

Department of Health and Social Care  
Belgravia House, Circular Road  
Douglas, Isle of Man IM1 1AE

**Ms Sarah Pinch, Interim Chair**  
**Ms Teresa Cope, Chief Executive Officer**

*(By e-mail)*

Dear Sarah and Teresa

## **Assessment of Manx Care for 2022-23**

This letter sets out my summary assessment of the extent to which Manx Care was able to demonstrate having met its obligations under the Mandate to Manx Care (“the Mandate”) from the period 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023, in accordance with Part 6 (‘Plans and Reports’) of the Manx Care Act 2021 (“the Act”). Through the Act, I am required to report on:-

- (a) the extent to which Manx Care met any objectives or requirements specified in the mandate for that year; and*
- (b) the extent to which it gave effect to the proposals in its operating plan for that year.*

In doing this, I have considered information shared between the Department of Health and Social Care (“the Department”) and Manx Care during the service year, together with Manx Care’s Annual Report and Required Outcomes Framework for 2022-23, as well as any additional information that the Department had been party to from any other source.

## **Strategic Mandated Objectives**

The assessment of Manx Care’s performance against the Mandate generally but also more specifically against the strategic objectives set out at Section 2 of the Mandate is discussed in Annex 1. Manx Care’s performance against the specified key performance indicators agreed for 2022-23 is detailed in Annex 2.

I have considered all Mandated objectives to date which remain open - a number of those from the Mandate to Manx Care for 2021-22 evolved into the subsequent Mandate and are therefore considered closed. This position was agreed between the parties; however, for clarity, the position of the mandated objectives for 2021-22 is summarised at Annex 3.

Manx Care have undeniably made progress against the 2022-23 objectives, though it was important to note that several objectives were impacted by pausing some Health and Care Transformation work, approved by CoMin in response to financial challenges, resulting in the full delivery of some objectives being outside the realms of Manx Care’s control.

The second year of Manx Care’s operation was supported by Our Island Plan to provide direction and clarity over the longer-term vision, which I acknowledge was somewhat lacking during 2021-22. Therefore it was, and continues to be, vital that we begin to see delivery on those specific programmes identified within Our Island Plan to create a sustainable health and care system.

## Areas of Celebration

The Manx Care Winter Pressures plan, supported by a comprehensive signposting campaign advising people of care options available, successfully saw a shift in attendance from Nobles to Ramsey Cottage Hospital Minor Injuries Unit, as well as an increase in use of both the Minor Ailments Scheme via Pharmacies and Minor Eye Conditions Service. This lessened the pressure on Nobles Hospital and, together with other initiatives in the coming years, will see the provision of as much care as possible in community settings.

In April 2022, the Mental Health Recovery College was launched and since that date, the range of courses available has increased. The College provides individuals with skills and knowledge to develop self-management strategies, allowing them to seek support for health and wellbeing challenges, or use this learning for someone they support.

It was reassuring that Manx Care exceeded their cost improvement target of £4.3m, with £9.9m savings (£7.3m cashable & £2.6m efficiencies) signalling positive progression in an attempt to achieve long term financial resilience, with future expectations requiring an increase in efficiencies.

During 2022-23, Manx Care commenced a discrete piece of work to understand, triage and ultimately reduce waiting lists in some specialities, through funding allocated by Treasury. Phase 2 of this Restoration and Recovery work was approved in August 2022, and this saw a significant reduction in waiting list numbers for three specialities: ophthalmology, orthopaedic, and general surgeries. Moreover, CQC inspections, which have a resource impact and require preparation, were effectively accommodated while concurrently continuing to deliver services.

## Areas for Development

Similar to last year, Manx Care recorded an overspend position (£8.8m, 3% of total budget) and financial balance continues to be a key priority across Government in coming years. It should be acknowledged that with the ongoing financial constraints, further impacts on services are likely and assurance around accurate financial forecasting required.

Although some waiting time information was recently provided, a comprehensive list of baseline and current waiting times for all services remains outstanding, having been a key area of focus since the first Mandate. This was indicative of a continued delay in the provision of accurate and consistent data, both to the Department and to the public. As Annex 2 sets out, performance in several areas declined compared to that of 2021-22 and there should be a focus on stabilising performance in these areas. For some metrics no data was available and data supplied did not always match other sources. The lack of accurate data, to be able to triangulate and benchmark, made it difficult to assess any tangible progress against the desired outcomes. This data is used to assess Mandate performance and development of future Mandate objectives. However, data provision in 2023-24 has improved and I expect to see more accurate data and improved performance next year.

It was disappointing to receive the Complaints 2021-22 annual report in February 2023, thus too late to be meaningful, though reasons were explained in their report. However, Manx Care did supply their 2022-23 report in May 2023. Moreover, progress was slower than expected in evidencing compliance with Mandatory training and evidence of a culture of continuous improvement, and this requirement rolled over into the 2023-24 Mandate.

As we are now two years into the new health service model, priorities such as recruitment and retention of staff in order to create a stable and resilient workforce, and the development of Primary Care at Scale so as to enable care closer to home, must continue at pace.

Finally, I would like to acknowledge the sad passing of Andrew Foster and pay tribute to his dedicated work in creating and developing Manx Care through its infancy. His input was valuable and his wise and friendly approach will be missed by all.

Yours sincerely

**Minister for Health and Social Care**

## Annex 1

### 'At a Glance': Mandate Objective Progress Summary 2022-23

No.	Heading	Areas of Progress	Areas for Development	RAG Rating
1	Pandemic Response	Covid vaccination programme. Adult Long Covid service opened.	Urgent and Emergency Care Pathway work stream with Transformation.	*
2	Service User Engagement	Improved complaints management and response time.	Appropriate collection and use of data in place to identify those people requiring support.	
3	Integration of Services	Jurby & Northern Community Initiatives. Mental Health Recovery College operational.	Eastern wellbeing hub yet to be started. Permanent base for Northern hub required. Primary Care at Scale plan not documented.	*
4	Risk & Clinical Governance	CQC inspections and actions plans completed. Development of an Integrated Performance Report.	Limited data across care groups, lack of accurate data.	
5	Urgent and emergency care pathway	Signposting campaign from Winter Pressures strategy saw a significant shift from Nobles to Ramsey MIU usage. Implementation of Hear & Treat initiative.	Emergency Department and Ambulance performance.	*
6	Financial Balance	Exceeded cost improvement target with savings of £9.9m against a target of £4.3m.	Financial balance performance and forecasting.	
7	Waiting Times	Reduced waiting lists in three specialities via Restoration and Recovery work.	Cancer performance. Publication of wait times across all services.	
8	Continuous Improvement	Drug and Alcohol team electronic prescribing software live.	Manx Care Record development with Transformation.	
9	Workforce Engagement	Reduction in staff sickness rate.	Vacancy rates. Mandatory training completion.	
10	Primary Care at Scale	Introduction of First Contact Pharmacists and Physiotherapists across the Primary Care Network.	Further work with Transformation required.	*
11	Early intervention programmes	Screening Board established with Public Health to oversee Screening Services developments.	Closer working with Public Health required on several work streams, including data for Needs Assessments.	

