

OPERATING PLAN EASY READ



SERVICE YEARS:
2023/2026



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introduction

Manx Care identified three **key priorities** in year one of its inception, which were:

- Improving the quality and safety of the services that we deliver
- Improving the culture of the organisation
- Improving financial performance

These priorities continued in 2022/23, along with the addition of:

- Promoting and delivering greater integration of our services.

Mission, Vision and Values

Our Mission - to become the best small Island health and social care system in the world.

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.

Our Care Values:



Committed & Passionate

Accountable & Reflective

Respectful & Inclusive

Excellent & Innovative



achievements and awards

Our **achievements** in 2022/23 include:

- Work done by the Covid vaccination team
- Launching the Island's first Recovery College
- Launch of the ME/CFS and Long Covid service
- Putting Clinical Navigators in the ESJCR
- Restoration and Recovery of waiting lists
- Establishment of the Frailty service
- Establishing MCALS as a substantive team, and the success that service has had
- Isle of Man Ambulance Service dealing with its busiest TT on record
- Holding the island's first two iThrive conferences to support multi-agency working around mental health
- Our inaugural Annual Public Meeting
- Celebrating our first World Social Work Day
- Prosthetics and Orthotics Department upgrades

Awards, nominations and accreditations throughout 2022/23 included:

- Association for Perioperative Practice (AfPP) accreditation
- Nursing Times Workforce Awards nomination
- Queen's Nurse Award – Terri Banks
- MCALS was a finalist in the Awards for Excellence 2022
- Hosting our first ever Manx Care Care Awards
- Macmillan Quality Environment Mark – Manx Breast Unit
- UNICEF Baby Friendly – Infant Feeding Team
- Memory Clinic professional reaccreditation



our priorities for 2023/24

- Responding to recommendations from external inspections
- Improving Mental Health and Wellbeing needs for children and young people
- Improving Urgent and Emergency Care
- Improving Cancer Waiting Times
- Developing Strategic and Voluntary & Community Sector Partnerships

A number of priorities detailed in the 2022/23 Mandate from the DHSC that require longer-term funding (via the Transformation Programme) are to be rolled forward to the 2023/24 service year for implementation, once funding mechanisms have been agreed and established. These priorities include, but are not limited to:

- Concluding the final detailed design plan in relation to Primary Care at Scale (PCAS)
- Increasing use of intermediate care
- Responding efficiently to recommendations by the National Institute for Health and Care Excellence Technology Appraisals (NICE TAs)

Manx Care will continue to work collaboratively with the DHSC to progress these highlighted priority areas.





delivery of performance standards

Three key objectives:

- Recover our core services and productivity
- As services recover, we need to make progress in delivering the key ambitions and standards included in the Isle of Man Government's 'Our Island Plan' and the Department of Health and Social Care's Mandate to Manx Care
- We must continue to transform and improve our services for the future.

Area	Key Performance Objectives	Key Performance Objectives
Electives	<ul style="list-style-type: none"> • Waiting List Volume (WLV) lower on 31 March 2024 than on 01 April 2023 • Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer, or in specific specialities) • Eliminate waits of over 22 weeks from referral to first outpatient appointment for Consultant-led services by March 2024 (except where patients choose to wait longer, or in specific specialities) • Eliminate waits of over 22 weeks from a decision to treat to definitive treatment for day case and inpatient elective care by March 2024 (except where patients choose to wait longer, or in specific specialities) - Reliant on increased productivity, timely access to services at Tertiary centres and additional capacity being identified and available through Phase Three of the Restoration & Recovery programme. The latter is likely to require additional funding from the DHSC/Treasury to support the R&R business cases and enable the required reductions in waiting list size and waiting time to be achieved. 	<ul style="list-style-type: none"> • Continued delivery of Phase Two of the R&R programme and implementation of Phase Three • Deliver appropriate reduction in outpatient follow-up (OPFU) in line with the aim to reduce OPFU activity by 25% against the 2019/20 baseline by March 2024 • Increase productivity and meet 85% day case and 85% theatre utilisation expectations, using GIRFT (Getting It Right First Time) and moving procedures to the most appropriate settings • Diabetic Retinopathy screening will be offered • Reduce Did Not Attend (DNA) rate to 5% by March 2024 (current Consultant-led DNA rate for 01 March 2022-01 March 2023 is 9.7% based on current available data).



