



**Isle of Man
Government**

Reiltys Ellan Vannin

Department of Health & Social Care Assurance Framework - Five Domains

A System-based partnership approach to supporting Planning and Assurance.

April 2021

V1.1

Context: Our future system

With the separation of DHSC and the formation of Manx Care as an arms-length, operationally independent statutory board it has also been agreed that the system will work in partnership to support the planning and assurance of health and social care services on the Island.

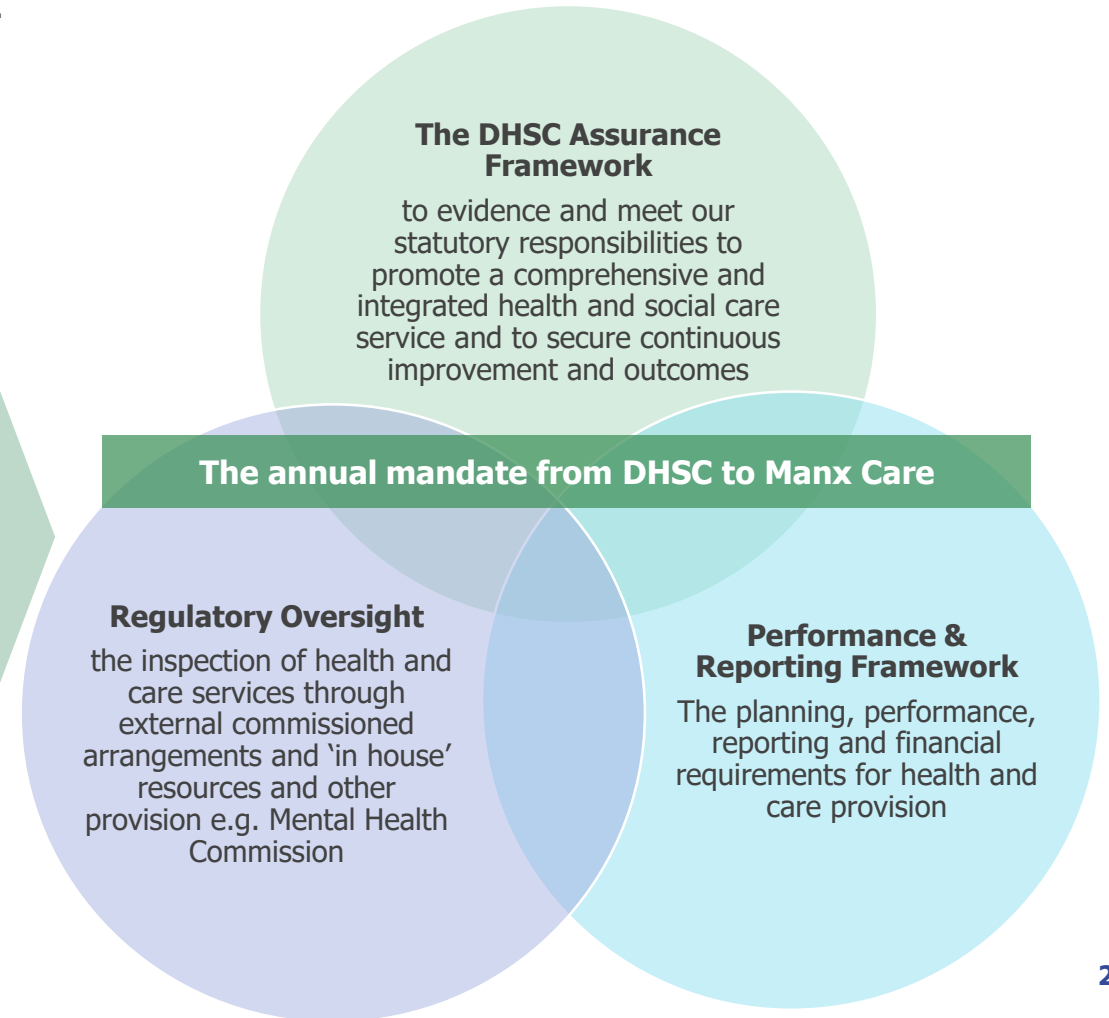
Whilst all these components will be in place in year one, the approach will continue to evolve.

Within this the DHSC overarching principles are:

- An oversight light touch assurance role supported by external commissioned inspections;
- Providing the space to address known legacy issues;
- Undertaking engagement around longer term priorities and plans.



The intelligence gathered through assurance, working with colleagues in Manx Care, will help inform the Department's broader range of activities e.g. how emerging knowledge about how the system is functioning shapes departmental strategy, planning, policy and legislation.



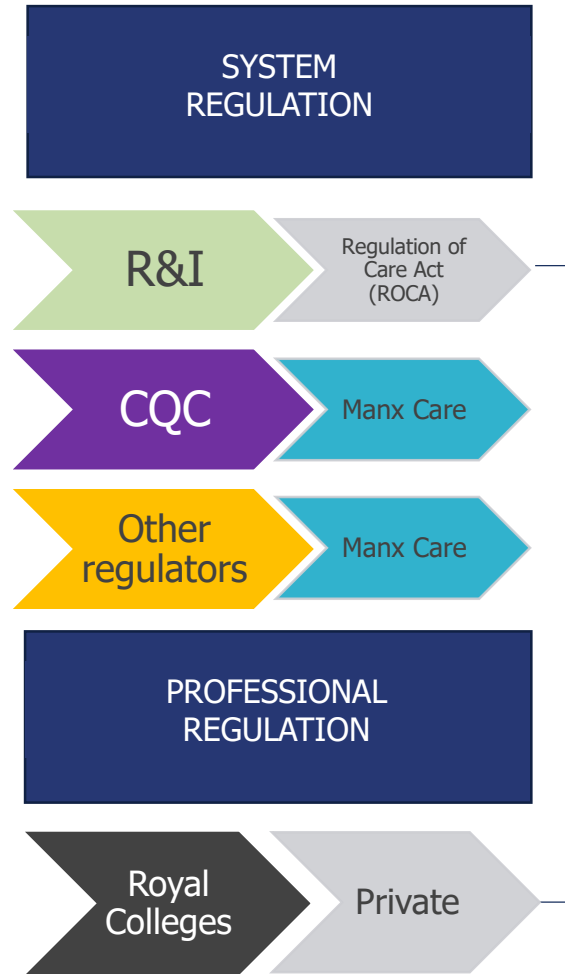
Context: Regulatory oversight - a key source of assurance intelligence

Clause 7, Part 3, Schedule 1 of the **Manx Care Bill** states that DHSC and Manx Care respectively 'may arrange for an inspection to be conducted'.