\* Aspects of work impacted by Transformation Programme pausing between October-2022 and April-2023.

## Assessment against Mandated Objectives

<b>Mandate Objective 1 - Lead the Island's response to the COVID-19 pandemic and work in partnership with the Department to ensure the following key action areas are delivered in line with the strategic direction set by the Department</b>			
	<b>Rating</b>	<b>Manx Care Planned Response</b>	<b>Supporting Evidence Provided (where applicable)</b>
<b>Overall Rating</b>			
Implementation of a post COVID-19 syndrome ('Long COVID') pathway;		Implementation of the Myalgia Encephalomyelitis (ME) / Chronic Fatigue Syndrome (CFS) and Long Covid Pathways.	Long Covid pathway for adults was opened to referrals from GPs and Occupational Health in November 2022.
Continued development and implementation of a sustainable COVID vaccination delivery team that maximises the workforce challenges and maintains resilience, within the funding approved by the Treasury;		No detail provided.	All those who wish to have primary and booster vaccines have been able to access them and permanent funding for a Covid Vaccination Service secured.
Continuation of the current 111 service (transferred to Manx Care on 1st January 2022), as required by Island's COVID-19 response;		No detail provided.	Covid 111 service closed on 31 <sup>st</sup> March 2023, however vaccination booking service will continue permanently.
By April 2023, repurpose of the 111 service referred above, in line with the Urgent and Emergency Care Pathway work stream of the Cabinet Office Transformation programme; and		Review and repurpose in line with the Urgent and Emergency Integrated Care Pathway.	This pathway was part of work in the Transformation Programme but Manx Care have fully contributed their part.
Jointly deliver the COVID Pass service in collaboration with the Department and UK DHSC (including NHSX and NHS Digital), to ensure the ongoing sharing of COVID-19 vaccination data, test data and other related COVID pass data within agreed information governance and legal frameworks.		No detail provided.	Covid Pass available and delivered.
<p><u>Summary of Deliverables and Outcomes</u></p> <p>Manx Care continued to successfully navigate a pandemic situation through good planning and innovative response.</p> <p>Following the peak period of the pandemic, the adult Long Covid service was open to referrals in November 2022, with referral routes from GPs and Occupational Health – this was transitioned to 'business as usual' service with treatment programmes already commenced.</p>			

Manx Care continued to successfully provide the Covid vaccination programme, enabling those who wished to have a vaccination to do so, and were able to protect those most vulnerable. Permanent funding for a Covid Vaccination Service was secured as part of the Manx Care budget setting process for 2023-24 and this service will also offer consider how it can support delivery of the Island's core vaccination offering, in line with Public Health advice. The Department would like to see as much of the vaccination and immunisation programmes as possible delivered in Primary Care settings for the future.

The managerial oversight of 111, which moved into Manx Care on the 1 January 2022, combined with the Vaccination and Swabbing Service to form a Covid Response Team, with cross cover arrangements in place between all areas. The current delivery of the 111 service for Covid enquiries closed on the 31st March 2023, as all Covid response services moved into business as usual.

The pausing of Transformation work for part of the year impacted delivery, however, 'Hear and Treat' and 'Same Day Emergency Care' to support the Urgent Emergency pathway progressed with provision of Subject Matters Experts and data input from Manx Care. Hear and Treat (being approved from 1<sup>st</sup> April) will ultimately provide a 24/7 111 style service.

**Mandate Objective 2 - Demonstrate continuity of care and the experience of service users, patients and carers is 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.**

	Rating	Manx Care Planned Response	Supporting Evidence Provided (where applicable)
<b>Overall Rating</b>			
Jointly (with the Department and wider government), identify and implement a mechanism to ascertain the numbers of individuals requiring support and identify a strategy for carers, including young carers supported by wider consideration and reform of the social care funding framework that will improve ways in which those fulfilling an unpaid caring role at home are identified and offered support.		Set out a range of interventions to enhance patient and carer experience. Listen to and act upon feedback to improve its service Develop and implement a patient/service user engagement strategy Family and Friends Test introduced across the organisation.	Some evidence provided within service year.  MCALS presentations.  Some evidence how information was used provided within service year.  Friends and Family data published since September-2022.
Ensure that service users in the most vulnerable groups are identified and proactively engaged, given the option to be independently supported through their interactions with Manx Care, including through the process of making a complaint, in line with an existing or new Legislation or Regulations relating to complaints.		Introduction of a new Complaints Policy. Ensure all staff trained to identify and respond to safeguarding of vulnerable adults.	Complaint information reported via monthly Oversight return. No information on training compliance provided within service year.

Summary of Deliverables and Outcomes

Contribution to a Carers survey with support from the third sector was completed within the service year. However, there was limited information to suggest that scoping work had taken place to understand how individual Carers are identified and their needs consistently assessed and reviewed. It is hoped that as the implementation plan associated with the Strategy is developed, there will be significant progress in this area and it will form part of the Mandate to Manx Care for 2024 and beyond.

MCALS provided another option for patients and service users who, for whatever reason, are unable or unwilling to speak directly to their Care Team. However, further work will be required to make engagement more proactive, particularly for those who are considered vulnerable. Independent Advocacy will form a key part of this work for future years.

It was pleasing to see that complaints are now largely being responded to within the timelines and the backlog of outstanding complaints significantly reduced. However, a discrepancy exists in the data with different reports (Complaints Report compared to Integrated Performance Report [IPR]) showing different numbers. The lack of information on training compliance in this area provided within the service year means it was difficult to assess progress.

The Department can see that Manx Care engaged with its patients and service users and asks that for future years, the information gathered directly improves service provision.

<b>Mandate Objective 3 - Demonstrate changes in transforming an integrated health and care service delivery, following international standards for quality and outcomes and those set by the Department.</b>			
	<b>Rating</b>	<b>Manx Care Planned Response</b>	<b>Supporting Evidence Provided (where applicable)</b>
<b>Overall Rating</b>			
Jointly (with the Department) transform and deliver reform to enable system patient choice, improved flow and discharge from acute and social care settings;		Formulate robust plans for all patients who have a long length of stay (LoS) to ensure they are transitioned into their preferred place of care.	Limited evidence on how this was progressed.  No data provided on discharges within service year (Annex 2).
Delivery of locality-based, integrated health and wellbeing hubs, delivering as much care as close to home as possible, through strategic health and care alliances within the third and private sector. Use of these networks to support holistic delivery of quality care in the community via tiered pathways, and increased closer working with local communities;		Wellbeing Partnerships established across all localities of the Isle of Man by April 2023.	Southern and Northern Wellbeing Partnership established. No Eastern Partnership yet established with funding work ongoing.