Cancer	<ul style="list-style-type: none">• Maintain and improve on 2022/23 baseline positions for all key cancer waiting times standards by March 2024• Continue to reduce the number of cancer patients who are waiting over 62 days• Faster Diagnostic Standard: By March 2024, 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed, or have cancer ruled out within 28 days• Earlier detection of cancer: By March 2026, 75% of patients will receive a diagnosis at stages 1 or 2, rather than later stages	<ul style="list-style-type: none">• Continued focus on the implementation of Faster Diagnostic Standard pathways, and best practice timed pathways• Increase and prioritise diagnostic and treatment capacity, ensuring that additional diagnostic capacity is prioritised for urgent suspected cancer
Diagnostics	<ul style="list-style-type: none">• Increase the percentage of patients that receive a diagnostic test within 26 weeks to 99% by March 2024, in line with the March 2025 ambition of 90% within six weeks• Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition	<ul style="list-style-type: none">• Maximise the pace of rollout of additional diagnostic capacity in accordance with the Restoration & Recovery programme• Increase GP direct access to diagnostic services
Urgent and Emergency Care	<ul style="list-style-type: none">• Improve ED waiting times so that no less than 76% of patients are admitted, transferred or discharged within four hours of arrival in the department by March 2024• Performance against this metric will need to take account of certain patient groups managed actively in department beyond four hours where in their clinical interest to do so (includes elderly patients at night, intoxicated patients and back pain requiring mobilisation). This is due to the current lack of observation space (such as a Clinical Decision Unit) within the ED. To be addressed in alignment with the Urgent & Emergency Integrated Care Transformation Plan	<ul style="list-style-type: none">• Work in partnership with all stakeholders to reduce the number of medically fit to discharge patients in hospital, by continuing to measure and reduce Length of Stay (for both seven-day 'stranded' patients and 21-day 'super-stranded' patients) and Delayed Transfers of Care (DTC)• Address Ambulance Service capacity under the auspices of the Urgent & Emergency Integrated Care Transformation Plan through workforce development, supported by robust Demand & Capacity modelling and analysis



Urgent and Emergency Care (continued)	<ul style="list-style-type: none"> • Improve Category One Ambulance response times in alignment with the Urgent & Emergency Integrated Care Transformation Plan • Reduce the number of patients waiting more than 12 hours for a hospital bed following a Decision to Admit • Maintain adult general and acute (G&A) bed occupancy at 92% or below 	<ul style="list-style-type: none"> • Continue to support the digital strategy to enable further improvement in response times • Reduce handover delays to support the management of clinical risk across the system
Integrated Mental Health Services	<ul style="list-style-type: none"> • Improve access to mental health support for children and young people aged between 0-25 accessing Manx Care funded services • Increase the number of adults and older adults accessing Psychological Therapy services (low to moderate) • Improve access to peri-natal services 	<ul style="list-style-type: none"> • Improve MH data to evidence expansion and transformation of MH services, and impact on population health, with focus on activity, timeliness of access, equality, quality, and outcomes data • Continue to embed needs-led THRIVE framework • Develop and implement MH Investment Standard (MHIS) • Develop workforce plan that supports system's MH delivery ambition, working closely with partner organisations • Develop and implement improvement in autism diagnostic assessment pathways, including actions to reduce waiting times
Integrated Primary Care, Community Services and Therapy Services	<ul style="list-style-type: none"> • Complete detailed design model in readiness for progression of Primary Care at Scale (PCAS) • Introduce formal optical contract for provision of sight tests and enhanced services, eg. glaucoma monitoring, and treatment for minor eye conditions • Progress implementation of Dental Strategy, including implementation of new waiting list initiatives 	<ul style="list-style-type: none"> • Share workload and waiting time information in relation to Primary, Community and Therapy Services



**Integrated
Primary Care,
Community
Services and
Therapy
Services
(continued)**

- Maintain wait to receive first appointment for Consultant-level Orthodontic services, when required, at no more than eight weeks
- Continue to work with the Primary Care Orthodontic provider to ensure all suitable referrals are transferred for initial Index of Orthodontic Treatment Need (IOTN) assessment, and ensure priority is established within eight weeks of referrals received
- Maintain 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
- All GP medical registrations and amendments processed within no more than two working days, and GP-registered population cleansed to within no more than a 4% 'inflation' figure using IoM census data
- Community Nursing - Continence Service will maintain waiting list to receive first appointment with Continence Advisor for a continence assessment to no more than four weeks