Clause 10 of The **Mandate** lists a schedule of inspections of services to be externally expected at least once every five years. It is the intention that the Care Quality Commission (CQC) conducts the majority of these external inspections. The clause also confirms that 'other inspectors may be appointed by the Department to cover Mandated Services that are outside of the CQC's remit'.

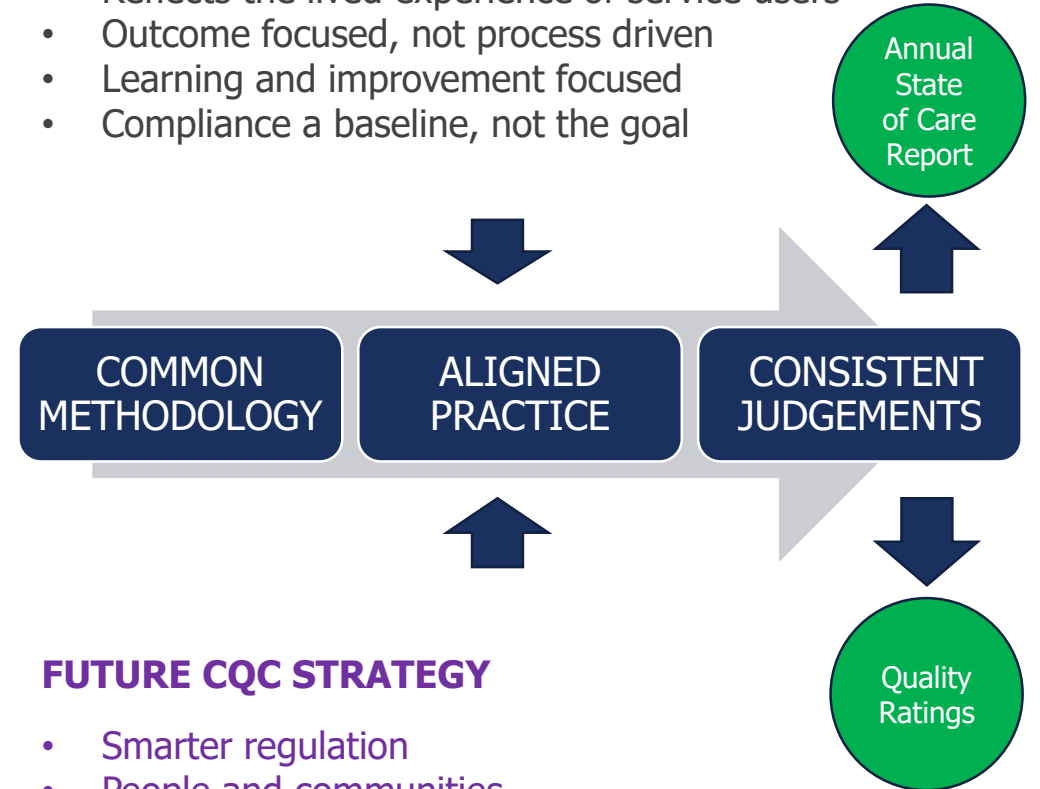
The Registration & Inspections (R&I) Team resources will also be upskilled and refocused to provide additional inspection capacity beyond the established core role. External support to meet needs outside of CQC remit could also be sourced through the Royal Colleges and other professional bodies.

A common methodology is essential to ensure the consistency of regulatory judgements across all health and social care services. Given that CQC will be using its established approach, the basis of this model has been used as part of a wider approach.



DHSC PRINCIPLES TO BE AGREED

- Reflects the lived experience of service users
- Outcome focused, not process driven
- Learning and improvement focused
- Compliance a baseline, not the goal





FUTURE CQC STRATEGY

- Smarter regulation
- People and communities
- Safety through learning
- Accelerating improvement

Key assurance priorities by domain

This list is likely to collaboratively evolve, but aims to provide a starting point for further development of assurance plans, activity and resources which will cover all aspects of our health and care system. This draws on DHSC strategic priorities as identified and by Manx Care's Required Outcomes Framework.