Implementation of a redesigned end of life pathway in conjunction with Hospice Isle of Man;		Implement a redesigned Palliative and End of Life pathway, ensuring appropriately skilled and trained workforce, and that there is a programme of enabling conversations around death and dying amongst public and professionals.	Some development work completed. Further work required on implementation pathway.
Continued delivery of the pathway transformation programme objectives attributable to Manx Care;		No detail provided.	Some work undertaken before Transformation pause.
Design and pilot a Mental Health Recovery College from Summer 2022; and		Launch Mental Health Recovery College in April 2022.	Mental Health Recovery College operational.
Contribute to the development of a Children's Mental Health Strategy, with the aim of reducing admissions through early intervention and timely provision in time of crisis.		Contribute to the development of a Children's Mental Health Strategy, adopting the Thrive Model of delivery.	A multi-agency stakeholder steering group was established to oversee local implementation of i-Thrive. Manx Care contributing to strategy and sub-group work.

#### Summary of Deliverables and Outcomes

Some work in the area of patient choice dependent on Departmental policy decisions and the work of the Transformation Programme. However, the lack of discharge data makes it difficult to assess progress in improved flow and discharge from acute and social care settings. It was concerning to see the number of patients with a LoS over 21 days increased from an average of 70 in 2021-22 to 101 patients in 2022-23, and this will be a feature of the Mandate in subsequent years.

The Wellbeing Partnerships continued to expand their services within the community and supported the establishment of 'warm hub' spaces during the Winter. The Southern Wellbeing Partnership opened in December 2021 and the Northern Partnership opened June 2022. We note the Northern hub requires a permanent base and note that Ramsey Group Practice had sought innovative ways to bring services together despite the funding position remaining unclear. Additional funding still required in the referral co-ordination team and approval for the Eastern Wellbeing Partnerships business case still awaited.

Despite engagement and commitment between Manx Care and the third sector being high, the implementation of the primary objective to ensure people receive more end of life and palliative care out of hospital will require further investment and additional support in the community, and that work has now commenced.

The anticipated Children's Mental Health Strategy due to be published in December 2023 will establish the i-Thrive model as the principle integrated approach. Manx Care have contributed to the strategy development and are part of the steering group work.



<b>Mandate Objective 4</b> - The Department recognises the intention of the Manx Care Governance Development Roadmap to build a solid foundation for quality control, assurance and accountability over the next 12 months. Manx Care will be able to demonstrate, embed and lead an effective and robust corporate, clinical & social care governance structure across all services for the effective management of risk, the ability to provide real time intelligence about performance and promotion of a safe, learning and improvement focused culture.			
	<b>Rating</b>	<b>Manx Care Planned Response</b>	<b>Supporting Evidence Provided (where applicable)</b>
<b>Overall Rating</b>			
Review the implementation of clinical and social care governance structures and associated risk management systems as developed in 2021-2022 via the frameworks that Manx Care are developing to determine the efficacy of the new architecture and its fitness for purpose;		Clinical Governance Development Plan.	Board Assurance Framework and Integrated Performance Report published for public meetings.
Evaluate the effectiveness of the current arrangements for capturing operational intelligence about organisational performance that reflects the experiences of service users, patients and carers, and which promotes continuous learning and improvement in the delivery of safe care; and		MCALS dashboard. Friends and Family Testing.	Provided via Oversight return. Friends and Family data published since September-2022. Limited evidence how information was used.
The Department recognise the high level content of the Manx Care governance development roadmap to build a solid foundation for quality control, assurance and accountability over the next 12 months, to implement the following goals – o An inspection report by the Care Quality Commission (of Secondary Care Services) in 2022 which demonstrates that Manx Care has the fundamentals of quality governance in place and is able to robustly scrutinise and challenge all regulated activity applicable to Manx Care at all levels.		No detail provided.	Board Assurance Framework and Integrated Performance Report published for public meetings.  CQC reports published by the Department
Development of a standardised, quality dashboard providing validated information, which can be reliably used for continuous improvement and assurance purposes, with a 13-month time series; The formation of a Governance Support Unit to integrate a corporate approach and in-house governance teams for clinical governance, which work in partnership with Business Intelligence functions; and		Development of a standardised Quality Dashboard.	Quality dashboard incorporated into Integrated Performance report and provided monthly.
Roadmaps to be developed for review in Q3 for the longer-term plan.		No detail provided.	Data validation work on-going. No data quality work started in service year and timelines have slipped.

Summary of Deliverables and Outcomes

CQC inspections were effectively accommodated while concurrently continuing to deliver services, and concluded with action plans received.

Though quantitative data from the Family and Friends Test (FFT) was published, it was unclear how continuous learning and improvement in the delivery of safe care was evidenced and achieved in 2022-23. However, work now ongoing on FFT data to translate into learning and improvement opportunities. Moreover, Quality and Safety Walks are now being used to collect feedback with work ongoing alongside FFT to translate for usage.

Manx Care's Operating Theatres Department was recognised by the Association for Perioperative Practice with an accreditation for its "gold standard" practice.

We note the improvements in the quality dashboard, which was incorporated into the Integrated Performance Report. However, it was difficult to see progress in the continuous improvement and assurance in social care and primary care, giving the lack of available data provided. The data validation work from last year continued and remains on-going, though it does not seem to have shown output into social care and primary care. The number of metrics still not validated in the IPR remains high and the Department unsighted on clear time-lines when data will be available and validated.

A long-term roadmap of planned data validation was supplied but timelines were not achieved or regularly revised. We note that a priority list of work had been developed but it remains unclear what this was based on.

<b>Mandate Objective 5 - Further develop plans to transform the urgent and emergency care pathway that will provide alternatives to hospital based care, reducing avoidable attendances at the Emergency Department and reducing Non Elective admissions in 2022-23.</b>			
	<b>Rating</b>	<b>Manx Care Planned Response</b>	<b>Supporting Evidence Provided (where applicable)</b>
<b>Overall Rating</b>			
A reduction in avoidable and unheralded attendances at Emergency Departments by directing patients to the most appropriate care settings;		Monitor against the four-hour standard and commits to making improvements against this target from the baseline position. Report and monitor Ambulance Handover and Ambulance Turnaround Times.	Performance against the four-hour standard been below target all year (Annex 2). No improvement in Western wellbeing reduction in attendances. Time between arrival and triage in ED and ambulance times outside of target all the year.
Ensuring there is strengthened pre-hospital clinical decision making and establishing alternative diversionary pathways away from the hospital setting;		Ensure that no patient waits more than 12 hours for a hospital bed following a Decision to Admit.	Performance declined and averaged 16 compared to 5 in previous year (Annex 2).

