

2020/0078



Isle of Man
Government

Department of Health and Social Care

2019/20 Annual Report

Delivering Longer

Healthier Lives



Contents

1.0 Opening	3
2.0 Overview	4
2.1 About the Department	4
2.2 Organisational Structure and Governance	4
2.3 Our CARE values	7
2.4 Did you know	8
3.0 Key Reports	9
4.0 People	20
5.0 Looking ahead	24
6.0 Further information and key links	25

1.0 Opening

A statement from Hon David Ashford MHK, Minister and Kathryn Magson, Interim Chief Executive Officer for the Department of Health and Social Care

Welcome to the first Department of Health and Social Care (DHSC) Annual Report.

This Report has been created to reflect the need for the whole of the Department to provide visibility and transparency across all services and to recognise that all parts of the Department are equally important in ensuring and delivering great care for the needs of the Isle of Man population.

The Department has consolidated its reporting requirements in this single report to help readers access relevant information. This includes several of the Department's specific reporting requirements on services delivery including Programme for Government, Social Affairs Policy Review Committee and Public Accounts Committee requirements.

The Report reflects the extent of the work that the Department undertakes throughout the year. To help readers access relevant information, this report includes the high-level summary of each section with the data and further detail hosted in the final section 'Key information and links'.

We know there is a great deal that we need to do to transform and change the way in which we operate, not least maximising the opportunity to integrate all services into one health and care system. As several programmes move forward with these aims, it is our expectation that so will the development of a standard system annual report. Working with Manx Care as an arm's length statutory body in the future, the DHSC will also develop the relevant risk reporting frameworks, compliance, and independent regulatory requirements, which will also form part of the future published position.

For now, we hope that you find the first DHSC annual report valuable and we would like to take this opportunity to pay recognition to all of the staff and colleagues, partners and stakeholders who work tirelessly with and within the DHSC to provide the best services possible for the residents of the Isle of Man.

Hon David Ashford MBE MHK

Kathryn Magson, Interim CEO

Department of Health and Social Care

2.0 Overview

2.1 About the Department

The DHSC was formed in April 2014, bringing together people who provide a broad range of health and social care services for the Isle of Man community; these services include:

- General practitioner (GP) and dental services
- Community healthcare
- Hospital healthcare
- Mental healthcare
- Social services for adults and for children and families
- Specialist off-Island care

2.2 Organisational Structure and Governance

The Department is led by the Minister for Health and Social Care and is supported by Departmental Members and the Executive Management Team.

In the 2019/20 year there were two significant senior executive leadership changes. Figure 1 outlines the first significant change to the governance structure of the Department, which was implemented as a direct result of changes to the Executive Leadership Team in the early part of the 2019/20 year.

The interim structure included:

- Interim CEO, Department of Health and Social Care (including retaining existing Community and Mental Health leadership)
- Deputy CEO (People lead), seconded from the Cabinet Office (0.6 full time equivalent)
- Deputy CEO (Governance), seconded from Treasury (1 full time equivalent)
- Deputy CEO (Director of Nursing)

This interim senior leadership structure was established within existing budget until the current Interim Chief Executive Officer joined the team in January 2020. The organogram from January 2020 can be found in Figure 2.