Integrated Primary Care, Community Services and Therapy Services (continued)	<ul style="list-style-type: none">• Community Nursing - adult outpatients seen/treated within 12 weeks of referral. Adult inpatients seen/treated within 24 hours. Telephone requests for specialist advice met within 24 hours, emails for specialist advice met within 72 hours• Tissue Viability Service will maintain waiting list for referrals for specialist tissue viability care for those with hard to heal wound and any associated diseases, eg. pressure ulcers, leg ulcers, malignant wounds and chronic oedema to no more than four weeks• Newly diagnosed diabetics offered structured education within six to 12 months of being diagnosed, as per UK NHS guidelines	
Integrated Women's, Children's and Family Services	<ul style="list-style-type: none">• Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality, and serious intrapartum brain injury• Increase fill rates against the funded establishment for maternity staff	<ul style="list-style-type: none">• Continue to deliver actions from final Ockenden report. Continue to support regular Ockenden meeting of key stakeholders, and report progress via Performance & Accountability Reviews on quarterly basis• Ensure all women have personalised and safe care, and are supported to make informed choices• Implement local equity action plan to reduce inequalities in access and outcomes for groups that experience greatest inequalities• Work with Integrated MH Services and other stakeholders to develop integrated, person-centred, and needs-led approach to delivering MH support for children, young people and their families across range of health, care and education services



Social Care Services

- Maintain number of Adult Social Care falls at below 50 per month, and number of Adult Social Care falls with harm at below six per month
- Average caseload per Social Worker (Children & Families) to be 16 to 18
- Less than 15% re-referrals in total referrals within Adult Social Care (Adult Social Work teams), and less than 20% for Children & Families
- 80% of Adult community care assessments to be completed within agreed timescales (28 days)
- 100% of Adult community care assessments to be received by patients or carers
- 85-100% of residential beds to be occupied (this figure will be reduced by older properties that are not compliant with the Regulation of Care Act, for example Cummal Moor)
- 90-100% of respite beds to be occupied (Adult Learning Disabilities Service Respite Centre is ageing and no longer fit for purpose, with a replacement unit part of the Capital Programme)
- 95-100% of service users to have person-centred plan in place (PCP)
- 85% of Complex Needs reviews to be held on time
- 90% of child protection conferences, initial child protection conferences, child protection reviews and looked-after children reviews to be held on time
- 100% of pathway plans to be in place
- In conjunction with Isle of Man Constabulary colleagues, implement pilot project of co-located Multi-Agency Safeguarding Hub (MASH) with service areas within Manx Care, focusing on protection of vulnerable children and adults
- Continue with the contextual safeguarding work as set out in Vulnerable Adolescents Strategy 2022-2024
- Introduce Edge of Care Service in conjunction with commissioned service provider, St. Christopher's
- Progress with recruitment of additional foster carers