Progressing options which are alternative to a hospital admission such as Same Day Emergency Care, contributing to a decrease in overall average length of inpatient stay; and		Make progress in reducing inpatient Length of Stay (LOS) and reduce delayed transfer of care through continued visibility and monitoring of patients with a LOS of over seven days and over 21 days.	Patients with a LOS over 21 days increased to a monthly average of 101 compared to 70 in the previous year (Annex 2).
Further review and development of urgent and emergency pathways for Mental Health presentations in: Adults – establish a baseline and report against best Practice standards, undertaking a gap analysis and development of business case and improvement plans; and		Review and development of urgent and emergency pathways for patients presenting with mental health issues.	Crisis Team one hour response in ED, and follow up assessment regularly achieved (Annex 2). Unsighted on review and improvement plans.
Children – implementing the learnings from all Serious Case Reviews and develop a Children’s Clinical Delivery Model.		No detail provided.	Learning from Serious Case Management Reviews forms an integral component of the safeguarding function.

Summary of Deliverables and Outcomes

The pausing of Transformation work for part of the year impacted the delivery of a number of Urgent and Emergency Care work-streams, although work was commenced to take four initiatives from the draft business case forward to implementation (Hear & Treat, See Treat & Leave, Intermediate Care and Same Day Emergency Care).

A reduction in avoidable and unheralded attendances at ED was aided by the signposting campaign associated with the Winter Pressures strategy which resulted in a significant shift from Nobles to Ramsey MIU use, as well as increases in Minor Ailment and MECS throughput. However, ED performance measures have shown no sign of improvement. Patients with a wait longer than 12 hours averaged 16 per month in the service year, with a high of 56 in January 2023, compared to a monthly average of 5 in 2021-22. Projects such as Intermediate Care will contribute to improved performance once they are established.

The planned improvement in performance against the 4-hour standard was not achieved. Similarly, ambulance times showed little progress and remain an area of concern.

Reporting against best Practice standards was provided monthly through oversight returns. There was a lack of information and progress in reviewing and development of urgent and emergency pathways for Mental Health during the service year. However, the work was progressed in 2023-24 with an independent consultant now in place. Learning was captured within the Serious Case Management Reviews action plan and disseminated to enable shared learning.

<b>Mandate Objective 6</b> - In partnership with the Department (who will drive policy reform) and the Transformation programme, demonstrate continued financial balance within the available budget through the delivery of agreed cost and service improvement plans (CIP) and the delivery of the agreed sustainable financial plans.			
	<b>Rating</b>	<b>Manx Care Planned Response</b>	<b>Supporting Evidence Provided (where applicable)</b>
<b>Overall Rating</b>			
Continued contribution to the development of a sustainable financial plan for health and care services on the Isle of Man with a focus on identifying the biggest areas of financial risk, determining immediate gaps in resource, and also robust planning of future funding allocation to meet the Department's long term strategic goals;		Continue to develop robust systems of financial control and oversight in order to control spend and to identify and manage significant risks.	Regular Management Accounts.
Work with the Department to move towards a multi-year funding model;		No detail provided.	Manx Care worked with the Department. This piece of work could not be agreed with Treasury.
Total efficiency savings of £4.3m over the service year		1.5% efficiency target, this equates to £4.3M.	Regular Management Accounts.
Implementation of the policy changes below in conjunction with the Department, including Over the counter medicine' policy changes		No detail provided.	Manx Care SME supported the development of the Policy.
Procedures of limited clinical effectiveness' policy changes		No detail provided.	Manx Care's Clinical Advisory Group (and broader clinical and medical teams) supported the work of the Department to re-refresh the clinical commissioning policy set.
Implementation of National Institute for Health and Care Excellence Technology Appraisal (NICE TA) over a three year period		No detail provided.	Manx Care commenced some work in relation to a clinical assessment of phasing the introduction of NICE TA's, though the formal work only commenced in 2023-24.
The Department and Manx Care will work together to develop and agree a sustainable funding model for individual funding requests (IFR's), including (where possible and practical) IFR's within the maximum affordable budget. High cost requests will be supported by the Department for contingency funding where possible.		Manx Care will work with the Department to develop a sustainable funding mechanism for high cost patients and IFR Requests.	IFR panel and system in place for dealing with requests.

Summary of Deliverables and Outcomes

Total spend for the year was £8.8m over budget (3% of total budget) and whilst the outcome was not achieved, Manx Care supported the Department to develop a multi-year funding model proposal, ultimately not agreed by Treasury colleagues. The late change in financial forecasting from a balanced to an overspend position was disappointing and Manx Care’s Board acknowledged disappointment around forecasting, though there have now been improvements in working together.

The cost improvement programme delivered £9.9m (£7.3m cashable & £2.6m efficiencies) which exceeded the target of £4.3m, with future expectations requiring an increase in efficiencies.

Manx Care have supported the Department on Policy work. The implementation of the over the counter medicine policy was postponed by the DHSC due to the instability in the local pharmacy market, with a target date for implementation in November 2023. The revision to the Procedures of limited clinical effectiveness’ policy set was set over two phases with the overarching policy and procedure set awaiting ratification in early 2024. In July 2023 Manx Care produced a baseline assessment; gap analysis and financial assessment report for the NICE TA project.

DSHC contingency fund for high cost patients was used when required through IFR requests, and several of these have been funded through the year.

<b>Mandate Objective 7 - Continue to work at a system level and ensure measurable progress in the reduction of waiting times across all services.</b>			
	<b>Rating</b>	<b>Manx Care Planned Response</b>	<b>Supporting Evidence Provided (where applicable)</b>
<b>Overall Rating</b>			
Continued delivery of the approved restoration and recovery plans and additional elective recovery plans to address all backlogs, in order to improve waiting times across services;		Continue to utilise additional internal capacity or externally commissioned capacity to reduce waiting list backlogs.	Restoration and Recovery updates provided via Oversight return. Unsighted on additional elective recovery plans to address all backlogs.
Implementation of a clear and equitable Access Policy and associated reporting mechanism to report on, and make publicly available, 18 week Referral to Treatment (RTT) performance for planned care;		Introduce the administrative and monitoring infrastructure to enable reporting against a ‘Referral to Treatment’ standard.	The Department received a draft copy of Manx Care’s Access Policy in August 2022, but it was not published within the service year.
Be able to publicly report on primary care appointment waiting times, comparable with other Health and Social Care benchmarked systems;		Validate, report and monitor its overall Waiting List Volume, at speciality and sub-speciality level.	No publicly available primary care appointment waiting times provided within the service year.

Development of sustainable networks and strategic alliances with tertiary providers to support provision of high-quality, sustainable delivery models of care for the Island population; and		Relationships with the Alliance and its partners across the Cheshire & Mersey will be further developed through forging of closer links with tertiary cancer services.	Partnership boards developed with work ongoing.
Development and implementation of specific tumour site pathways as part of the Transformation programme, improved monitoring and reporting across the Cancer standards and specifically, reporting of the 28 day diagnostic standard.		<p>Work with the Transformation Office to undertake a review of all tumour site services to improve access across all cancer standards.</p> <p>Monitor and report against eight key cancer waiting time standards.</p>	<p>Limited work completed before pausing of Transformation work.</p> <p>Cancer performance reported monthly via oversight return (Annex 2).</p>

Summary of Deliverables and Outcomes

A full programme of restoration and recovery ongoing with significant effort to address waiting lists in some core areas, and it was pleasing to see a number of areas showing improvements. However, similar to last year, the Department were not provided full baseline and current waiting times for all mandated services (particularly Primary Care), and the plans to maintain accurate lists in the future to prevent further deterioration of waiting times. Some GP wait time information was recently been published, though outside of the 2022-23 service year. Similarly, the Access Policy was published in August 2023, outside the requested service year. We note implementation of Patient Tracking List meetings, which monitors RTT performance, now established with General Surgery and Ophthalmology up and running (though not within the service year).