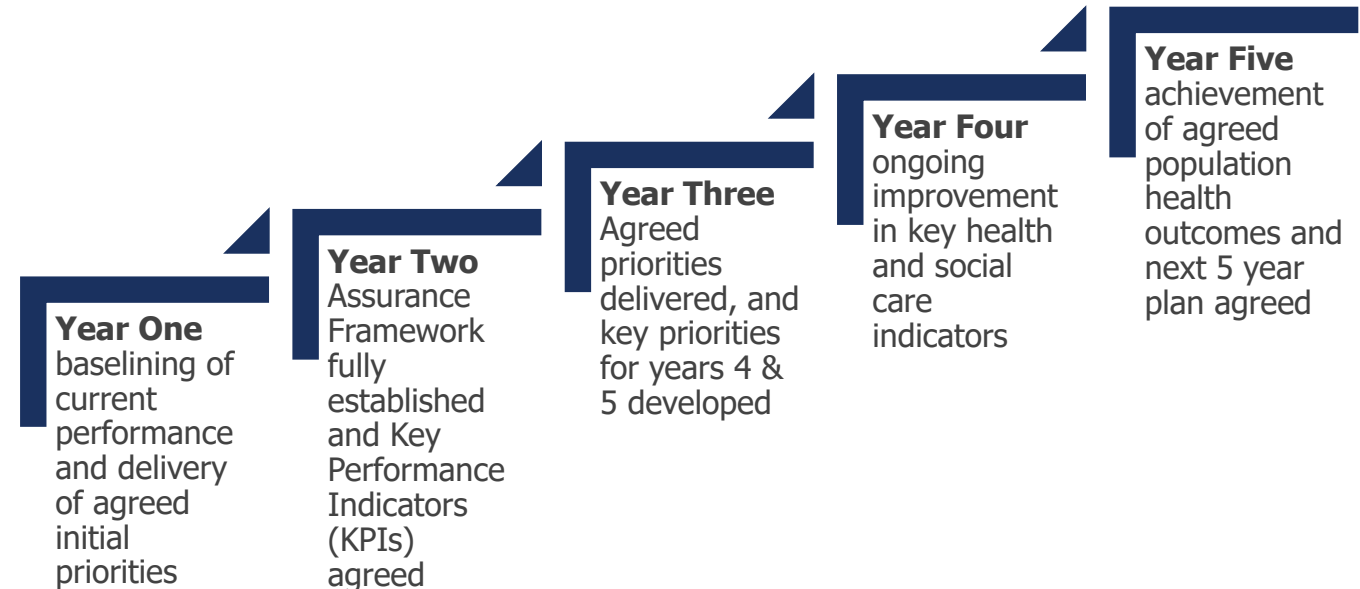
Domain 1: Quality (safe, effective, caring, responsive)	Domain 2: Finance & Use of Resources (expenditure, capital investment, efficiency)	Domain 3: People (leadership, workforce, culture)	Domain 4: Population & Health Outcomes (strategic development and system transformation)
 Domain: 5 An embedded focus across all domains on people who use/interface with social care and health services to improve outcomes from their experience 			
<ul style="list-style-type: none"> • Preventing harm including reducing sources of harm and strengthening reporting, risk management and review processes. • Safeguarding adults, children and young people ensuring systems and processes aligned with the six principles (empowerment, prevention, proportionality, protection, partnership and accountability). • Effective auditing of treatment and outcomes to drive improvements in practice and patient experience. • Enhancing patient, service user and carer experience learning from feedback to improve services and outcomes. • Improving access to primary, community, acute and social services. • Creating a continuous learning culture empowering people to lead improvements and providing them with the knowledge, skills and support to do so. 	<ul style="list-style-type: none"> • Operational expenditure by care group area, plan, forecast and actual. • Investments including operational and capital investment priorities. • Efficiencies including transformational efficiencies (reductions in cost), operational efficiencies (reductions in waste) and transformation efficiencies (based on successful service change). • Quality impact assessments to determine the likely effect of efficiency proposals upon the quality of service provided and the experience of people accessing health and social care services. 	<ul style="list-style-type: none"> • “Well Led” leadership, management and governance of the organisation assure the delivery of high quality person-centred care. A supported workforce with the right knowledge and skills to adapt to the new roles and ways of working; including staff engagement, motivation and satisfaction and reduced absence. • Effective team and partnership working within Manx Care and with broader Isle of Man Government departments and services. • A workforce that is culturally aligned with the needs and expectations of people accessing health and social care services, and is person centred in its approach. 	<ul style="list-style-type: none"> • Strategic priorities for reform including person-centred, community care; digital services; and integrated local services. • Improved population health based on priorities identified with Public Health through joint strategic needs assessment. • Co-production patient / service user activation and participation measures. • Information and data to support strategic planning, service delivery, and to align self-assurance, external inspection, regulation and assurance activities to create a “single view” of performance and outcomes. • Integration of services to provide “joined-up” seamless pathways of care for patients and service users.

A partnership approach to assurance:

Key principle: a co-owned product

- 1. Recognition of the existing challenges being inherited by Manx Care** (as highlighted in Sir Jonathan Michael's report) across both health and care settings. This includes the importance of providing Manx Care with the appropriate time and space to resolve these challenges, and of respecting its **operational independence and autonomy** in improving performance and outcomes.
- 2. The ongoing statutory responsibilities of Manx Care and the Department under the Manx Care Bill** including the Department's accountability to Tynwald for the provision of health services and social care services (Clause 4); duties in respect of securing improvement in the quality of services in connection with treatment, public health and social care services and continuous improvement of outcomes (Clause 5); and for reducing inequalities in the access to services and the outcomes from services (Clause 10).
- 3. Establishing a single "golden thread" of performance and assurance** linking statutory responsibilities of the Department to Manx Care's Required Assurance Framework. Internal assurance is the role of the Manx Care Non-Executive Board (see supporting annex documentation) with DHSC's light touch transparent approach focuses on delivering improved individual, population and organisational outcomes.

A five-year timeframe is outlined below:



We recognise that to achieve these outcomes will require active support from across Government. As such, it is proposed that the Partnership Board, the key functions of which are detailed in the supported annex, will work jointly (including corporate and clinical representatives from across the system) to identify where input and resources are required, and to prioritise the delivery of these. There will be a short independent review of partnership working at the end of the each year.

Agreed assurance measures (1/3)

Domain	Sub-domain	Year 1 Assurance	
1: Quality safe, effective, caring, responsive	Preventing harm	<ul style="list-style-type: none"> Baseline of performance and action plan for reducing sources of harm e.g. avoidable medication errors, pressure ulcers and falls. Development of a plan to evidence that there is an equitable focus on improving physical and mental health outcomes. 	5: An embedded focus across all domains on people who use / interface with social care and health services to improve outcomes from their experience
	Safeguarding adults, children and young people	<ul style="list-style-type: none"> New risk & governance structures and delivery arrangements established across Adults' and Children's. 	
	Effective auditing of treatments and outcomes	<ul style="list-style-type: none"> Updated complaints, incidents, serious incident and 'Never Event' reporting frameworks in place. 	
	Patient, service user and carer experience	<ul style="list-style-type: none"> Baseline of service experience including evidence of systematic collation and review of service user stories, surveys, compliments and complaints, all incident reports and general feedback. 	
	Improving access	<ul style="list-style-type: none"> Comprehensive baseline of access times and waiting lists across all services and care settings. Improvement plans established including wider performance measures for each care pathway. 	
	A continuous learning culture	<ul style="list-style-type: none"> Evidence of robust processes and systems for learning and continuous quality improvement, including effective use of new technologies, through an integrated approach to performance. Evidence of compliance with the new Statutory Duty of Candour across all care settings. 	
2: Finance & Use of Resources operational expenditure, capital investment, efficiency	Operational expenditure	<ul style="list-style-type: none"> Monthly and forecast reporting of Manx Care care group expenditure against plan. 	
	Investments	<ul style="list-style-type: none"> Delivery of agreed investment priorities. 	
	Efficiencies	<ul style="list-style-type: none"> Achievement of 1% annual efficiency target. 	
	Quality impact assessments	<ul style="list-style-type: none"> Establishment of year 1 QIAs and associated mitigation plans. 	