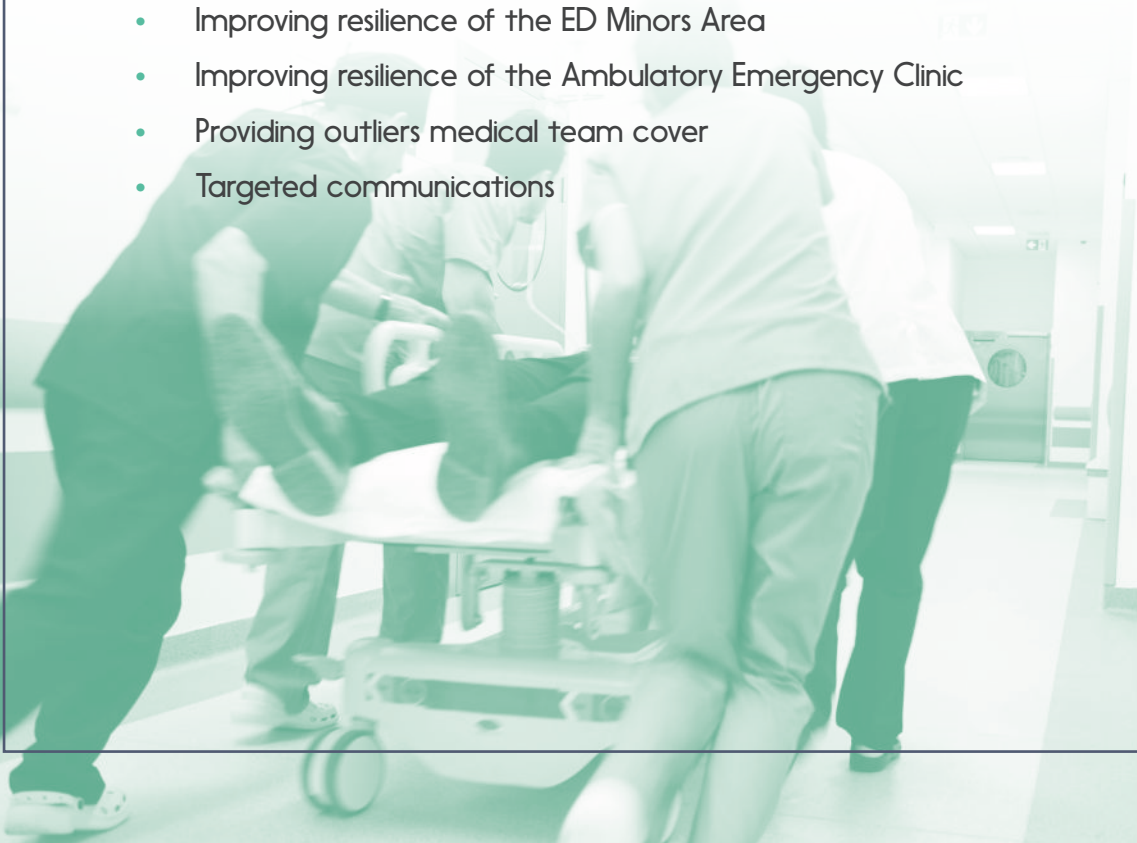
Social Care Services (continued)	<ul style="list-style-type: none">• 90% of (of age) children to be participating in, or contributing to, their child protection review/ looked after child review• 79% of (of age) children to be participating in, or contributing to, their complex review• Up to 80% overnight stay occupancy at Ramsey• Zero Adult Social Care services serious incidents, and less than 110 Adult Social Care services incidents	
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Winter Planning

Winter is historically a time of pressure for the health and social care system when demand increases from communicable illnesses such as Seasonal Influenza and Norovirus, caused by a move from outside to inside living. The increased urgent and emergency care demand and complexity can result, at times, in delays in access to essential services for individuals, and this can impact on their experiences and outcomes.

Initiatives contained within the 'formal' Winter Plan include:

- Emergency Services Joint Control Room
Introduction of the Clinical Pathway Navigator role
- Senior decision-making in ED – Consultant presence in ED 16 hours per day, seven days per week
- Launch of the Acute Frailty Service and Frailty Ward
- Improving resilience of the ED Minors Area
- Improving resilience of the Ambulatory Emergency Clinic
- Providing outliers medical team cover
- Targeted communications





Quality improvement

Priorities:

- 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

Manx Care has identified its top three risks, which are:

- Competition for staff leading to critical shortages
- Failure to achieve financial sustainability
- Failure to implement robust Information Governance (IG) across Manx Care

Workforce planning

Workforce and Culture activities include:

- Development of our culture
- Reducing the vacancy rate
- Supporting ongoing development of colleagues
- Developing our people management infrastructure
- Developing an Equality, Diversity and Inclusion (EDI) programme
- Developing the medical management structure
- Developing a Health and Safety management infrastructure

Finance

- Budget allocation for 2023/24: £302.9 million
- Manx Care is working with DHSC to develop sustainable a funding mechanism
- We are working to develop robust systems of financial control
- We continue to embed the Cost Improvement Programme (CIP)



Digital and data objectives

- Drive progression of the Manx Care Record
- Continue to improve the accurate capture of data and develop reliable reporting
- Continue to develop our Information Governance framework
- Guarantee security of patient information
- Establish a successful clinical coding function

Estates and infrastructure objectives

- Establish Service Level Agreements to ensure management and upkeep of existing facilities
- Develop a robust Estates and Infrastructure strategy in partnership with DHSC
- Deliver required Climate Change Plan 2022-2027
- Develop reporting mechanisms to aid transparency around adherence to health and safety at work requirements





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