The number of patients waiting more than 52 weeks to start treatment continues to increase, which was concerning to see (Annex 2).

It was encouraging that the Noble's Oncology Unit are working closely with Clatterbridge Cancer Centre, enabling alignment of clinical practices and pathways, data sharing and benchmarking. Pausing to the transformation programme resulted in the specific tumour site pathways not able to be fully rolled out in 2022-23. Some areas of the cancer tumour pathways were progressed where possible in the interim, such as CNS support for certain tumour sites.

All cancer metrics are reported monthly to the Department with improved monitoring and reporting through the Integrated Performance Report.

<b>Mandate Objective 8</b> - Adopt and embed a principle of continuous improvement in design, development and delivery of social care and health care services to ensure high quality measured outcomes are achieved, including, where appropriate, new opportunities to innovate including through the use of new technology.			
	<b>Rating</b>	<b>Manx Care Planned Response</b>	<b>Supporting Evidence Provided (where applicable)</b>
<b>Overall Rating</b>			
Development of a three year operational plan, including an outcomes-based approach to the delivery of services, focused on high quality care; and		During 2022-23, Manx Care will work to develop its three year strategy which will cover the period 2023-24 – 2026-27, articulating a longer term vision for health and care services for the Island population.	Developed within year. Final operating plan provided May 2023, outside of service year.
Explore digital options for helping patients with long-term conditions to manage their care from home, supported by peer group education programmes, focussed on prevention and early intervention.		Virtual telemedicine consultations are being provided to patients from quarter one, 2022-23 across seven clinical specialisms. Manx Care will develop and plan for the strategic delivery of new technologies. In particular, the plan will focus on supporting patients and service users with enduring needs and the management of long terms conditions from their homes.	Telemedicine being trialled in Neurology and Diabetes. Maternity team involved in the Pregnancy Passport work for health care providers to distribute to parents following a Digital Maturity Assessment.
<u>Summary of Deliverables and Outcomes</u>			
Manx Care's Operating plan was received in May 2023, outside the requested service year deadline of 31 March 2023, though it was provided within the statutory time frame.			
The Maternity team have worked with the Mums and Midwives Awareness Academy to provide Pregnancy Passports to parents following a Digital Maturity Assessment. New Drug and Alcohol team electronic prescribing software live. Initial funding was provided to develop Telemedicine links across the organisation which resulted in engagement of Business Change Services to scope the project – to be trialled in Neurology and Diabetes initially.			

<b>Mandate Objective 9 - Demonstrate continuous improvement in workforce engagement, planning and personal and professional development.</b>			
	<b>Rating</b>	<b>Manx Care Planned Response</b>	<b>Supporting Evidence Provided (where applicable)</b>
<b>Overall Rating</b>			
Measurable improvements in role-specific training, vacancy reductions across services and reducing churn, particularly in senior positions;		Manx Care is committed to reducing the vacancy and will implement a number of initiatives to achieve this, including increasing the number of international recruitment places for registered Nurses and Doctors, and reviewing the number of on-Island training places available	Vacancy rates have remained around 20%. Staff turnover rate only provided for Quarter 4 of service year. No training performance data provided during the service year.
Develop and publish a communications and engagement plan that includes workforce and organisational culture specific actions;		Will support the Workforce and Culture Team in developing a positive culture and recruitment strategy.	Communications and engagement plan published May-2022.
A continued reduction in staff sickness levels, measured quarterly; and		Will support the Workforce and Culture Team in sickness reduction programme.	Sickness levels reported monthly via Oversight return and show a small reduction (Annex 2).
A continued improvement in agreed mandatory training performance measured quarterly.		No detail provided.	Mandatory training policy in place and a process of validating the mandatory training data underway.
<b><u>Summary of Deliverables and Outcomes</u></b>			
<p>With no change in vacancy rates, a plan will be required to support staff to improve this and ensure a sustainable workforce for the future. However, we note that ongoing work around data going forward in order to understand where the vacancies are, will aim to improve the granularity of data and oversight. It was pleasing to see the Health Roster system now being used in most areas to give greater visibility and control of staffing levels, and the commitment to increasing both the number of nursing places and bursary amount in coming years.</p> <p>A Communications and engagement plan was published in May 2022.</p> <p>Sickness absence levels improved with a slight decrease in the monthly average from the previous year (2021-22 8.1%, 2022-23 7.9%). Though it was recognised that electronic systems which support completion of mandatory training require improvement, as per last year's summary, it was still disappointing that there was no clear position provided on numbers of staff who are compliant with the Mandatory Training Policy and the potential associated quality and safety risks. The Department notes that validation timeline of the process was revised to September 2023.</p>			



<b>Mandate Objective 10 - Develop and integrate Primary Care at Scale through supporting the transformation programme.</b>			
	<b>Rating</b>	<b>Manx Care Planned Response</b>	<b>Supporting Evidence Provided (where applicable)</b>
<b>Overall Rating</b>			
By September 2022, publish a Primary Care Operating Model for population health improvement, including development of wellness centres as an essential part of service delivery within Manx Care; and		Working with the Transformation Team's Primary Care At Scale project team to develop services to be provided by the Primary Care Network for the GPs and to promote collaborative working within the other Primary Care professions.	Limited work completed before pausing of Transformation work.
Work with the Primary Care Network to develop an Accountability Model which delivers the transformation programme work stream before April 2023.		No detail provided.	Limited work completed before pausing of Transformation work.
<p><u>Summary of Deliverables and Outcomes</u></p> <p>Whilst this objective was amber, it was one area where the Department was able to see clear commitment to finding innovative ways to work to overcome the challenges cause by the uncertainty of the available funding and progression of the Transformation Programme.</p> <p>A pause to this transformation project affected delivery of the work stream. However, Manx Care continued to progress some elements at risk, continuing the introduction of First Contact Pharmacists and Musculoskeletal practitioners across the Primary Care Network. A high level target operating model and PCAS high level business case were completed in late 2022. Though a business case was developed, the funding at the time of writing was not yet secured due to Transformation Programme pause.</p> <p>In April 2023, the Manx Care Board did not approve the full business case, taking a strategic decision to first build capacity and resilience across primary care and particularly General Practice. The Department was supportive of this decision but would like to see the outcomes begin to come to fruition through improved access for patients.</p>			