Figure 1 Department of Health and Social Care Board June 2019

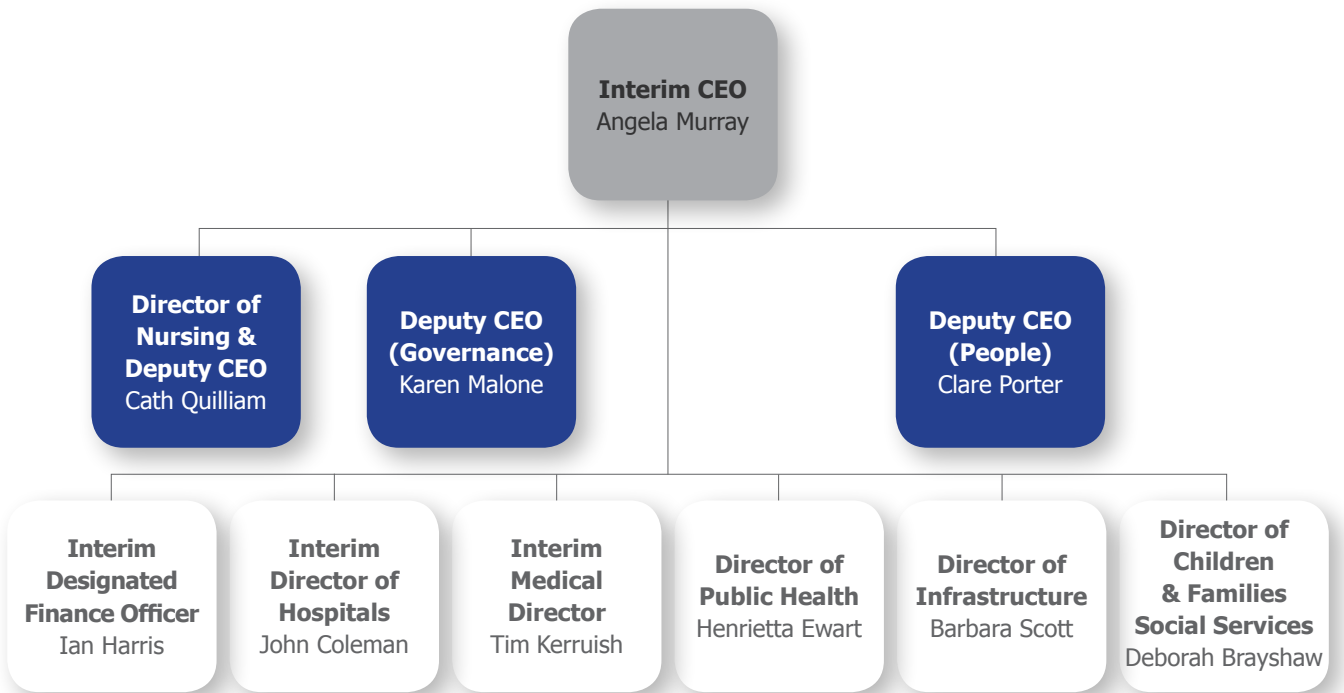
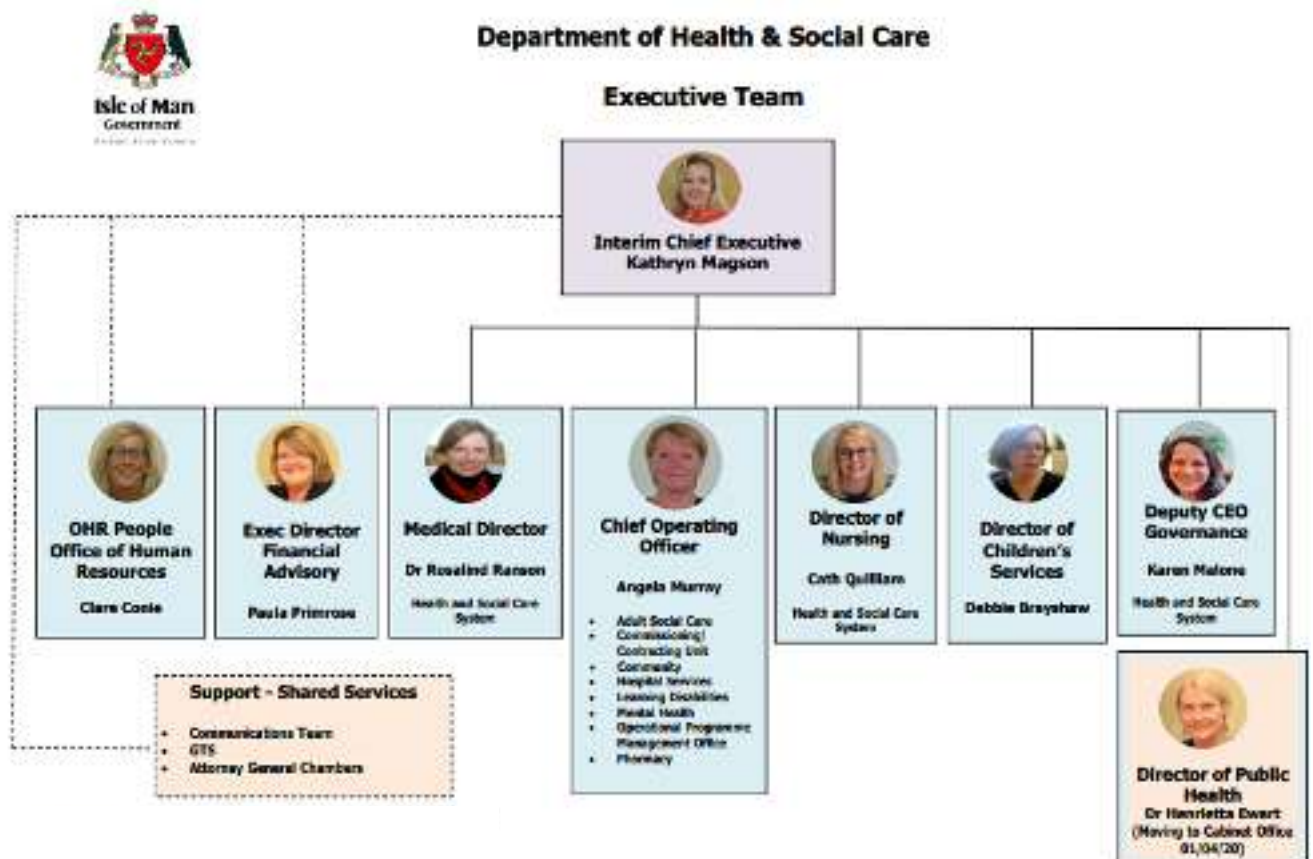


Figure 2 DHSC Executive Team Organogram January 2020



Governance overview

In Q4 of the 2019/20 year a revised committee structure was established to support the core functions, risks, and scrutiny of the DHSC activities. This structure is based on some retained key committees (Care, Safety and Quality for example) and a number of areas that would be expected as part of an integrated governance framework for example, Audit and a new Patient, Public and Service User Engagement Committee. See Figure 3. This structure will continue to evolve as part of the department transitions towards Manx Care, but the core principles will remain the same.

The introduction of political leadership within these committees supports the delegation to Members within these areas to ensure ongoing scrutiny and review of policy and strategy. Within Manx Care, sub-committees will be chaired by Non-Executive members. The Committees are also supported by dedicated members of the Health and Social Care Consultative Committee (HSCC) to enable additional review and reporting on functions and activities to increase transparency.

Figure 3 DHSC Transition Structure



2.3 Our CARE values

CARE is our collective identity and represents who we are, how we want to be, and how we strive to provide safe, effective, caring, responsive, efficient, and well led health and social care services to people in the Isle of Man.



Committed:

We are committed to our community and each other. We work together to understand individual needs and enable access to the best customer-centric care services.



