

# Manx Care

Noble's Hospital Estate

Strang

Braddan

IM4 4RJ

Tel: 01624 650000

[www.gov.im/about-the-government/statutory-boards/manx-care/](http://www.gov.im/about-the-government/statutory-boards/manx-care/)

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## Our findings

### Overall summary

We carried out this announced well-led assessment Manx Care from 25 to 27 October 2022. The assessment was led by a Care Quality Commission (CQC) Head of Inspections who was supported by Inspection Managers and Specialist Advisors.

This assessment is one of a programme of assessments that the CQC is completing at the invitation of the Isle of Man Government's Department of Health and Social Care (IOMDHSC) in order to develop an ongoing approach to providing an independent regime of health and social care, providers deliver or are commissioned by IOMDHSC and Manx Care.

The CQC does not have statutory powers with regard to improvement action for services on the Isle of Man, and providers on the island are not subject to CQC's enforcement powers. The assessment is unrated.

The Isle of Man is a self-governing British Crown dependency in the Irish Sea between England and Ireland. The Isle of man has a population of approximately 86,000 people, however visitors to the island increase the population, particularly during the Island's Tourist Trophy (TT) motorcycle racing event. Manx Care was established in April 2021 by Tynwald, the Government of the Isle of Man as an arm's length organisation, to focus on delivery of health and social care on the Island.

There are two hospitals on the island, the main hospital is Nobles Hospital which has 20 wards and 314 beds. The emergency department is located at Nobles hospital along with medical wards, surgical services, maternity and gynaecological services, cancer services and children's services. The other hospital is at Ramsay and there is a minor injuries unit, an in-patient ward and out-patient services.

Services were divided into the following care groups:

- Medicine, urgent care and ambulance
- Surgery, theatres, critical care and anaesthetics
- Integrated cancer and diagnostics
- Integrated women and children
- Primary care and community service.

### **People's experience of using this service and what we found**

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the base line assessment.

In addition, we expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted.

### **Our key findings**

- Manx Care is a new organisation and they acknowledge they have come a very long way in a short space of time, but there is more work to do.
- Executives understood the challenges and had proactive plans in place to address them.
- Senior leaders had the skills, knowledge and experience for the roles they held. They had identified and understood the challenges Manx Care faced. However, there was no strategy in place to develop future leaders or implement a succession plan.
- The executive team recognised that Manx Care did not have a long-term strategy in place to formally set out the organisations vision and the strategic objectives to make the vision a reality. This was a key priority for development in 2023. Staff did not always know the underpinning values developed by Manx Care.
- Manx Care did not have effective oversight and assurance of the safe, consistent and adequate recruitment process, to ensure every member of staff was safe to work with vulnerable adults and children. Structures in place at the time of the assessment did not support a standardised recruitment process to ensure that pre-employment checks always included Disclosure and Baring Service, qualifications, competence and experience. There was not a policy in place to underpin a safe recruitment process.
- We found that Manx Care had limited assurance where there were shared services. An example of this was building and equipment management. There were lengthy processes to deliver building and equipment changes that were required to provide timely safe care.

- Safeguarding processes were underdeveloped, although we saw significant work had occurred over the past 12 months for children. There are international principles that all countries are expected to follow to protect people from harm and abuse. Manx care had recognised this and were working towards achieving its ambition to be the best small island health system by developing and implementing a programme of robust systems to protect people from harm and abuse for both adults and children.
- Equality, diversity and inclusion (ED&I) was in the inception as a concept and way of working. Many people we spoke with did not understand what was meant by ED&I or its implications in delivering accessible care to people or support to staff.
- Staff did not always feel valued or supported by senior leaders and they did not always feel confident that they could raise concerns with managers. We found, the safety culture was improving with senior leaders advocating and supporting a no blame culture.

### **We identified areas of notable practice**

- Manx Care had introduced an electronic bleep system, which staff had on their phones. They could escalate concerns, ask for reviews, request and contact other staff. All messages were recorded to ensure an audit trail was in place.
- For relevant clinical specialisms there was multidisciplinary decision making and relationships with tertiary centres to deliver safe services. Some medical staff worked a rotation within services in England to maintain skill and competence in line with guidance set out by the medical royal colleges.
- Manx Care had developed and implemented Manx Care Advocacy and Liaison Service (MCALS).
- Manx Care had developed links with a large NHS trust in Northwest England to procure and develop a bespoke electronic Manx patient records system.