Agreed assurance measures (2/3)

Domain	Sub-domain	Year 1 Assurance	
3: People leadership, workforce, culture	Well Led	<ul style="list-style-type: none"> Corporate and Clinical, Care, Risk & Governance arrangements established and evidenced. Effective processes in place for managing risk, issues and performance. 	5: An embedded focus across all domains on people who use / interface with social care and health services to improve outcomes from their experience
	A supported workforce	<ul style="list-style-type: none"> Baseline and evidence of year 1 continuous improvement of internal and external working cultures, behaviours and allied processes, including establishment and baselining of a staff engagement index. Improvement plans for absence days by care setting and achievement of mandatory training. 	
	Effective team and partnership working	<ul style="list-style-type: none"> Integrated Partnership Board established with a shared review of progress prior to the of year 1. Evidence of joint working with non-statutory health and care sector providers, and the wider local communities. 	
	Culture	<ul style="list-style-type: none"> Evidence of robust processes and systems for learning and continuous improvement. The development and year one implementation of a plan to improve staff engagement, satisfaction and morale, including a framework for jointly evaluating progress and results across staff groups. 	
4: Population & Health Outcomes strategic development and system transformation	Strategic priorities	<ul style="list-style-type: none"> Baseline and targets established for improvements in Cancer Services. Establishment of new integrated standards covering Mental Health Services. 	
	Improved Population Health	<ul style="list-style-type: none"> Screening services to be expanded, promoted and additional services established. Preventative programmes in place covering areas including "smoke free" and childhood obesity. Continued support for our Covid-19 and vaccination delivery response including with public health and DHSC on Covid-19 response and recovery plans. 	
	Co-production	<ul style="list-style-type: none"> Agreement of formal Patient Activation Measures co-developed with service. Establishment of a baseline position in year 1 and improvement plan for years 2 to 5. 	
	Information and data	<ul style="list-style-type: none"> Comprehensive and accurate Clinical Coding of all activity undertaken by Manx Care. Provision of timely and accurate reporting for mandated areas including Duty of Candour and Complaints. 	
	Service integration	<ul style="list-style-type: none"> Roll-out of Wellbeing Partnerships on-track by end of 2022 and active development of ICP agenda. Development and integration of Primary Care at Scale proposals including strategic sustainability plans. Baseline of referral standards for intermediate care. 	

Assurance measures (3/3)

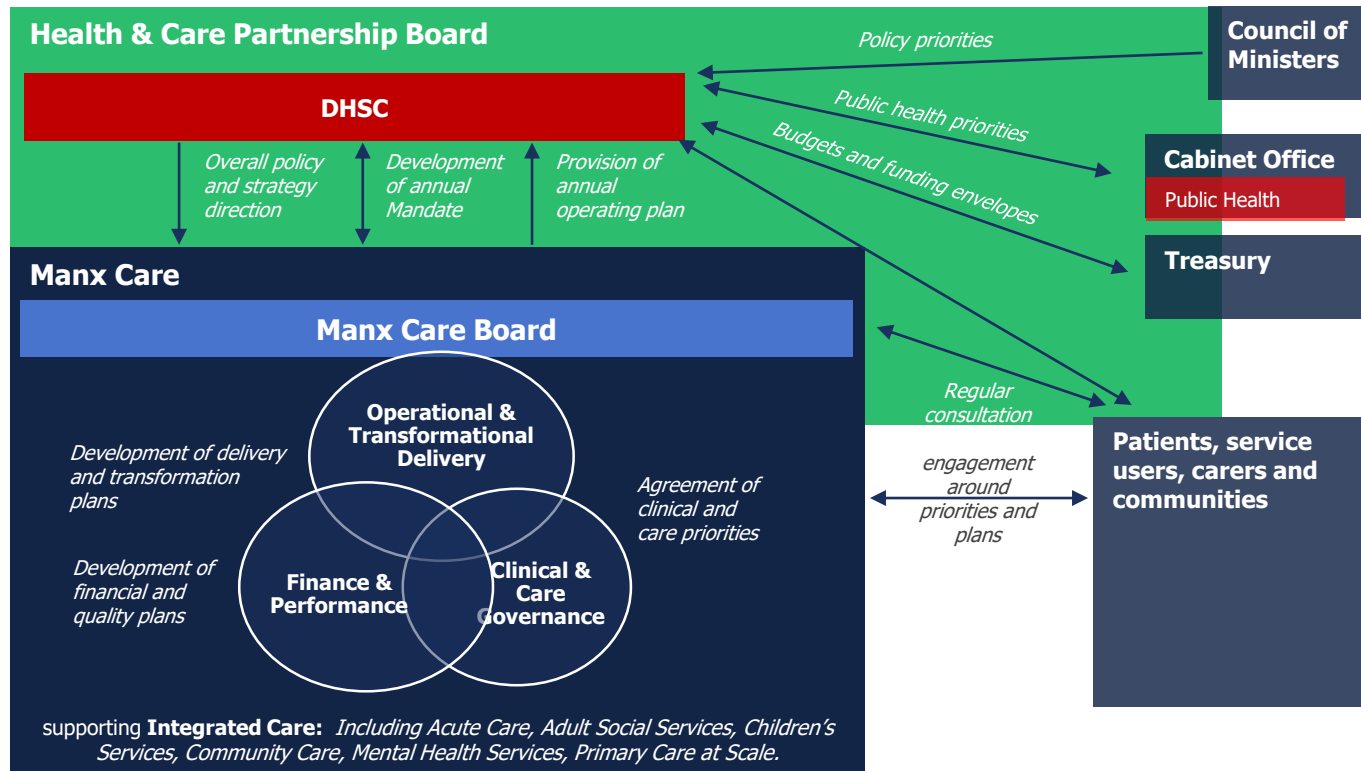
Domain	Year 1 Assurance
<p>5: An embedded focus across all domains on people who use / interface with social care and health services to improve outcomes from their experience</p>	<ul style="list-style-type: none"> • Baseline of service experience including evidence of systematic collation and review of service user stories, surveys, compliments and complaints, all incident reports and general feedback. • Evidencing that the experience of service users, patients and carers is being effectively captured, matches the agreed standards and that feedback is used to drive continuous improvement and better outcomes for people accessing and using all services. • Ongoing measurement systems established to capture the experience of service users, patients and carers. • Developed and agreed multi-year plans to improve that experience by 30th July 2021 and implementation commenced to enable demonstrable improvement within the service year. • Demonstrable evidence that care (including social care) has an equal voice and representation in the planning, operating and assurance of services within Manx Care. • Development of a plan to evidence that there is an equitable focus on improving physical and mental health outcomes in the future structuring and delivery of Manx Care’s services. • Agreed approaches to ensuring that patients and service users are fully engaged in, and at the centre of, all aspects of planning and delivery of health and social care services, including at all levels of governance. • Evidence that approaches have been co-designed with frontline staff, patients, service users and their families / carers. • Evidence of embedding of agreed approaches in Quality, Finance & Use of Resources, People and Population Health & Outcomes planning and delivery, ensuring that patients and service users receive the most appropriate care available within available resources to maximise their quality of life in the short, medium and long term, with services encompassing the most meaningful benefits voiced by patients and service users. • Delivery of agreed Transformation Programme Objectives assigned to Manx Care in partnership with the DHSC, Public Health, broader Cabinet Office and shared governmental teams.