Appreciative:

We appreciate each other, other points of view and ways of working. We communicate, let people speak and make sure we listen.



Respectful:

We have respect and are ethical in everything we do. We speak up and do the right thing. We act with integrity, are trusting and are trusted.




Excellent:

We thrive on excellence, innovation, and are continuously developing ourselves and best practice. We debate, challenge, and embrace change.



88,151
patients were seen
by GPs in 2019/20





4,500
individuals received support
from Mental Health Services
in the 2019/20 year




The Department
delivers services
across over
100
sites



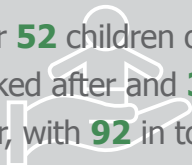
26,481
sight tests were carried out on the island this year




1,632,592
prescriptions were
issued in the 2019/20
year in Primary Care



This year **52** children on the Island
became looked after and **37** ceased to be
looked after, with **92** in total at year end



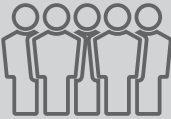
2,428 Equality & Diversity training
modules were completed



12
organisations received grants from
the Department this year to the
benefit of service users



3186
people
from
252
organisations on the
Island were consulted by the
Integrated Care Pilot project




45
providers were commissioned by the
Department to deliver services this year



2,808
individuals worked across the
Department in the 2019/20
year on a permanent basis



DID YOU KNOW?
230 themed inspections were
completed of social care and non-NHS
care services in the 2019/20 year by
the Regulation and Inspection team




13 Patient Safety Walks were
completed during the 2019/20 year



43,359
hospital appointments were
attended in the 2019/20 year



At any given time in the year
90 - 100 children and young
people have been in the
care of the Department



On average,
at any given
time in the year more than
have been supported
by adult social care
500 adults



3.0 Key Reports

The following section provides high-level summaries across eight key areas:

1. Performance
2. Care, Quality and Safety
3. Safeguarding
4. Regulation & Inspection
5. Finance
6. Public Health
7. Infrastructure & Estates
8. Tynwald, policy, and legislation

Further data and detail of subjects discussed are provided in 'Key information and links' at the conclusion of this Report.

Performance

As a Department we faced many challenges across our service areas but also progressed against many of our objectives in the 2019/20 year.

Following a significant focus in the year on the Urgent & Emergency Care Pathway, we are pleased to report improvements have been made in meeting our four-hour (seen, accessed and treatment) target. This has improved responsiveness and enhanced access to patients in need. The four-hour target is an indicator of system performance and as such this reflects a broader picture of improvement across key areas throughout the reporting year.

Significant progress has also been made within the Elective Care Pathways, which is reflected in the reduction in waiting times for inpatient procedures and outpatient appointments in Plastics & Dermatology. The latter halved the waiting list between Q1 and Q3 in the 2019/20 year through delivery of a successful pilot programme of integrated care. The focus will now be on sharing learning from these pilots and tackling waiting times within other specialties.

Work has progressed well in 2019/20 on the new Private Patients Unit (PPU). In October 2018, the Department announced proposed changes to private healthcare at Noble's Hospital with the view to developing a fresh long-term proposition for private medical services. This plan involved the temporary closure of the PPU and suspension of private medical services from 1 January 2019 in order to plan how to upgrade, refurbish and redesign the PPU to provide a modern, attractive, and profitable range of private services. In the 2019/20 year, a Steering Committee has been formed and is now operational to progress plans on the redesign of the PPU, though the project faced Covid-19 disruption. The Steering Committee is comprised of the Chief Operating Officer, Deputy Chief Operating Officer, Head of Commissioning, Interim Service Manager, Finance Lead and three Consultants. Looking ahead, the tender process for providers will soon launch with a view to having a provider in place in 2021, subject to border restrictions being lifted.

As we share our highlights, we also acknowledge areas where we have not reached our targets in the 2019/20 year, and the limitations of our existing data and performance reports. Reporting is not currently centralised for the DHSC and as such individual reports are generated from multiple systems across multiple clinical services. Therefore, the performance overviews for each service area linked at the conclusion of this report present data that has been known and made available for the period covering April 2019 to March 2020 with accompanying analyses where possible. Consequently, readers should note that the information outlined in each service area is presented differently.

Sir Jonathan Michael's Review, published in 2019, recognised that the Isle of Man lacks a consistent set of data that captures key aspects related to safety, quality, experience and patient outcomes, which affects its ability to robustly manage performance.

Whilst we acknowledge the limitations of our current systems, work has commenced with the Health and Care Transformation Programme, which is delivering the recommendations of Sir Jonathan Michael's Review, agreed unanimously by Tynwald in May 2019. Part of this relates to data and digital strategies including but not limited to transforming the way data is collected and reported helping guide future years of service development for the residents of the Isle of Man.

Notwithstanding the recommendations made in Sir Jonathan Michael's Review, the Department continued during this reporting year to measure performance against its published five year strategy aimed at improving the health and social care services for the people of the Isle of Man, the five goals of which are:

- Help people to take greater responsibility for their own health
- Deliver more care in the community, closer to people's homes
- Improve hospital care
- Protect vulnerable people
- Ensure good value care

As mentioned, readers can find more detail on performance by service area in the overviews covering April 2019 to March 2020 provided in 'Key information and links' at the conclusion of this Report.

