. Services and goods delivered under commissioning and contractual relationships account for approximately half of Manx Care's total revenue budget envelope. Significant additional investment in the Contracting and Commissioning Directorate was made as part of the establishment of Manx Care. Throughout 2021/22, recruitment into the Directorate has taken place at pace which has now resulted in near full establishment. Contract Managers have been aligned to Care Groups to provide specific focused support to understand contractual relationships in place in each Care Group and ensure compliant contractual and monitoring arrangements are in place as we move forward. Manx Care will continue to work to improve the contractual compliance situation across Care Groups during 2022/23, and this will be monitored by the Finance, Performance and Commissioning sub-committee of the Manx Care Board on a monthly basis.
- 8.2** The Commissioning and Contracting Directorate is committed to ensuring best value and quality delivered goods and services for patients. NHS Frameworks provide collaborative and bespoke procurement solutions to the NHS and other public sector organisations. Through category expertise and harnessing collective buying power it is able to deliver comprehensive, compliant and innovative procurement solutions which save the NHS money. In 2021/22, Manx Care has and will continue to build upon its utilisation of established NHS Frameworks through NHS Supply Chain and the North of England Commercial Procurement Collaborative (NOECPC). New Frameworks have also been established through the NHS SBS Portfolio of Agreements, NHS Increasing Capacity Framework and the Welsh Commissioning Framework which will allow Manx Care to utilise and access compliant agreements for goods and services at best value moving into 2022/23.
- 8.3** Manx Care will focus efforts in three key high value contracting areas in 2022/23 which include drug, mental health and agency spend to ensure compliant arrangements are in place and which are also achieving best value for its patients.
- 8.4** Manx Care has relationships with many Voluntary and Community Sector (VCS) partners on the Isle of Man. During 2022/23, Manx Care commits to further developing partnership models with several VCS partners in order to improve the delivery of person-centred, locally-delivered care and to improve the overall efficiency of health and care delivery. Manx Care was awarded a £909k funding package over the next three years in the 2022/23 budget to 'right-size' the NHS contributions to Palliative and End of Life Services. The funding package will be invested in its entirety to Manx Care's VCS partner, Hospice IoM to continue to deliver and develop best value, quality and integrated services to patients.



- 8.5** Manx Care’s relationship with NHS providers in the UK is key to the delivery of specialist care and treatment to the population which cannot be delivered on Island. It is also key to the development of Island healthcare professionals and the supplementing of clinical governance and quality systems. In alignment to Objective 7 included in the Mandate 2022/23, Manx Care will look to develop formal strategic alliances with a number of key NHS Foundation Trusts to enable development of shared clinical pathways, joint appointments of key clinical posts, access to clinical governance and training networks and increase in the opportunities for both telemedicine and assisted technology during 2022/23.
- 8.6** The Commissioning and Contracting Directorate will evolve and expand in 2022/23 to form the Commissioning, Contracting and Performance Directorate. The performance aspect of the Directorate will be led by a newly appointed Head of Performance who will be responsible for ensuring that the Performance and Accountability Framework is fully embedded and operationalised in 2022/23. The Performance and Accountability Framework, once fully implemented, will support Manx Care’s internal assurance processes to directly link into the DHSC’s Single Oversight Framework development.



## 9. estates and infrastructure

Manx Care holds a vast portfolio of assets, both in buildings and equipment, which are available to support service delivery provision to Manx Care's patients and service users. The ownership of the buildings has been retained by the Department of Health and Social Care and, as such, a formal agreement is in place to reflect this.

An essential partner in supporting Manx Care's delivery of services is the Public Estates and Housing Division of the Department of Infrastructure. To reflect this partnership, a Service Level Agreement is in place to ensure the management and upkeep of the hard facilities services of the existing facilities within the property portfolio.

This agreement also supports the development and delivery of improvements, and the joint working required for minor capital and capital projects to enable the projects to meet the needs of Manx Care. These arrangements and the agreement provide both parties with clarity and assurance in relation to the nature and extent of the working relationship, the roles and responsibilities, and the services provided.

- 9.1** Manx Care will develop, in partnership with the DHSC, a coherent and robust infrastructure strategy to support and enhance the delivery of high quality care in accordance with Manx Care's corporate policies and strategies.
- 9.2** In relation to the Isle of Man Government's 'Guidance for Public Bodies', Manx Care will respond to the 'Duties for Public Bodies' (in conjunction with the Climate Change Group and Department of Infrastructure, Public Estates and Housing), recognising the need to develop sustainable estates and the proactive management of energy, utilities and waste.
- 9.3** Manx Care will maximise the use of its assets to reflect value for money and opportunities for change, to support the delivery of Manx Care's objectives, ensuring funding to secure asset replacement is planned and provided to meet its objectives.
- 9.4** Manx Care, in partnership with the DHSC, will develop a fully funded Capital Programme to support the delivery of Manx Care's strategic objectives.