Supporting Annex Documentation – Manx Care Assurance

Supporting Annex Documentation

Discussion slides for board to board between Manx Care and DHSC	11
Partnership Working in Practice	13
Manx Care Board Governance Arrangements April 2021	19

Discussion slides for board to board between Manx Care and DHSC

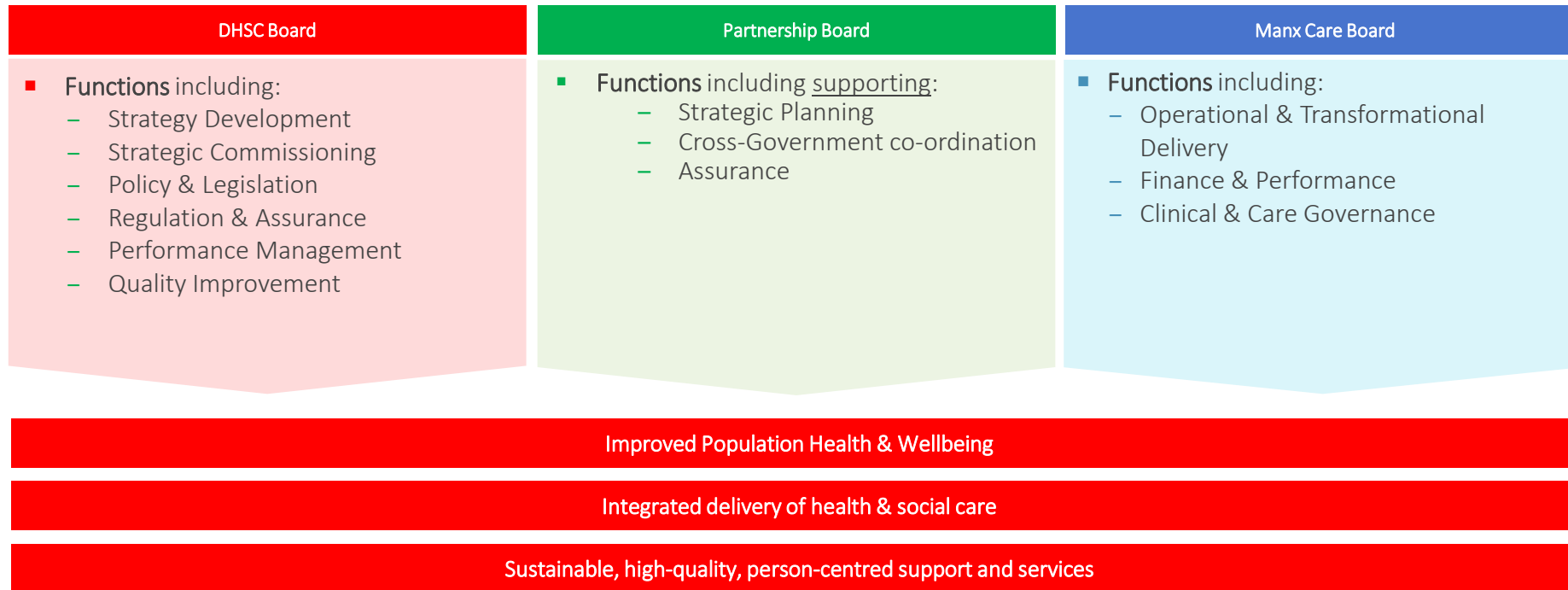


1. The Partnership Board will support DHSC and Manx Care in identification, prioritisation and development of population health and wellbeing needs, outcomes, services and associated funding implications.

2. The Partnership Board will achieve this through bringing together representatives from DHSC and the clinical & corporate leadership of Manx Care with Public Health, Cabinet Office and Treasury colleagues as part of an annual planning process, in order to enable DHSC to produce the Mandate for Manx Care; to ensure robust, supporting financial plans; and to help assure delivery of those plans.

3. The role of the Partnership Board is not to develop policy or to direct service delivery but to ensure that agreed policy objectives are met through the co-ordinated efforts of Government Departments and the publicly-funded health and care services provided by Manx Care.