<b>Mandate Objective 11</b> - Working with the Public Health, Manx Care and DHSC Strategic Board, deliver an early intervention programme aligned with the Island Plan, ensuring that provision is delivered in the right places to address wider determinants of health in the prioritised areas.			
	<b>Rating</b>	<b>Manx Care Planned Response</b>	<b>Supporting Evidence Provided (where applicable)</b>
<b>Overall Rating</b>			
Vaccinations and immunisations - Q1		No detail provided.	Immunisation committee established with Manx Care leading sub group.
Screening - Q1		Manx Care is committed to improving screening services for the Island's population.	Screening board established with Public Health. Some gap analysis work completed.
Sexual health integration and sexual assault referral centres – Q2		Support the multi-agency approach to abolish the criminal and sexual exploitation of children and vulnerable adults.	On-Island clinician appointed to sexual assault referral services. Service specification being developed by Department with input Public Health.
Integrated community based addiction services – Q2		No detail provided.	Public Health were unsighted on what work was done related to the substance misuse work. Naloxone work ongoing. Strategic partnership in place with Motiv8.
Weight and obesity management – Q3		In conjunction with Public Health, lead the development of the Healthy Child Programme.	The child measurement service (part of Healthy Child Programme) was implemented and in place, although no data provided to the Department or Public Health.
Oral health – Q4		Introduction of an updated Dental contract. Ensure that 80% of all children aged 0-16 seen in General Dental Practice have fluoride varnish applied twice yearly as part of their overall treatment.	Four providers have signed up to new dental contract. Across contracted dental services fluoride varnish applied twice per year was 37%, and for one application was 46%.

Support the needs of the population by providing data which helps inform needs assessment in line with the public health outcomes framework.		No detail provided.	Minimal data provided to Public Health.
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Summary of Deliverables and Outcomes

Manx Care continue to work with Public Health to understand provision of other vaccinations and immunisations with the longer term vision for all delivery through Primary Care. The permanent COVID vaccination service noted above will also be able to offer other vaccination programmes in order to reduce current workload from Primary Care and will also provide assurance across all vaccination programmes as well as address inequalities in vaccination provision. The department notes that at the time of writing, its own Specification regarding vaccinations and immunisations has yet to be published.

The Screening Programme Board established by Public Health continues to bring together professionals in this area to discuss the availability and delivery of screening programmes on the Island. There have been positive changes to breast screening in collaboration with Manchester Foundation Trust who are undertaking the administrative process of the Breast Screening call/recall programme. We note that Internal Audit of all Adult screening programmes was completed, as well as a gap analysis. A quality improvement programme for each of the IOM adult screening programmes was developed and action plans are under development. Public Health would like to see work continued at pace to align with UK best practice but acknowledges there may be financial issues to work through.

A strategic partnership with Motiv8 addiction services was successfully implemented a single referral process for the care and transfer of patients.

No data was provided in regards to the child measurement service. The target for fluoride varnish being applied was not achieved with issues in relation to the codes used to submit the claims, and practice software still needing to be rectified. We hope to see these performance targets greatly improved in 2023-24 and we aware of the work ongoing.

Minimal return in public health outcomes framework data provided during the service year impacted on Public Health's needs assessment work and ultimately that of the Department. Work ongoing to assess a priority schedule of work in 2023-24.

## Additional Mandated Requirements

<b>Mandate Section 3.3.4 - <u>Contracts</u></b> Manx Care shall report to the Department at least quarterly on the status of their contracts and ability to comply with the requirements below.			
	<b>Rating</b>	<b>Manx Care Planned Response</b>	<b>Supporting Evidence Provided (where applicable)</b>
<b>Overall Rating</b>			
Shall have a written contract, including a Service Specification, in place with the commissioned service provider, which should include explicit Key Performance and Quality Indicators, as defined by Manx Care and which should be in line with the overall objectives of the Mandate.		Manx Care will develop, negotiate and implement GP Contract 'directed enhanced services.'	Nothing provided during the service year.
		Introduction of an updated Dental contract, including specific Key Performance Indicators in relation to patient access to services.	Nothing provided during the service year.
		Continue to work to improve the contractual compliance situation across Care Groups.	Nothing provided during the service year.
<p><u>Summary of Deliverables and Outcomes</u></p> <p>The Department was aware that work continued in this area throughout the course of the year but did not received the level of detail that was requested in order to assess the current position or progress from the position at the start of the service year. No quarterly updates were provided, and though a report on recovery of contract work was provided in June 2023, it was outside of the service year.</p> <p>The Department does not underestimate the extent of the work involved to review and update the large number of contracts in place and was comforted that Manx Care's Finance and Performance Committee review this monthly to assess any financial and safety implications.</p>			

<b>Mandate Section 7 - Information Governance</b> Manx Care must report monthly to the Department, through the Oversight Framework, personal data breaches which have occurred during the preceding month.			
	<b>Rating</b>	<b>Manx Care Planned Response</b>	<b>Supporting Evidence Provided (where applicable)</b>
<b>Overall Rating</b>			
<p>7.2.1 Date and Nature of Incidents (anonymised);</p> <p>7.2.2 Numbers of Data Subjects affected;</p> <p>7.2.3 Method of informing Data Subjects of the breach; and</p> <p>7.2.4 Lessons learned and applied.</p> <p>7.2 Manx Care must also include the aggregated information regarding data breaches in its' Annual Report.</p> <p>7.3 Manx Care is obligated to exercise its duties regarding Facilitation of Rights and Rights of Access under Article 12 of the applied General Data Protection Regulations. As such, Manx Care will report to the Department monthly, through the Oversight Framework, how it has exercised these duties, including:-</p> <p>7.3.1 Total numbers of Right of Access requests per Care Group;</p> <p>7.3.2 Total number disclosed within the statutory prescribed deadline; and</p> <p>7.3.3 Total number not disclosed without undue delay and the reason.</p> <p>7.4 Manx Care must also include the aggregated information regarding Right of Access in its' Annual Report.</p>		<p>The approach to reinforce GDPR compliance was scoped, and work completed during 2021-22 highlighted the scale of the challenge ahead. Detailed planning for compliance will need to be costed and implemented during 2022-23, which will follow extensive discovery work that is still required. Completion of the work will be dependent on specialist resources provided by the Transformation Programme.</p>	<p>Number of data breaches and compliance to rights of access request data provided monthly via oversight return.</p>
<p><u>Summary of Deliverables and Outcomes</u></p> <p>We note the approach of emphasising the importance on not seeing breach reporting as negative and that a higher level of reporting reflects the improved culture of reporting. The Department was aware that breach management processes were put in place to fully review each one, how they happened and agree recommendations for change. However, we have no evidence of whether the changes made have resulted in the same issue happening again.</p> <p>The number of data breaches remained consistent throughout the year and averaged 14 per month. Moreover, it was concerning to see the number of rights of access requests not being completed within the statutory prescribed deadline (average of 8 per month), with numbers noticeably higher in Quarters 3 and 4. However, we note that the number of requests, particularly Subject Access Requests (SAR), increased the workload throughout the year (average number of SAR requests: Quarter 1 21, Quarter 4 61).</p> <p>The Department was unsighted on details of lessons learned and applied.</p>			