Care, Quality and Safety

The Department has several measures in place to monitor care, quality, and safety. The agreed high-level structure of DHSC which will also flow into Manx Care, includes several subcommittees, one of these is the established Care, Quality and Safety Committee. This committee maintains oversight of and provides assurance to the Executive Team regarding:

1. The care directly delivered and commissioned by the Department
2. The health and safety of the patients using the Department's services
3. The health and safety of those that provide Department services
4. The effectiveness of treatment and care received by patients; and
5. The experience patients and their carers have of treatment and care received

In recent years, significant improvements have been made in monitoring care, quality, and safety including several dashboards and reviews that have been developed in the Hospitals Directorate, many of them manually produced. As with some other aspects and areas of the Department, there is significant work required to validate and automate this information.

There is also work needed on establishing a fit for purpose clinical and professional integrated governance framework. The ongoing development of such will provide an opportunity to embed a new culture in the organisation and develop the continuous cycle of quality improvement. The current framework covers five domains:

- Safe: People are protected from abuse and avoidable harm
- Effective: People's care, treatment and support achieves good outcomes, promotes a good quality of life, and is based on the best available evidence
- Caring: Services involve and treat people with compassion, kindness, dignity, and respect
- Responsive: Services meet people's needs
- Well-led: The leadership, management and governance of the organisation make sure it is providing high-quality care that is based around individual needs, that it encourages learning and innovation and that it promotes an open and fair culture

A key part of clinical governance is the work of the Infection Prevention and Control team that provides expert advice on the management of infection and informs patients, visitors, and staff on strategies to minimise the risk of healthcare associated infection. A report of the year covering April 2019 to March 2020 from the Infection Prevention & Control team is provided in 'Key information and links' at the conclusion of this Report.

Another key part in ensuring the Department delivers the best, safe and highest quality care possible, is by listening to those who use our services. There are a range of ways that we listen to and proactively gather feedback from those who use our services. These include Safety & Quality Walks, Sit & See Observations, Patient Experience Questionnaires and Feedback Forms.

Complaints are also a key mechanism for the Department to monitor care, quality and safety and a valuable gauge of the patient experience. Complaints are viewed by the Department as an opportunity for service users to let the Department know what causes them dissatisfaction, to have their concerns considered in a fair, transparent and equitable manner as well as an opportunity for the Department to learn lessons and share experiences so that similar complaints are not made in the future.

In late 2020, the Department shared a report with Tynwald on Health and Social Care Complaints 2017-20. The report is provided in 'Key information and links' at the conclusion of this Report. The National Health Service (Complaints) Regulations 2004, which are made under the National Health Service Act 2001, require the DHSC to prepare an annual report on its handling and consideration of complaints, and to lay the report before Tynwald. Although there is currently no similar legal obligation in respect of social care complaints, the DHSC has undertaken to also include those complaints in this year's report and is in the process of introducing an amalgamated health and social care complaints process. This process will be in place until the establishment of Manx Care where the same interim approach will be followed until the Manx Care Bill and National Health Services Act are reviewed in 2021/2022.



Safeguarding

Having strong safeguarding policies, processes and procedures plays an essential role in ensuring children, young people and vulnerable adults are kept safe. The Safeguarding Act 2018 requires the Isle of Man Safeguarding Board (IOMSB) to develop policies and procedures for safeguarding and promoting the welfare of children and for safeguarding and protecting vulnerable adults. In March 2019, the Board issued guidance for collective working to safeguard children and vulnerable adults in the Isle of Man that sets out these policies and procedures in detail and provides a framework helping to ensure the best outcomes for children and vulnerable adults.

The IOMSB recently commissioned a review of the effectiveness of multi-agency safeguarding adult arrangements in 2019/20, which found that Safeguarding arrangements for Adults were not fit for purpose and set out recommendations and a plan to address the issues. The independent review, aimed to understand the effectiveness of the Isle of Man's multi-agency adult safeguarding arrangements both operationally and strategically:

1. To understand how the multi-agency partnership is identifying and responding to safeguarding vulnerable Adults in the Isle of Man
2. To understand what outcomes are being achieved for vulnerable adults at risk of abuse in relation to their wellbeing and protection and whether responses reflect Making Safeguarding Personal (MSP) and the Safeguarding Adult Principles
3. To identify strengths and barriers to effective partnership working and make any recommendations for improvement

The review found that good progress has been made, with many examples of good practice that achieved positive outcomes and effective multi-agency working based on strong and productive relationships. However, the review also highlights large aspects of practice requiring development such as a pressing need to strengthen the infrastructure that supports frontline practice and enables the IOMSB to make real improvements in safeguarding Adults across the Isle of Man. Its recommendations are split across four areas:

- Making Safeguarding Personal
- Leadership, Workforce and Training
- Systems and Procedures
- IOMSB Strategy and Assurance

It is hoped that the planned merger of the Adult Social Care and Children & Families services into one Social Care Directorate as part of Manx Care structural changes to governance and delivery of services will support further developments in Safeguarding and bring consistency of approach. The transition will take place over time, but the aim is to have the key roles in place by April 2021.

An overview of the year covering April 2019 to March 2020 from the Adult Safeguarding team is provided in 'Key information and links' at the conclusion of this Report.