Our Roles and Responsibilities – Individual and System



Partnership Working in Practice

- Manx Care went live on 1st April 2021
- A suite of documentation will describe our formal relationship
 - ❖ The Mandate and Budget (required by law) – what Manx Care will do each year and consequence of failure to comply
 - ❖ Overview Document (required by law) – how Manx Care will comply with the Mandate
 - ❖ Operating Framework – detailed description of duties, rights and obligations
 - ❖ Operational independence – what autonomy means in practice
 - ❖ Supporting the work of elected members – how politicians, DHSC and Manx Care will interact
 - ❖ Required Outcomes Framework - detailed quality, performance, finance and workforce objectives
 - ❖ Assurance Framework – how DHSC will generate assurance from the CQC and elsewhere
- A Health and Care Partnership Board will meet quarterly to provide formal co-ordination

- All of the above is both necessary and desirable
- Behind all of this lies a spirit of partnership and co-operation and a desire for Manx Care to succeed
- We need to describe how we will work together less formally both in normal times and when things go wrong
- And the escalation procedures we would follow prior to recourse to formal intervention

The position up to and including 1 April 2021 shows extensive recent improvements but still:

- Performance – failing to meet most targets and objectives
- Quality – known and unknown failures of safety, outcomes and patient experience
- Finance – a history of exceeding budget and a start of year deficit position
- Information – patchy and unreliable data in every aspect of health and care
- Culture – little culture of accountability, action and personal responsibility
- Workforce – significant gaps, very high payments to some, reliance on temporary staffing
- Strategy and planning – excellent suite of strategy documents; few actual plans
- Politics – an inheritance of documented criticisms including from Health Services Consultative Committee, Public Accounts Committee, West Midlands Quality Observatory and the Independent Review of 2019

Normal times

How will we routinely interact? Obviously anyone can and should pick up the phone or email but what about some simple infrastructure?

- Weekly CEO to CEO meetings
 - ❖ Operational issues
 - ❖ Media issues
 - ❖ Emerging risks

- Monthly Minister and CEO to Chair and CEO
 - ❖ As above plus
 - ❖ Political issues

- Quarterly
 - ❖ Health and Care Partnership Board
 - ❖ Clinical and Professional Advisory Board
 - ❖ Mandate and Public Health Meetings

Things will go wrong, possibly badly wrong

TYPES OF PROBLEMS

- Performance – failing to meet targets and objectives
- Quality – individual and service failings
- Finance – budget overspend, non-delivery of Cost Improvement Programme, new pressures
- Media and politics – adverse coverage, the next election, individual issues

SUGGESTED PRINCIPLES

- No surprises – share bad news early
- Informal escalation first – ad hoc meetings or use of existing weekly/monthly meetings
- Manx Care to produce Recovery Plan with timetable and trajectory
- DHSC to support in any way possible
- In severe cases, use a Board to Board format
- Only use formal intervention measures as a last resort

Example scenario's which would initiate immediate notification from Manx Care Executive to DHSC Executive.

- A Major Incident being declared within any Manx Care service locations (e.g Fire, Flood).
- Any Major Incident which requires Manx Care to respond to as a Health and Care provider (e.g Mass Casualty Incident).
- Sustained significant operational pressure at Black Alert / Opel 4.
- Any 'Never Event' Incident.
- Death of a patient within an inpatient setting who is detained under the Mental Health Act (death in Custody)
- Death of a 'Looked After' child.
- Any incident which is likely to attract significant media interest.
- Any immediate closure of Manx Care service for any reason.
- Any other Serious Incident (SI) (as described in the SI policy) where notification is deemed by the Manx Care CEO or Manx Care Executive Director to be appropriate – all other notifications will be made within the required 72 hours policy requirement.

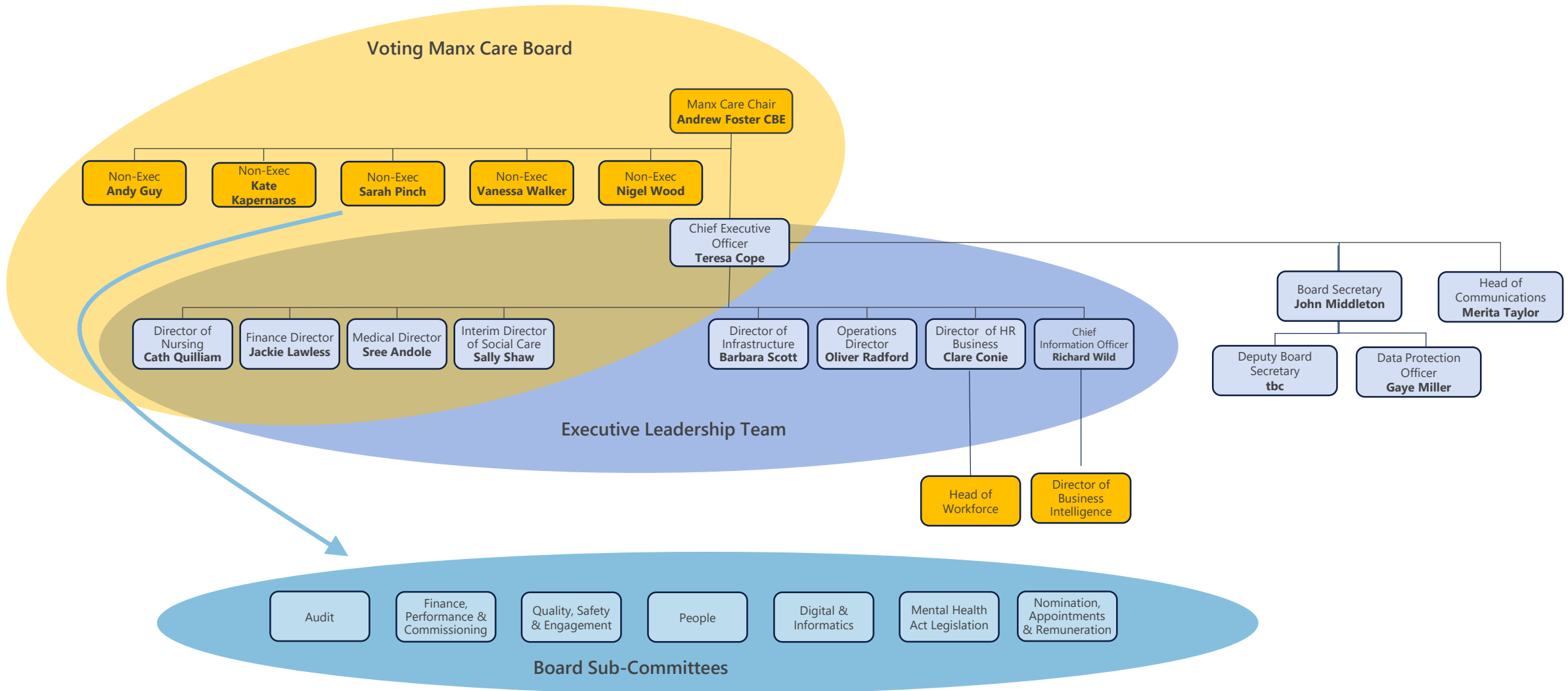
Leadership Compact – some principles we could adapt/adopt