## 10. governance of ROF delivery

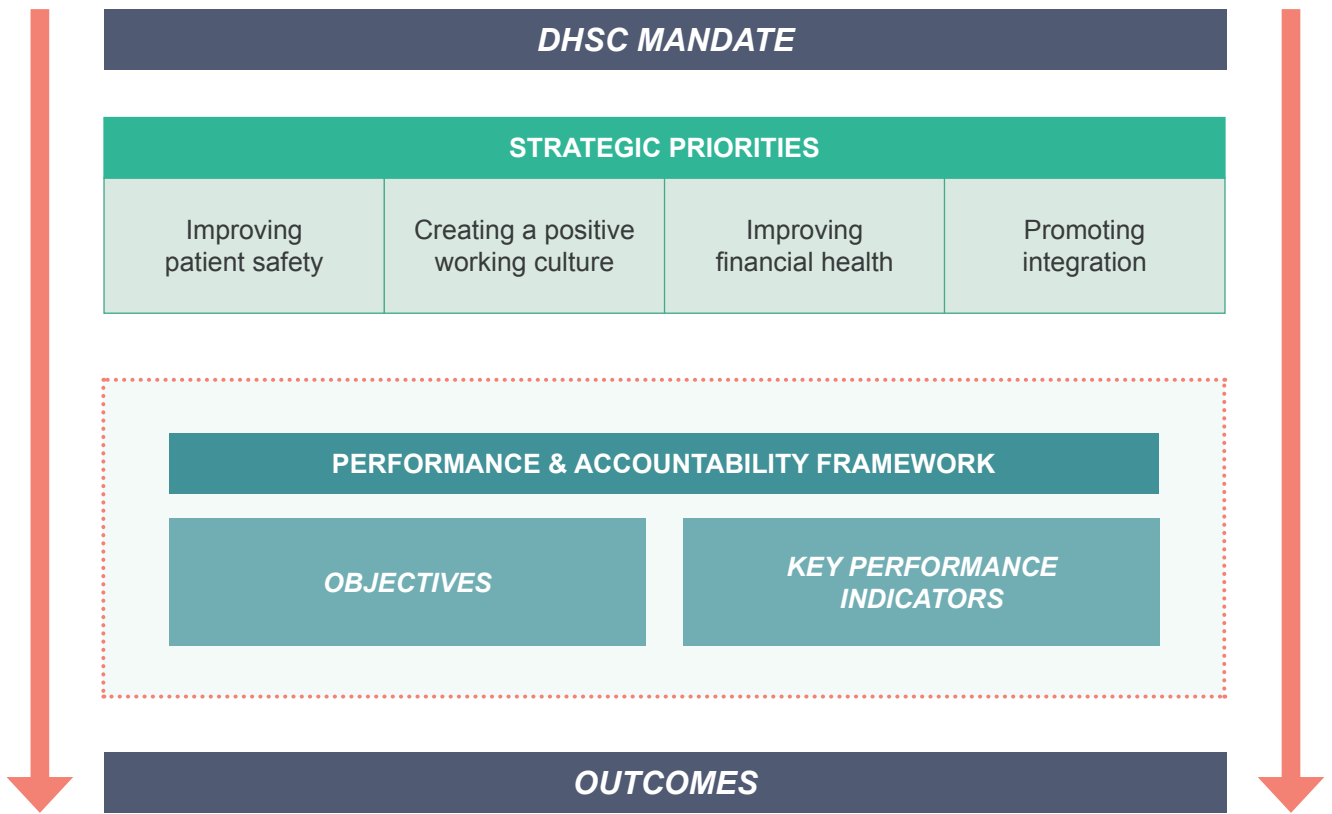
Every colleague working across Manx Care has a role to play in delivering the commitments within this Required Outcomes Framework, and where appropriate it is intended to devolve the responsibility for the delivery of the agreed objectives (and underpinning action plans) to the respective Care Groups.

The monitoring and oversight of this activity forms an essential part of the organisation's reporting and governance processes, and accordingly delivery of the objectives will be undertaken under the auspices of the Performance and Accountability Framework. This will ensure that the appropriate level of challenge and oversight is applied to delivery performance, whilst also providing an appropriate escalation point for risk and issue resolution.

Progress against delivery of the objectives and commitments in this document will be reported upon on a quarterly basis, in accordance with process set out below.

STEP	ACTIVITY
1	Review of progress undertaken by designated Executive Lead on a monthly basis
2	At the end of each quarter Care Groups provide a detailed ROF update
3	All ROF updates are reviewed/challenged in accordance with Performance Framework
4	ROF updates are consolidated and the quarterly Mandate Assurance report produced
5	Mandate Assurance report presented to Executive Leadership Team
6	Approval to Mandate Assurance report sought from Manx Care Board
7	Mandate Assurance report forms part of DHSC assurance and governance process

Initially, there is a requirement to conclude some detailed planning activity, which will result in the production of a supporting action plan, against which performance will be measured. The various components of the Required Outcomes Framework are detailed in the diagram below.





## 11. appendices

- A. DHSC Mandate to Manx Care 2022/23
- B. ROF Safety & Quality Report 2021/22 (to follow)
- C. Manx Care Engagement Strategy (to follow)





manx care

Kiarail Vannin