Registration & Inspection

The Registration and Inspection Unit register, monitor and regulate all the non-NHS social care services as identified within the Isle of Man Regulation of Care Act 2013. These include for example all Adult Care Homes, Domiciliary Care Agencies, Adult Day Centres, Childminders, Child Day Care Centres. The full list is available on the Registration and Inspection Unit website along with the most recent inspection reports. All services are monitored and inspected against the service specific minimum standards and care service regulations. The Regulation of Care Act ensures that these services:

- Protect people who need them
- Regulate how they are provided
- Standardise how they are regulated
- Promote transparency

The Registration and Inspection Team completed themed Inspections during the 2019 – 2020 inspection year for 230 services, which is 93% of the total number of regulated social care services on the Isle of Man. The team were unable to reach 100% due to the challenges of staff sickness and latterly the onset of Covid-19. All services not inspected were identified as low risk services by the unit and were prioritised for early inspection in 2020/21. Within this category were eight Children's Homes, two Adult Care Homes, four Domiciliary Care Agencies, two Childminders, the Fostering service, and the Adoption service.

During this inspection year, the team also completed the registration of 15 new registered managers and 28 new services in the following categories:

- Adult Care Homes: 3
- Domiciliary Care Agencies: 6
- Childminders: 18
- Child Day Care: 1

As a Unit, the team continues to identify opportunities to raise its profile and explain its role to other professionals and students who will in the future work within regulated services. This year senior inspector and inspectors from the team completed a round of information sessions with the Adult Social Work Teams and students of QCF 3 and 5.

Regarding inspection of Children's Services, the Department supports the standing Tynwald commitment to continue with external independent inspection of Children's Services on the Isle of Man, as supported by the Tynwald Social Affairs Policy Review Committee (SAPRC). Following on from the External Care Inspectorate of Scotland Report, (published in 2014 and followed in 2016), the Department has during 2019 continued discussions with the Inspectorate of Scotland to ensure they are enabled to inspect services and departments which "work together" to safeguard children, including the DHSC. This work was being led interdepartmentally by the Social Policy and Children's Committee (SPCC) who also oversees the Combined Action Plan for Children and Young Persons.

Looking ahead, it should be noted that the way that the DHSC is inspected and regulated will be evolving over the next few years and work has already started to implement appropriate, comprehensive external quality regulation across the Island's health and care system. This work is being undertaken by the Health and Care Transformation Programme's External Quality Regulation project and is ongoing with the changes to be seen gradually over the next few years and beyond.

Finance

The Department provided a report of its Management Accounts in March 2020 for the reporting year covering April 2019 to March 2020, which is provided in 'Key information and links' at the conclusion of this Report.

The Management Accounts show that the Department finished the year with a small variance of £125k due to its numbers including the £561k of spend in the Covid-19 cost centre in Noble's Hospital. This spend links to the additional budget (supplementary vote) approved by Tynwald in January 2020 of £8m for the Department. The full £8m supplementary vote was allocated

to the Corporate Services Division, which is why it shows a large under-spend in the detail of the accounts. The budget was allocated £6.5m to employee costs and £1.5m to Agency & Contracted Services. Excluding this spend, the Department would have been £686k below budget, in line with what had been forecast in February, including a £1.3m cost improvement programme (CIP) reported delivery.

Since the Covid-19 expenditure was affordable within the additional £8m budget approved in January, no claims were made from contingency for this. However, an additional £8m was approved from contingency for Personal Protective Equipment (PPE), which can be utilised in 2020/21.

During the approval of the supplementary vote in January 2020, an amendment was put forward by Mr Hooper MHK that “the Department should present to Tynwald no later than June 2020 its plans and timeline to bring staff costs into line with the pre-approved budget”. This Financial Expenditure report was delivered to Tynwald outside the time period covered by this report and is provided in ‘Key information and links’ at the conclusion of this Report.

Finally, an overview of Tertiary Contracts for the reporting period. In 2019/20 the DHSC spent almost £21m with UK NHS providers. Most of the expenditure was on Tertiary treatments (for example cancer, heart disease, specialist children’s services and major trauma) or secondary care where the patient needs treatment and the Island’s consultants do not have the sub-speciality skill required or see enough patients with the condition in question to maintain their competence.

These costs are overbudget for the 2019/20 year due to a variety of factors including increased patient numbers, several highly specialised cases (such as proton beam therapy and transplants) and high-cost, complex patients including cancer treatments and cirrhosis surgery. Most of these cases are difficult to anticipate as treatment is on a reactive basis. Therefore, the large year-on-year increase was not expected at the time of the previous budget.

The Department is in the process of reviewing what should be provided on-Island and what services would be best accessed via hospitals off-Island, to improve outcomes for patients and increase efficiency. We fully recognise that there are patients who need to be treated in specialist centres, which it is not viable to develop locally. However, we do want to increase the number of visiting clinicians to the Isle of Man and make greater use of technology for virtual clinics in the future, to prevent patients travelling unnecessarily. With this in mind, we are working closely with several partner NHS Trusts in the North West to ensure more services are provided on Island.

It should also be noted that the Isle of Man has historical links and relationships with Trusts mainly in the North West of England but it does not currently have any formal contracts or Service Level Agreements (SLAs) in place with these providers with ‘agreements’ based on national tariff prices each year on an activity demand basis.

Public Health

The purpose of the Public Health Directorate is to protect and improve the health and wellbeing of the residents of the Isle of Man and to reduce health inequalities through strong partnerships with individuals, communities and key public, private and voluntary organisations.