- We are inclusive, promote equality and diversity and challenge discrimination
- We are kind and treat people with compassion, courtesy and respect
- We collaborate, forming effective partnerships to achieve our common purpose
- We can be trusted to do what we promise
- We aim for the highest standards and seek continually to improve
- We celebrate success and support our people to be the best

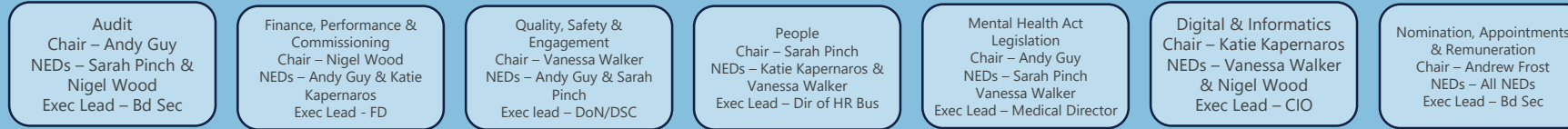
Manx Care Board Governance Arrangements April 2021

- Manx Care has a unitary board of directors made up of Non Executive Directors and Executive Directors. Manx Care has 6 voting Non Executive Directors (including the Chairman) and 5 voting Executive Directors (including the Chief Executive). (Slide 20)
- There is strong evidence that unitary boards provide the best vehicles for good corporate governance because they combine an independent perspective with detailed knowledge of the organisation in setting strategy and culture, in oversight of the work of the executive and in being accountable to stakeholders.
- The Manx Care Board has been meeting monthly in shadow form since January 2021 and as approved its Board Subcommittee structure (Slides 12 and 13).
- There are 7 sub-committees of the Manx Care Board all of which are chaired by a Non Executive Director with a lead Executive Director. Terms of Reference for all of the Board Sub-committees were approved at the Manx Care Shadow Board in March 2020 with all sub-committee's active from April 2021 with agreed annual programmes of work.
- The Executive Management Committee (EMC) is the senior operational decision making committee for Manx Care, receiving assurance reports from 5 key subgroups with specialist clinical input via the Clinical Advisory Group. Terms of reference for EMC and the 5 key subgroups have been signed off by the Manx Care Executive Management Team (EMT) and meetings are established from April 2021 (Slide 15). These groups will hold the Care Groups to account for delivery. In addition, the Executive Team will conduct Performance and Accountability Review meetings which each individual care group on a bi-monthly basis.
- Manx Care will supplement its agreed governance framework with a clear visibility programme across all services and ongoing staff and service user engagement sessions.

Manx Care Board Structure April 2021



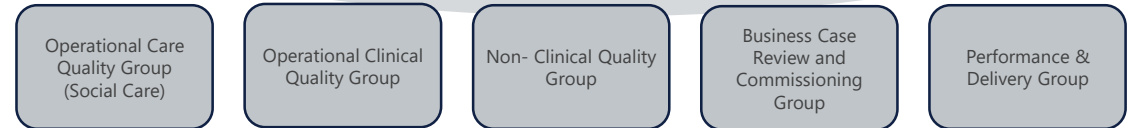
Manx Care Governance Structure April 2021