### **We found areas where the service could make improvements. CQC recommends that:**

- Manx Care and the Office for Human Resources (OHR) develop a standardised recruitment process and an underpinning policy to ensure that only persons of a good character are employed and that pre-employment checks include Disclosure and Baring Service (DBS), qualifications, skill and experience.
- Manx Care works with Isle of Man Government shared services to provide information for Manx Care board assurance and oversight.
- Manx Care continues with the plans to develop a long-term organisational strategy with formalised objectives to achieve the shared vision of senior leaders.
- Manx Care continues to implement the safeguarding strategy at pace to ensure there are systems and processes in place for staff to identify service users at risk of abuse and take action to safeguard them from harm.
- Manx Care develops an equality, diversity and inclusion strategy to ensure that staff and people using services are treated equally, their diversity is respected, valued and people feel included.
- Manx Care continues to develop digital data systems at pace to provide information necessary for board assurance and for staff access to information to safely care for service users.

- Senior leaders develop a talent management and succession strategy to develop future leaders.

**We have also identified an area we have escalated to the IOMDHSC.**

Due to the structures in place at the time of the assessment, Manx Care did not have effective oversight and assurance of the safe, consistent and adequate recruitment process, to ensure every member of staff was safe to work with vulnerable adults and children, in particular:

- Recruitment procedures did not ensure that only persons of good character were employed.
- Recruitment procedures did not ensure that potential employees had the necessary qualifications, competence, skills and experience before starting work.
- OHR did not have a recruitment policy to ensure all newly recruited staff had standardised pre-employment checks.

## Is the organisation well-led?

**We found that this organisation was not always well led in accordance with CQC's inspection framework.**

### Leadership

**Leaders had the experience, capacity, capability and integrity to ensure that the objectives of Manx care could be delivered and risks to performance addressed.**

Leaders had the experience, capacity, capability and integrity to ensure that the objectives of Manx care could be delivered and risks to performance addressed. Manx Care had a board of experienced directors with governance processes in place to monitor safety, quality and performance. Each care group had a lead manager, a medical lead and a nursing lead.

Senior leaders demonstrated the necessary experience, skills, and knowledge for their roles. This was a new leadership team which was developing a cohesive leadership approach to the challenges the organisation faced. The team needed further time to strengthen the effectiveness of the organisation and changes in key roles could negatively impact on the stability of the board and the ability to embed the strategic direction.

The Manx Care board included a group of experienced non-executive and executive directors, 9 out of 10 of the voting members had held board positions within large organisations including National Health Service (NHS) trusts in England.

A shadow board was in place in January 2021, prior to becoming operational in April 2021. There were board members that lived on the Isle of Man and members that resided off the island within the United Kingdom (UK). This provided diversity in skills together with understanding the culture and needs of the Isle of Man.

Manx Care became operational during the COVID-19 pandemic, while travel restrictions were in place. This limited the board being able to meet in person and thus slowed the development of interpersonal relationships. Leaders told us they had formed a cohesive board and developed relationships through video conferencing and met as a team face to face once travel restrictions were lifted.

Leaders understood the challenges to quality and sustainability and identified the actions needed to address them. For example, leaders identified that data quality and reliability was an issue. Leaders described the first year of Manx Care as a year of discovery and spoke about the development of the data collection systems they needed for assurance and to develop a forward long-term strategy. We saw that leaders had worked at pace to drive the development of reliable data collection processes; these were still in development and not fully embedded.

Senior leaders had developed strong links with NHS providers in Northwest England and a health board in Wales for specialist care provision. Due to the size of the population of the Isle of Man, clinicians could not sustain the recommended levels of procedures set out in best practice guidance for them to maintain their skills. Manx Care had started to work with larger providers in England and Wales for the provision of specialist care and for rotational working for medical staff to maintain specialist skills. These initiatives were still in their infancy; however, some clinicians had started working in a rotational capacity. An example of this was the medical director who completed a clinical week per month in an NHS trust in England.

There was no formalised leadership strategy in place at the time of the assessment. Talent management and succession planning was an area of development that the senior leadership team had identified, however, this was still at inception. There were pockets of development such as the medical leadership where assistant directors and clinical directors for each of the care groups had been appointed.

We were told there were gaps in the nursing leadership which could impact on the sustainability of patient care. The senior leadership team were aware of the need to develop succession plans for nursing staff and to equip leaders of the future with a formal staff development programme. This was not in place prior to the formation of Manx Care.