Its values are to:

- Work systematically to alter our environment, improve lifestyles, and reduce risk factors across our population
- Prioritise interventions which will achieve change for the greatest number of people at affordable cost
- Champion approaches that support individuals, families, and communities in taking responsibility for their own health and wellbeing
- Work with partners across government, private and third sectors to get health into all policies, which includes supporting people to take responsibility for their own health by ensuring they have the necessary skills and knowledge and live in environments and communities where healthy choices are easy choices

The current structure and functions of the Directorate are the result of a review and modernisation programme led by the current Director of Public Health (DPH) since 2015. The functions of the Directorate are:

- **Public Health Intelligence:** health outcome and population data are used to assess, measure, and describe health and wellbeing, as well as risks, health needs and health outcomes for the population of the Isle of Man. This is used to indicate areas of health and wellbeing where the Isle of Man could improve. Health Intelligence informs action and enables the monitoring and evaluation of outcomes.
- **Health Protection:** strengthening, coordinating, and supporting activities to protect the Isle of Man population from infectious diseases and environmental hazards through advice, support, and information
- **Health Improvement:** seeking to improve the public's health and wellbeing through all stages of the life course and in all settings through evidence-based interventions in policy across all areas of Government, focussing on prevention and early intervention. Examples include strategies such as Substance Misuse Strategies and initiatives such as Stoptober and #DrinkSafeIOM.
- **Healthcare Public Health:** Improving population health, reducing premature mortality, and reducing inequalities in health outcomes relating to healthcare interventions. Examples include DHSC Clinical Commissioning Policies and managing the child death review process.
- **Research and Development**
- **Project Management**

- **Social Marketing**
- **Business Support**
- **Other functions:**
 - Child Death Overview Panel: responsible for process
 - Independent Review Body: providing independent medical advice
 - Public Health Legislation Development

More information on the Public Health Directorate and its functions can be found on its website.

In the 2019/20 year the Public Health Directorate remained a part of DHSC. Therefore, an overview of the year covering April 2019 to March 2020 from the Directorate is provided in 'Key information and links' at the conclusion of this Report. On 1 April 2020, the Directorate transferred to the Cabinet Office in line with the recommendations of the Independent Report into Health and Social Care in the Isle of Man.

Infrastructure & Estates

The portfolio of property within the DHSC is over 100 properties, ranging from small community houses to Noble's Hospital. It is essential we provide well maintained properties, fit for the purpose they are to fulfil, therefore the relationship with the Department of Infrastructure must be robust and driven by a mutually agreed Partnership Agreement.

Our property maintenance must comply with all UK standards, be timely and delivered by a skilled workforce, either in house or contracted with UK based providers as needed. As with all providers of Hospital and Community Health and Social Care services the investment in our properties is essential to ensure adequate care facilities to support clients changing needs throughout their lifetime.

Whilst it is our aim to provide a building to fulfil the changing needs of clients and adapt to updating standards within our properties, this is not always feasible as the existing building may not have the flexibility needed.

The same is relevant for all equipment assets which again must be compliant with all Health Standards, be fit for purpose and support the delivery of healthcare. We have an up to date asset register which guides our replacement programme.

The Capital Replacement Programme for buildings has progressed the following developments within the past year:

- Learning Disabilities Residential Unit
- Reconfiguration of Learning Disabilities Respite Services
- Older Persons Residential and Resource Unit - East
- Older Persons Residential and Resource Unit - North
- Accommodation for Learning Disabilities day Services
- Residential Accommodation – Phase 5
- Acute Adult in Patient Facility
- Palatine GP Extension
- Peel GP Extension
- Purchase of Salisbury Street Care Home
- Redevelopment of Grianagh Court
- Upgrade to Ward 20 Isolation Unit
- Radiology Equipment Replacement

All Capital projects are funded by Treasury and Department of Infrastructure Projects Team work closely with us to deliver all projects.

Tynwald, policy, and legislation

The Department has successfully moved Primary and Secondary Legislation in the 2019/20 year. A list is provided in 'Key information and links' at the conclusion of this Report and includes several pieces of emergency legislation that were drafted to manage the Covid-19 response. It should be noted that The Health Protection Regulations legislation came into effect for the pandemic response. Health Protection (Coronavirus) Regulations 2020 came into effect for the emergency but were not moved at Tynwald and Health Protection (Notification) Regulations 2020 were moved at Tynwald by Department of Environment, Food and Agriculture at the request of the DHSC.

A key legislative development in the 2019/20 year and continuing into 2020/21 is the Manx Care Bill. The Bill is a new piece of primary legislation to establish Manx Care as a Statutory Board and implement other recommendations of Sir Jonathan Michael's Independent Report into Health and Social Care in the Isle of Man. The content of the Bill looks at how Manx Care will be set up and the requirement for the DHSC to obtain health and social care services via a written agreement ('the Mandate') with Manx Care. In March 2020, a public consultation on the Bill opened and closed in April. For more information on the Manx Care Bill and a summary of responses from the consultation visit '*Creating a new Organisation to Provide Health and Social Care Services – Manx Care*' on the Consultation Hub accessible from the Isle of Man Government website.

Several important legislative projects, including the Manx Care Bill, are ongoing into the 2020/21 year and progressing well. In June 2020, the Manx Care Bill started its passage through Tynwald and is scheduled to receive Royal Assent in February 2021. A list of other important legislative projects is provided in 'Key information and links' at the conclusion of this Report.



4.0 People

The following section provides a high-level overview of the people who work across the Department and those who work with us to enable us to deliver the best services possible for the residents of the Isle of Man including patients, service users and our partners.

Further information on the subjects discussed are provided in 'Key information and links' at the conclusion of this Report.

Our colleagues & teams

In the 2019/20 year 2529¹ full time equivalent employees worked for the Department working in the Chief Executive's Office (5), Corporate Services (27) and Health and Care (2497).

There were 592 vacancies, with the majority of these across Noble's Hospital (330) and Community Care (230). To assist in covering these vacancies and sickness absence, bank and agency workers have been used. Across Noble's Hospital there were 276 clinical agency workers, 55 admin agency workers and 435 bank workers in the period between April 2019 to March 2020.