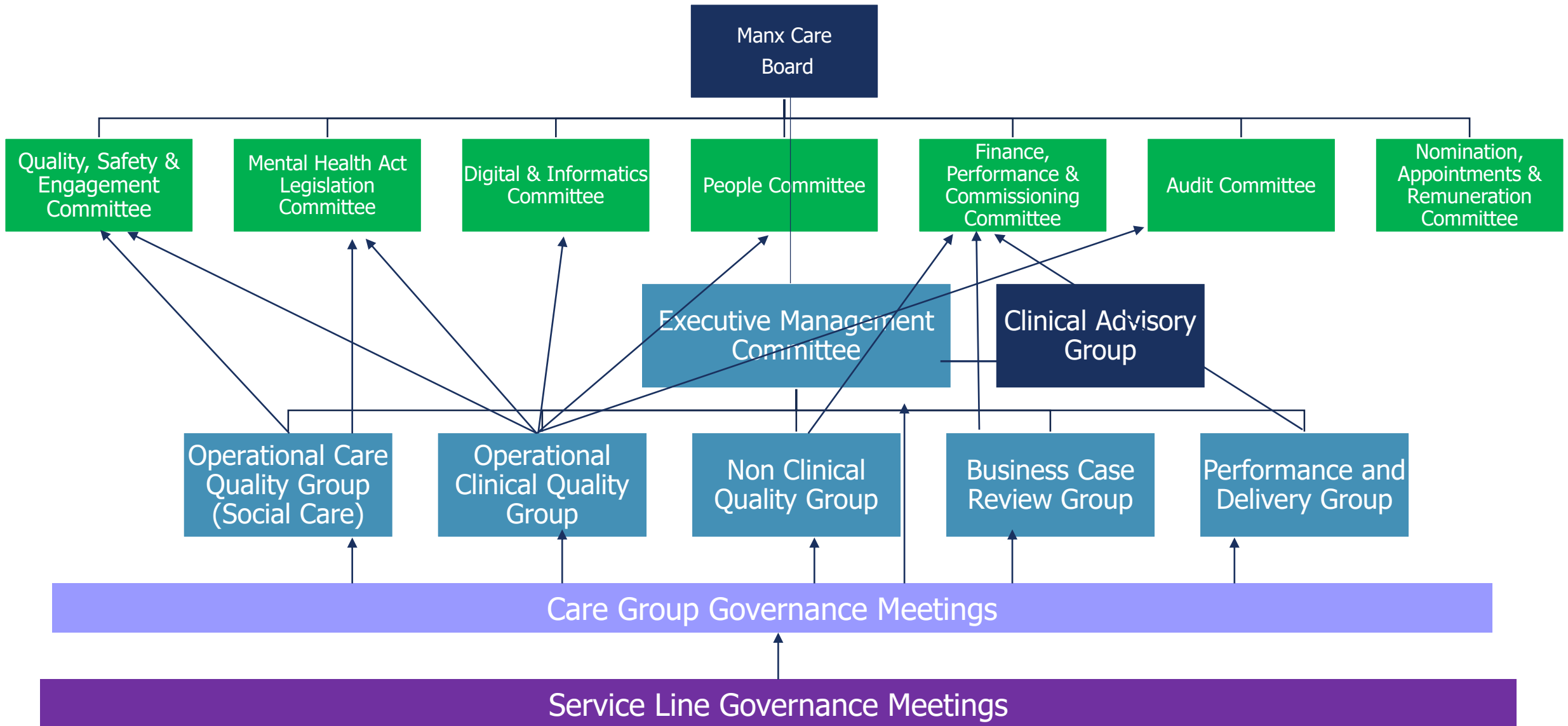
Board Sub-Committees

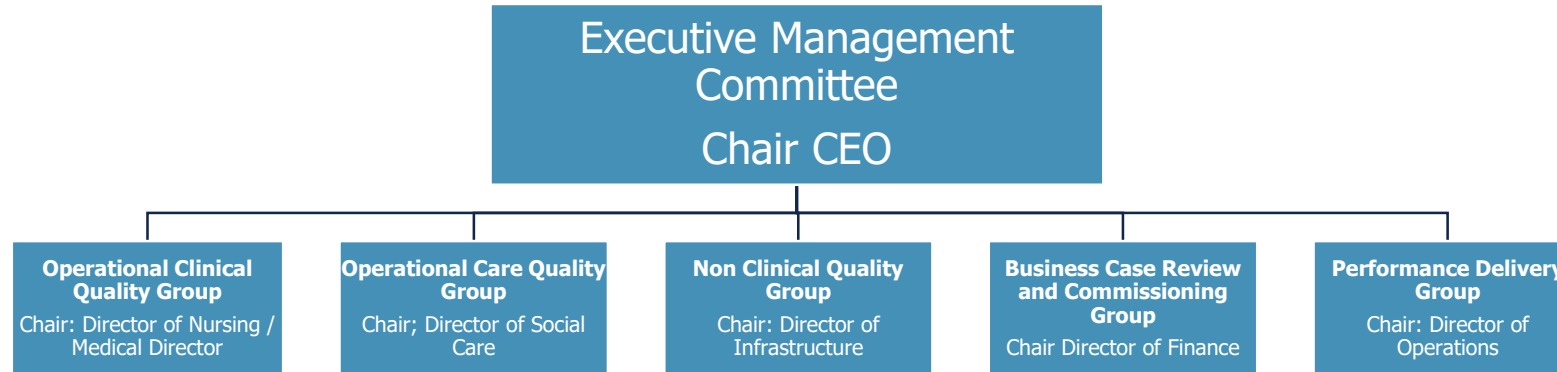
Executive Management Committee

Exec Team, Care Group Leadership Teams and Corporate Head of Service



Audit Committee	Finance, Performance & Commissioning Committee	Digital and Informatics Committee	People Committee	Quality, Safety & Engagement Committee	Mental Health Act Legislation Committee	Nomination, Appointments & Remuneration Committee
<ul style="list-style-type: none"> • External Audit • Internal Audit • Counter Fraud • Risk Management and Internal Controls • Annual Report and Annual Accounts • Speaking Up 	<ul style="list-style-type: none"> • Financial Management • Performance Delivery • Cost Improvement Programme • Capital Programme • Estates • Commissioning and Contracting • Resilience and Emergency Planning 	<ul style="list-style-type: none"> • Digital and Informatics Strategy Development and Delivery • Information Governance • Cyber Security • Digital and Informatics Implementation 	<ul style="list-style-type: none"> • Workforce Planning • Equality, Diversity and Inclusion • Staff Appraisals • Job Planning • Staff Health and Wellbeing • Succession Planning • Staff Recruitment, Retention and remuneration • Education and Training • Organisational Development and Culture • Guardian of Staff Working • Junior Doctors • Staff Satisfaction 	<ul style="list-style-type: none"> • Risk and Incident Management • NICE guidance • Complaints • Clinical Audit • Mortality Reviews • Compliance • Quality Impact Assessments • Duty of Candour • Patient Experience • Research and Development • Safeguarding • Safer Staffing • Infection Prevention and Control • Medicines Management 	<ul style="list-style-type: none"> • All aspects of compliance with Mental Health Act and associated legislation 	<ul style="list-style-type: none"> • Board succession planning • Board member and Executive Director appointments • Remuneration policy for all senior staff • Exit and redundancy payments





Care Quality Group	Operational Clinical Quality Group	Non Clinical Quality Group	Business Case and Commissioning Group	Performance and Delivery Group
<ul style="list-style-type: none"> Quality Reports from Adults and Children's Social Care Compliance with statutory requirements Key risks 	<ul style="list-style-type: none"> Quality Report and escalations from Care Groups IPC Safeguarding Clinical Policy Development Effectiveness Services User and Patient Engagement 	<ul style="list-style-type: none"> Health and Safety Ionising Radiation Regulations Fire Medical Gases Information Governance Resilience Security Medical Devices IM&T (Cyber Security) 	<ul style="list-style-type: none"> Review and sign off of all Business Cases developed by Care Groups prior to submission to EMC Assurance around clinical involvement and prioritisation Oversight of all commissioning activity and decisions 	<ul style="list-style-type: none"> Oversight of all Performance Standards as outlined in the Required Outcomes Framework. <p>(Supported by Care Group performance and Accountability Reviews with all Executive Team)</p>