<b>Mandate Section 11 – Complaints</b> Manx Care must have in place and follow appropriate arrangements for dealing with concerns and complaints and a complaints procedure that, as a minimum, meets the requirements of the Act, any other applicable Act and applicable regulations.			
	<b>Rating</b>	<b>Manx Care Planned Response</b>	<b>Supporting Evidence Provided (where applicable)</b>
<b>Overall Rating</b>			
11.1.2 Manx Care must continue to operate an advice and liaison service to offer guidance and support to people who are dissatisfied with the service received from Manx Care.		Introduction of a new Complaints Policy.	Implemented from October 2022 and reported via oversight return.
11.1.3. Manx Care’s complaints arrangements and procedure must include appropriate reporting arrangements to inform the Department about the operation of the complaints arrangements and procedure; for example, the number of complaints received, their subject matter, how and when they are resolved and what learning has taken place. 11.1.4. Manx Care must give effective publicity to its complaints arrangements and procedures and take reasonable steps to inform the public of those arrangements, including the name and contact details of their complaints manager. 11.1.5. At the request of the Department, Manx Care shall provide its current complaints procedure and reasonable evidence of its operation to the Department.		Ensure that we learn from incidents and complaints.	Manx Care Complaints Report 2022-23.
<p><u>Summary of Deliverables and Outcomes</u></p> <p>The Department was pleased to see MCALS continue to respond to enquiries within an average same day response of 89%, which mitigates possible complaints.</p> <p>Though the complaints 2021-22 annual report was not received until February 2023, this was explained in Manx Care’s report due to the significant number of legacy complaints that remained unresolved (pre Manx Care), the recovery from Covid, and restructuring involved in Manx Care’s formation.</p> <p>Considerable progress was made with regard to how complaints are managed since the introduction of the new Complaints Regulations. The number of complaints and their response timeframes have been regularly reported via the oversight return. It was pleasing to see that complaints are being responded to within the required timeframes and the backlog of outstanding complaints was significantly reduced.</p>			

## **Annex 2 Manx Care Oversight Metrics Performance 2022-23**





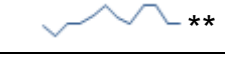

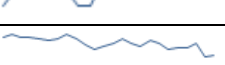








Continuing from last year, Manx Care have undertaken work to establish a programme to enhance the integrity and validation of performance data, from a baseline of very little accurate data being available to report. This work-stream remains ongoing and likely to take most of 2023-24 to complete. This position accepted by the Department in understanding the longer term journey of continuous improvement.














A full monthly breakdown of the 2022-23 performance can be found here <https://www.gov.im/about-the-government/departments/health-and-social-care/mandate-and-oversight-framework/>















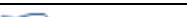

<b>Metric Name</b>	<b>Target</b>	<b>2021-22 Monthly Average</b>	<b>2022-23 Monthly Average</b>	<b>2021-2023 Trend line</b>	<b>2022-23 Summary</b>
Serious Incidents	3 (40 PA)	3	2		Target was achieved during 10 months.
Never Events	0	0	0		Target achieved every month.
Inpatient Falls with harm (per 1000 bed days)	< 2	0.3	0.3		Target achieved every month.
Medication errors with harm	1 (10 PA)	0.2 9 months	0.3		Target achieved every month.
Inpatient pressure ulcers (per 1000 bed days)	< 2.6	0.5 9 months	#	*	No data for 2022-23. Metric was revised in 2023-24 to align with best practice.
Number of patients with a length of stay - 0 days	Monitor	#	#	#	No data available.
Number of patients with a length of stay - > 7 days	Monitor	#	#	#	No data available.
Number of patients with a length of stay - > 21 days	Monitor	69	101		No improvement in performance. Continued trend increase from 2021-22.
Number of patients waiting for first hospital appointment	Monitor	17,818	20,248		No improvement in performance. Continued trend increase from 2021-22.
Patients waiting > 52 weeks to start consultant-led treatment	0	#	4,785	**	Target never achieved. Only final six months data available in 2022-23.
% of urgent GP referrals seen for first appointment in 6 weeks	85%	54%	54%		Target never achieved. Comparable performance with 2021-22.
Number of patients in planned care exceeding 18 week RTT	0	#	#	#	No data available.
Number of discharges - pre 1000	Monitor	#	#	#	No data available.
Number of discharges - pre 1600	Monitor	#	#	#	No data available.
Number of discharges - weekend	Monitor	#	#	#	No data available.
Delayed transfers of care	Monitor	#	#	#	No data available.







Metric Name	Target	2021-22 Monthly Average	2022-23 Monthly Average	2021-2023 Trend line	2022-23 Summary
Time to attend to life-threatening 999 calls by an Emergency Responder (min:sec)	< 7 minutes	10:36	9:59		Target never achieved. Improved performance from 2021-22.
Time to attend to life-threatening 999 calls by an Emergency Responder (min:sec) at 90th percentile	<15 minutes	19:27	19:53		Target achieved one month. Declined performance from 2021-22.
Time for patients with CVA/Stroke symptoms to arrive at hospital after time of call	100% in 60 minutes	52%	44%		Target never achieved. Declined performance from 2021-22. Metric revised in 2023-24 to align with best practice.
Time to admin, discharge of transfer patients after arrival at ED (Nobles and Ramsey)	95% within 4 hours	75%	70%		Target never achieved. Declined performance from 2021-22.
Total time spent in ED	<360 minutes	238	268		Target always achieved. Declined performance from 2021-22.
Time to Initial Assessment within ED	15 minutes	22	24		Target never achieved. Declined performance from 2021-22.
Wait time to see first Doctor in ED (arrival to clinical assessment-Nobles)	< 60 minutes	59	71		Target achieved in two months. Declined performance from 2021-22.
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	Monitor	#	#	#	No data available.
Emergency re-admissions within 30 days of discharge from hospital	Monitor	#	#	#	No data available.
Maximum 2-week wait from urgent referral of suspected cancer to first outpatient appointment	93%	70%	60%		Target never achieved. Declined performance from 2021-22.
Maximum 2-week wait from referral of any patient with breast symptoms (where cancer is not suspected) to first hospital assessment.	93%	53%	52%		Target never achieved. Declined performance from 2021-22.
Maximum 28 days from referral for suspected cancer (via 2WW or Cancer Screening) to date of diagnosis	75%	68%	64%		Target achieved twice. Declined performance from 2021-22.
Maximum 31 days from decision to treat or other appropriate date to start of second or subsequent treatment - Surgery	94%	#	N/A	#	N/A no work undertaken/required.
Maximum 31 days from decision to treat or other appropriate date to start of second or subsequent treatment - Drug treatment	98%	100% 3 months	89% 10 months	**	Target achieved in five months. Declined performance from 2021-22. Some months no work undertaken/required.