Employee costs came in at £164,072,000 for the 2019/20 year and Agency & Contracted Services at £83,830,000. More information on staff remuneration can be found in the 2019/20 DHSC Management Accounts Report provided in 'Key information and links' at the conclusion of this Report.

The recruitment team continue to work with the Department to provide support for individual roles identified as difficult to fill and raise the profile of medical and nursing professions. The team remain focussed on increasing application numbers, reducing the number of unsuccessful recruitments, and creating more consistent standards for recruitment. The team have also been working with the Department and the Department for Enterprise to identify the skills needed, where staff with these skills are and what the key motivators for these staff may be to support these areas of focus.

In the 2019/20 year sickness absence increased by 0.24 of a percent from 7.28% for 2018/19 to 8.01%. 31% of the workforce did not take any sickness leave during this period. Personal or work-related stress anxiety and depression was the highest reason for sickness absence during this period with 28% of total days lost followed by musculoskeletal issues at 17% of total days lost.

The Department is focussed on improving employee wellbeing. Several activities took place in 2019/20 on the subject including mental wellbeing training for line managers to support staff with the see, say, support, signpost mental wellbeing initiative, the continuation of the mental health first aid training for colleagues to support each other and speak out, and promotion of

¹ Data based on the information contained within the OHR records management system Personal Information Programme (PiP). It should be noted that the information held within PiP needs significant restructure, which is being undertaken during the 2020/21 year via the rollout of new PiP features.

the welfare service to encourage staff to look after themselves and each other and provide options to support staff who are dealing with mental health concerns. The Learning Education and Development (LEaD) team have also provided stress awareness workshops and resilience training and put on the mental health promotion week. The focus on employee wellbeing will increase in the 2020/21 year.

The Department is also focussed on engaging with, recognising, and training staff, with several key events and activities also taking place in the 2019/20 year. More information on the Community Care Directorate Annual Update, the Nursing and Midwifery Conference, the 2019 Annual Have Your Say Survey, Launch of the Year of the Nurse & Midwife 2020, the March 2020 Department Staff Updates and the Employee of the Month Awards is provided in 'Key information and links' at the conclusion of this Report.

The Department continues to be committed to the education, training, and professional development of its staff. In the 2019/20 year, staff across all areas of the Department have undertaken a range of courses and events including 1332 employees attending 82 learning events hosted by Learning Education and Development. Existing GP, Medical and Nurse Education initiatives continued in the 2019/20 year:

- **The GP Vocational Training Scheme**, accredited by Health Education England, each year welcomes 2 to 3 doctors to become a fully qualified GP. More information on the scheme can be found under 'General Practice Trainees' on the Medical Education pages of the Government website.
- **Opportunities for professional development for those across the medical community** continued to be provided by the Department with the Medical Clinical Skills Centre running sessions with the SimMan 3G patient simulator mannequin as part of the North West Simulation Network, the Nobles Hospital Resuscitation Training Department and Postgraduate Medical Education Team organising several nationally accredited courses and the Grand Round welcoming several eminent speakers throughout the year. For the first time, the Department was also delighted to host 100 trainees for the North West Foundation School Annual Update in May 2019, held in the Lecture Theatre of the Medical Education Centre. More information on the range of Medical Education opportunities can be found under Medical Education on the Government website.
- **On-Island programmes for nursing staff** continued to be delivered by the Department in association with the Department of Education, Sport and Culture and Chester University. During 2019/20 nurses completed Adult Nurse and Mental Health Nurse training, Masters of Science in Professional Practice, Advanced Clinical Practice and Prescribing.

In the 2019/20 year the Public Accounts Committee recommended that needs analysis and training should be routinely offered to Ministers and Members of Departments to assist them in the business of leading the Department. The Department has progressed these plans in the 2019/20 year which will be submitted to Council in late 2020.

Finally, the Department has worked closely with Office of Human Resources (OHR) and the Learning Education and Development team throughout the year on several initiatives. As the Department looks to build its collective identity, CARE values have been made a part of all job descriptions in the 2019/20 year via the CARE qualities framework, which provides an outline of the competencies the Department look to hire and develop. These competencies have been used on recruitment panels and assessment and development centres. The Department has also recently introduced equality impact assessments and online equality training in line with mandatory cross-government requirements. The Equality Impact Assessments must be completed to demonstrate compliance with the public sector equality duty. The training module entitled Equality & Diversity Essentials covers an introduction to the obligations and rights in the Equality Act 2017, which was fully implemented on the Island on 1 January 2020. This module alongside Equality & Diversity Training (Refresher) and Introducing Equality Impact Assessments has been completed via the eLearn Vannin platform across the Department in the 2019/20 year with 2428 completed modules. As we look to the 2020/21 year, we want to recognise here the brilliant work that has been delivered by colleagues across the Department in the 2019/20 year.



Our partners

The Department works alongside several partners who enable us to deliver the best care possible for all Islanders. In the 2019/20 year the Department provided 46 contracts to 37 organisations and grants to 11 organisations.

The Commissioning and Contracts team has made several important developments in the past year in developing its commissioning function as it looks to offer enhanced commissioning, contracting and performance within the Department and subsequently Manx Care.

A small number of DHSC commissioning officers have recently participated in the Commissioning Academy, which was created and developed by the UK Cabinet Office as a development programme for senior leaders within the public sector. It is delivered by the Public Service Transformation Academy and has delivered 55 academies to over 1400 public service workers. The purpose for colleagues on the Island is to stress test our commissioning framework, receive coaching from commissioning experts and develop greater commissioning networks with commissioners who have been where we have been for many years.