Leaders were visible and approachable. Senior leaders told us they worked hard to be visible throughout the organisation. Leaders spoke about the importance of visiting services and speaking with staff for future planning. Staff spoke highly of the chief executive officer and the director of nursing and told us they were visible to staff.

Manx Care did not have established staff forums for equality, diversity, and inclusion. Staff who attended a focus group told us that they did not have formalised staff groups to provide a staff voice that fed into the executive board or committees. The senior leadership team acknowledged that this was area of development for the organisation. The Chief Executive Officer had implemented plans to lead on equality, diversity and inclusion (EDI), alongside a non-executive director with scheduled monthly EDI working group meetings which commenced in October 2022.

## **Vision and strategy**

The board had a vision for Manx Care. Interviews with board members demonstrated that the collective vision was the provision of an independent integrated care system for the Isle of Man. Senior leaders were developing the infrastructure to achieve this vision. Senior leaders felt they were in a unique position with having health and social care services within one provider and this was an opportunity to develop a truly integrated health and social service.

Manx Care had an annual strategy in place called the Required Outcomes Framework (ROF). The document set out the strategy to deliver the required mandate from the Department of Health and Social Care (DHSC) in accordance with the Manx Care Act (2021).

There was no long-term organisational strategy in place at the time of the well-led assessment. Upon the establishment of Manx Care there was no requirement for an organisational strategy to be in place until 2023. Following our assessment Manx Care had finalised the long-term strategy and this had been approved. The data needed to develop an overarching strategy was not being captured when Manx Care established. Senior leaders had rapidly developed systems and processes to capture the required data. Senior leaders acknowledged that an overarching vision and strategy needed to be developed, however, they needed to gain a baseline of information to develop a long-term strategy. Senior leaders had a better understanding of what the current provision was and what services were needed in line with the needs of the population. Whilst this work was not fully completed, Manx Care had rapidly developed systems to support the forward development of a strategy.

Manx Care had developed organisational values based around the acronym CARE (Commitment and passion, Accountability and reflection, Respect and inclusion, Excellence and innovation).

Whilst these were in place staff did not always know what the organisational values were. The values were relaunched in July 2022, facilitated by the chief executive in face-to-face session in different venues across the Isle of Man. Despite staff not being able to articulate what the values were, we saw lots of examples of staff demonstrating the organisational values.

## **Culture**

Manx Care had not established a universal culture of high quality and sustainable care at the time of our assessment. Staff did not always feel confident to raise concerns or report safety incidents, although this was improving. The senior leadership team were introducing the just culture framework to reinforce an open no blame culture.

Manx Care had appointed the corporate secretary as the nominated freedom to speak up guardian. Although, there was not a diverse range of representatives across Manx Care as set out in the principles recommended by Robert Frances. A whistleblowing policy was in place setting out the process for staff to raise their concerns. A freedom to speak up guardian is an individual or team who are independent from the senior leadership team to support staff in raising concerns and issues.

Staff received duty of candour training and they knew their responsibilities in applying the Duty of Candour when things went wrong. Letters sent to service users following complaints or serious incidents included an apology when things went wrong.

Manx care did not have a human resources strategy or workforce strategy in place. This was acknowledged by the senior leadership team. Equality and diversity were not consistently promoted, and the causes of workforce inequality were not always identified or addressed. Manx Care had not implemented Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES), as they were not mandated in the Isle of Man. Senior leaders did not have information about the workforce's protected characteristics as this information was not always collected and collated during recruitment processes. The board did not have assurance that there was diversity in senior roles that reflected the wider workforce.

Senior leaders had identified that they needed to develop a strategy for equality, diversity, and inclusion. We arranged two focus groups with staff, we heard staff did not have access to any work-based equality networks. Staff had inconsistent experiences of accessing reasonable adjustments to carry out their roles effectively. Staff with management responsibilities did not always feel supported in tailoring reasonable adjustments for staff or how to discuss protected characteristics with staff members.

There were inconsistencies in the non-medical staff appraisal process. Some services had positive appraisal rates, where staff had completed an annual appraisal while other services had low appraisal rates or were unable to collate appraisal data. Appraisals for medical staff were up to date in the annual board report.

Staff told us in some services we visited during the assessment they did not always feel valued or supported by senior managers.

## **Governance**

There were structures, processes, and systems of accountability to support the delivery of the Manx government mandated required outcomes framework. Manx Care had developed governance systems and processes at pace as there was limited assurance place when the organisation came into being in April 2021.