The Department has sought improvements in the way the Department works with the Third Sector and the Council of Voluntary Organisations (CVO). The team aims to improve ways of working with the CVO to coordinate how the CVO as a collective and the Department can best respond to the needs of the Island's population. The aim is to move away from individualised solutions to working with multi-third sector agencies within the CVO so that more combined and forward-thinking solutions can be proposed.

Finally, in an effort to attain greater collaboration between multiple partners whom all work to deliver services at different tiers in the health and social care system, the commissioning team has been working to develop more sustainable and long term relationships that will offer more continuity and stability in an Island based setting. This links well to the work on the Integrated Care project as alliances can support the breaking down of pathway barriers and create more flexible step up and step down service models that truly deliver the right outcomes for patients and service users at the right time and at the right place by the right provider.

Working with our patients and service users

Throughout the 2019/20 year the Department has been part of several important community initiatives supporting it to better engage with patients and service users. Some key highlights from the year are provided in 'Key information and links' at the conclusion of this Report: the Integrated Care Project, the Mockingbird Programme, the Voices in Participation Council and the Special Interest Group: Integrated Care in Small Island Communities and Small Islands Learning Event (SmILE).

Throughout the year the Department has also engaged with the wider public via consultations, focus groups, surveys and awareness campaigns including the consultation on Island-based abortion services, a focus group on the Eye Care Strategy with representative groups such as Manx Care Blind Welfare and the Isle of Man Government Health & Lifestyle Survey.

The Department recognise that there is much more that we can do in relation to patient and service user engagement moving forward and have established a new sub-committee – the Patient and Service User Engagement Committee - to reflect the importance of this area of work moving forward.

5.0 Looking ahead

The period covered by this report is April 2019 to March 2020 and as a result Covid-19 only lightly features in this Report. The Covid-19 outbreak was declared a pandemic by the World Health Organisation on 12 March 2020 with the first case of Covid-19 on the Isle of Man reported on 19 March and the island introducing its own lockdown measures including closure of the borders on 23 March 2020.

The Department has been dealing intensely with the Covid-19 pandemic since mid-March and therefore the subject can be expected to feature more heavily in next year's Report in light of the unprecedented challenges the Department has met in the Covid-19 response throughout 2020.

At the time of writing, the Department has adapted to and continues to adapt to life living with and managing Covid-19. As the situation around Covid-19 continues to evolve, the Department remains vigilant of the global situation as well as the situation in the UK and will continue to update its guidance.

Next year another subject that will feature more heavily will be the changes delivered by the Health and Care Transformation Programme. In the 2019/20 year the Programme, being delivered by the Cabinet Office in conjunction with the Department of Health and Social Care and the Treasury, has continued to deliver in the context of the same challenges faced by the Department.

As the Health and Care Transformation Programme continues to deliver on the recommendations outlined in the Final Report, the next 12 months are anticipated to deliver huge change within the structures of the health and care system on the Isle of Man. This will include the establishment of Manx Care, and most DHSC staff will transfer to the new organisation with their existing terms and conditions maintained. Manx Care will have, and be run by, its own independent Board from April 2021; chaired by a newly recruited independent non-executive Chairperson, with a new CEO and several new non-executive Directors.

The Programme is funded through the Healthcare Transformation Fund and is being delivered in the context of several significant Departmental change programmes such as the Integrated Care projects and the increasing focus on Community Care. Information on the Final Report and its recommendations or the Transformation Programme and its 14 projects can be found under 'Key information and links' at the conclusion of this Report. More detail on the work of the Transformation Programme in the 2019/20 year can be found in its Annual Report also included under 'Key information and links'.

6.0 Further information and key links

- [Performance overview: Hospitals](#)
- [Endoscopy Service Performance Report April 2019 to March 2020*](#)
- [Performance overview: Mental Health](#)
- [Performance overview: Adult learning Disabilities](#)
- [Performance overview: Older People's Services \(OPS\)](#)
- [Performance overview: Community Nursing](#)
- [Performance overview: Primary Care](#)
- [Performance overview: Adult Social Care](#)
- [Performance overview: Children & Families](#)
- [Performance overview: Medicine's Optimisation](#)
- [Performance overview: Hospital Therapies](#)
- [Infection Prevention & Control 2019/20 overview](#)
- [2017-20 Health and Social Care Complaints Report](#)
- [Adult Safeguarding 2019/20 overview](#)
- [Registration & Inspection Unit: Regulated service and Reports archive](#)
- [DHSC Management Accounts Report \(March 2020\)](#)
- [DHSC Financial Expenditure Report \(July 2020\)](#)
- [Public Health Directorate 2019/20 overview](#)
- [Creating a new Organisation to Provide Health and Social Care Service – Manx Care](#)
- [2019/20 Primary and Secondary Legislation overview](#)
- [2020/21 Ongoing Primary and Secondary Legislative Projects overview](#)
- [2019/20 Staff Engagement Overview](#)
- [2019/20 Stakeholder Engagement Overview](#)
- [About the Health and Care Transformation Programme](#)
- [Health and Care Transformation Programme Annual Report 2019/20](#)
- [Health and Social Care Review Final Report Summary](#)

2 The contents of the report reflects the activity for the reporting period of this 2019/20 Annual Report. Significant changes have been made post COVID in quarter 3 around service delivery, which will be reported in the 2020/21 Annual Report.