Manx Care had a board assurance framework (BAF) in place. Senior leaders told us that the BAF was developed with very limited baseline data and the level of assurance was not sufficient. The organisation had worked rapidly to develop processes of assurance and the supporting infrastructure, such as the integrated performance report. Assurance reporting was not as comprehensive as senior leaders aspired to achieve. The lack of digital data capture meant there were labour intensive processes in place, to gather data and convert it to intelligence for use by leaders, which limited the provision of timely reliable data.

The board planned to review the BAF in January 2023 to reflect the progress that had been achieved and incorporate new data collection processes that had been developed in the previous year.

- Manx care had a committee structure in place:
- Audit Committee
- Finance, Performance & commissioning committee
- Quality Safety & engagement committee
- People committee
- Digital & informatics committee
- Nomination, appointments & remuneration committee

Each of the 7 committees had a nominated executive director and was chaired by non-executive director.

These committees provided an opportunity for more detailed scrutiny of agenda items and assurance on delivery of actions. There was a clear reporting process from the committees to the board. The quality committee reviewed the relevant elements of the BAF at each meeting and completed a deep dive into one area of the BAF every month.

Policy documents were not stored in one place. Manx Care was in the process of updating and migrating policies from the Department of Health and Social Care to Manx Care. This meant that half of the electronic policies were not available on the Manx Care intranet and staff had to search in two places to find policy documents related to their work. Manx Care had commissioned external support to assist with policy migration process. Senior leaders expected to have completed the policies harmonisation by April 2023 to ensure they reflected relevant standards and guidance.

Manx Care did not have full oversight and assurance where shared business functions with other public services were in place. This was outside of the control of Manx Care but impacted the ability of the board to shape the organisation.

The business functions that Manx Care shared with other public services had impacted on board assurance. An example of this was human resources as there was not a standardised pre-employment checking process for new appointments. There was no system across the organisation to determine whether staff had an up-to-date Disclosure and Baring Service (DBS) checks had been completed at the correct level or that qualifications and reference checks were undertaken. During our assessment we requested information about the pre-employment checks completed for members of the board. Information was not stored in one place. We were not assured that pre-employment checks had been completed to demonstrate that directors were of sound character, for example financial checks to ensure there was no history of insolvency.

Manx Care was required to advertise all vacancies for Isle of Man residents for 4 weeks before posts could be externally advertised. This caused delays recruiting the right people, with the right skills, knowledge and experience Manx Care required.

Manx Care did not have full oversight of estates and facilities. The Department of Infrastructure managed buildings and equipment maintenance. There was limited information sharing in place which meant that Manx Care did not have assurances about the equipment that was in use across services and if the required safety testing and servicing were up to date. This also limited oversight of capital expenditure for equipment replacement, to ensure equipment was safe, up to date and to enable finance team in budget forecasting. Additionally, any building changes or repairs were requested through a complex and timely process to gain agreement for work to be completed.

Finance was a shared service provision; the director of finance demonstrated a clear understanding of the Manx Care financial position, processes within the Isle of Man treasury and the challenges which the financial arrangements posed. There was potential for conflict within the

role which was managed well to influence changes in budget forecasting and identify service spending.

### **Management of risk, issues and performance**

Manx Care did not have comprehensive performance and clinical outcomes data to provide assurance. When the board and organisation were established there was a lack of effective systems and processes in place to accurately monitor performance and patient outcomes. Whilst senior leaders and managers had rapidly developed systems to monitor performance, they had not reached the level of reporting to accurately reflect performance for all areas of the organisation. Examples of reporting systems included the Integrated performance report and the quality dashboard.

Manx Care identified and escalated relevant known risks and issues and identified actions to reduce their impact. There was a corporate risk register in place which contained the board level risks. Senior leaders told us they had inherited over 200 risks and were in the process of reviewing the historic risks and re-categorising these as a new risk register was being developed.

Each care group had a risk register. These risks were also in the process of review to streamline and remove risks that were no longer relevant. Manx Care were migrating to electronic risk registers within the incident reporting system. Managers at all levels had received training and were being supported by the risk team to review group risk registers.

Manx Care had implemented an electronic incident reporting system. Staff had access to this system and had been trained to use it. They had progressed in the implementation of incident investigations. Incident reports we reviewed were completed to a high standard and there was some evidence of shared learning in the monthly safety and learning bulletin. Staff were not always fully aware of when to report serious incidents or never events. This was an improving picture, however, there was still a lot of work required to improve staff competence and confidence in the incident reporting process.

Safeguarding systems and processes were underdeveloped. Manx Care did not have oversight of service user safeguarding risks. In April 2021 there were no effective processes in place to safeguard service users from abuse and staff had limited or no training in the recognition and prevention of abuse. Senior leaders had identified this and had developed policies and a training strategy for staff. The organisation had focussed on safeguarding children with the plan to increase the safeguarding provision for adults.

Manx Care had a cost improvement and impact assessments for each of the workstreams plan in place. The organisation had a planned 1% saving each year in the first two years until March 2023, increasing to 1.5% in year three. These savings were met; however, Manx Care had an overspend of 10 million pounds at the end of the first year which had a cancelling effect on the savings. There was a projected overspend of 6 million pounds in March 2023. The 3% yearly funding increase advised in the Sir Jonathan Michaels report was only applied in financial year 2022/23 which was four years behind the recommended time scale.

Senior leaders had secured £18.4 million of additional funding to manage the surgical waiting list backlogs. This work was in progress during our assessment with a third-party provider undertaking surgical procedures with the longest waiting lists for example orthopaedics and ophthalmology.

### **Information Management**

Senior leaders acknowledged the gaps in information systems and were in the process of developing digital data capture processes and had made progress within multiple work streams to achieve this. An example of this was the single electronic patient record providing one patient record system for all services delivered by Manx Care. Senior leaders were working with an NHS trust in England to provide additional procurement power whilst developing a bespoke system for the Isle of Man. The electronic patient record will provide timely automated performance and patient outcome data through clinical coding.



The board had access to an integrated performance dashboard which they actively used both within committee and board meetings. There was limited automated data capture which meant that staff were required to manually input information which was not sustainable long term.

Manx Care did not have established systems and processes in place to manage patient waiting lists at the time of our assessment. Leaders were actively working on this to gain oversight of the number of patients waiting for treatment, in order to prioritise patients in the greatest need. The ambition of leaders was to generate accurate and timely waiting list data through the planned electronic patient record system.

The medical director was the Caldicott Guardian for Manx Care. The Isle of Man did not require a Caldicott Guardian to be appointed, however, senior leaders told us this was good practice.

### **Engagement**

Manx Care did not have an independent website outside of the Department of Health and Social Care. They had a social media page which provided more patient focused information and invited feedback about services.

Manx Care had launched Manx Care Advocacy and Liaison Service MCALS. This emulated the Patient Advocacy and Liaison Services (PALS) in NHS trusts in England to gain feedback about services and investigate complaints about care and treatment. This had led to patient stories being presented to the quality committee as points for learning or sharing good practice.

The patient experience team held events to engage service users and staff across locations in the Isle of Man. These events provided opportunities to gain feedback and educate service users, staff and the public about the MCALS team.

Manx Care had not established processes to engage with hard to reach groups to understand their experience of care and better understand their health care needs. Although, the organisation had some involvement with the Isle of Man pride forums in 2022.

Staff engagement had developed, with opportunities for staff to provide feedback through listening events, staff surveys and board visits. The board also hosted 'let's connect' teams meeting to provide updates and talk. These sessions were developed during the COVID-19 pandemic and provided a way of staff feeling connected to the changes in the organisation when face to face meeting were not possible.

### **Learning, continuous improvement and innovation**

Manx Care was at the start of developing a culture of learning, improvement, and innovation. Since the organisation became operational April 2021, senior leaders were focused on developing systems to capture the scale and scope of the services provided, alongside developing data collection systems.

The senior leadership team had developed and implemented integrated performance reporting to board. This provided a baseline on which senior leaders could measure improvements. The reports were the foundation with plans to improve and increase the scope of reporting as additional data sources were developed.

Manx Care used a quality improvement methodology. Whilst the senior leadership team had a forward vision to introduce quality improvement across the organisation, further work was required in staff development, digital infrastructure, and data collection to sustain wider quality improvement.

There were areas of innovation within the developing digital infrastructure. An example of this was the smart page system, a two-way staff paging system. Although this was not fully rolled out across the Nobles hospital site, the team involved with the design and testing expected the system to be fully operational in early 2023.

Manx Care had developed and implemented Manx Care Advocacy and Liaison Service (MCALS). Complaints we reviewed demonstrated that investigations were thorough and closed in a timely

way. The Senior leadership team were working with stakeholders to develop an independent complaints adjudication service.