Metric Name	Target	2021-22 Monthly Average	2022-23 Monthly Average	2021-2023 Trend line	2022-23 Summary
Maximum 31 days from decision to treat or other appropriate date to start of second or subsequent treatment - Radiotherapy	94%	#	82% 7 months		Target achieved in three months. Some months no work undertaken/required.
Maximum 62 days from referral for suspected cancer to first treatment	85%	46%	36%		Target never achieved. Declined performance from 2021-22.
Maximum 62 days from urgent referral from a Cancer Screening Programme to first treatment	90%	73% 3 months	76% 11 months		Target achieved in five months. Improved performance from 2021-22. Some months no work undertaken/required.
Maximum 31 days from decision to treat to first definitive treatment	96%	81%	81%		Target never achieved. Improved performance from 2021-22.
Number of patients waiting more than two weeks for diagnostic tests on an urgent or cancer pathway.	0	#	#	#	No data available.
% of patients waiting 6 weeks or more for a diagnostics test	1%	#	71%		Target never achieved. No performance improvement throughout year (Range 67-75%).
Wait time to urgent diagnostics from referral - by test type	2 weeks	#	#	#	No data available.
Wait time to routine diagnostics from referral - by test type	20 weeks	#	#	#	No data available.
Average caseload per Social Worker - Adult Social Care	16 to 18	11	#		No data available for 2022-23.
Average caseload per Social Worker - Children & Families	16 to 18	15	#		No data available for 2022-23.
Number of referrals - Adult Social Care	125	212	154		Target achieved two months. Improved performance from 2021-22.
% of re-referrals in total referrals - Adult Social Care	<15%	17%	9%		Target achieved 11 months. Improved performance from 2021-22.
Number of referrals - Children & Families	74-78	91	#		No data available for 2022-23.
% of re-referrals in total referrals - Children & Families	<20%	37%	#		No data available for 2022-23.
Fair Access to Care Services completed in agreed timescales	80%	72%	65%		Target achieved four months. Declined performance from 2021-22.
Copy of FACS Assessment received by Patient or Carer	100%	31%	11%		Target never achieved. Declined performance from 2021-22.
All Residential beds occupied	85%	82%	79%		Target achieved six months. Declined performance from 2021-22.
All Respite beds occupied	90%	65%	71%		Target achieved two months. Improved performance from 2021-22.

Metric Name	Target	2021-22 Monthly Average	2022-23 Monthly Average	2021-2023 Trend line	2022-23 Summary
Service Users with a Person-Centred Plan in place (PCP)	95%	#	95%	 **	Target achieved 10 months.
Complex Needs Reviews held on time	85%	69%	51%		Target never achieved. Declined performance from 2021-22.
Total Initial Child Protection Conferences held on time	90%	77% 11 months	74% 8 months		Target achieved three months. Declined performance from 2021-22.
Child Protection Reviews held on time	90%	84% 11 months	66% 8 months		Target achieved two months. Declined performance from 2021-22.
Looked After Children Reviews held on time	90%	86% 11 months	92% 8 months		Target achieved six months. Improved performance from 2021-22.
Occupancy at Ramsey – overnight stays	up to 80%	77% 11 months	#	#	No data available for 2022-23.
Number of reported Safeguarding alerts in care homes	Monitor	#	46	 **	Increased trend over year. Quarter 1 average 26, Quarter 4 average 49.
Community Nursing Service response target met - Urgent	4 hours	#	#	#	No data available.
Community Nursing Service response target met - Non urgent	24 hours	#	#	#	No data available.
Community Nursing Service response target met - Routine	7 days	#	#	#	No data available.
West Wellbeing Contribution to reduction in ED attendance	-5% / 6 months	-12% 6 months	4%		Target achieved two months. Declined performance from 2021-22.
West Wellbeing Reduction in admission to hospital from locality	-10% / 6 months	10% 6 months	15%		Target achieved one month. Declined performance from 2021-22.
Clinical Assessment and Treatment Service waiting time from urgent referral	80% in 3 days	68% 9 months	68% 8 months		Target achieved three month. Performance comparable with 2021-22.
Clinical Assessment and Treatment Service waiting time from routine referral	80% in 12 weeks	50%	45%		Target achieved one month. Declined performance from 2021-22.
Average wait time for a GP Appointment (days to next appointment)	Monitor	#	5		Increased trend over year. Quarter 1 average 4 days, Quarter 4 average 6 days.
Average wait time for a Dentist Appointment	Monitor	#	#	#	No data available.
Patients requiring Mental Health liaison services within the ED, seen within one hour.	75%	78%	91%		Target achieved every month. Improved performance from 2021-22
Patients admitted to physical health wards requiring a Mental Health assessment, seen within 24 hours.	75%	#	100% 3 months	 **	Target achieved every month. Only 3 months of data received for final quarter.

Metric Name	Target	2021-22 Monthly Average	2022-23 Monthly Average	2021-2023 Trend line	2022-23 Summary
Patients with a first episode of psychosis treated with a NICE recommended care package within two weeks of referral	75%	#	100% 3 months	 **	Target achieved every month. Only 3 months of data received for final quarter.
Patients with Severe Mental Illness (SMI) who received a full physical health check in Primary Care every 12 months	100%	#	#	#	No data available.
People under adult mental illness specialities on a Care Programme Approach, followed up in 7 days of being discharged from psychiatric inpatient care.	100%	93%	90% 8 months		Target achieved two month. Declined performance from 2021-22.
Total Mental Health Current Caseload	4500-5500	4913	4909		Mid-point decline in trend due to methodology calculation change in July 2022.
Number of Data Breaches	0	#	14	 **	Target never achieved.
Number of Subject Access Requests (SAR)	Monitor	#	48	 **	Increasing trend over year.
Number of Access to Health Record Requests (AHR)	Monitor	#	4	 **	Consistent small monthly numbers (<6).
Number of Freedom of Information (FOI) Requests	Monitor	#	10	 **	Increasing trend over final quarter.
Number of Enforcement Notices from the ICO	0	3 Total	1 Total	 **	Target achieved 11 months. Reduced number from 2021-22.
Number of SAR, AHR and FOI's not completed within their target	0	#	8	 **	Target never achieved. Increasing trend final two quarters.
Total number of complaints received	Monitor	38 IPR 43 Report	28 IPR 37 Report		Reduced number from 2021-22.
Complaints responded to within timelines (%)	80% in 20 days	50%	68%	 **	Target achieved six months. Improved performance from 2021-22.
Complaints escalated to Independent Review Body (number)	Monitor	5	12	 **	Regulations changed in October 2022.
Hours lost to staff sickness absence	4%	8.1%	7.9%		Target never achieved. Improved performance from 2021-22.
Number of staff leavers	Monitor	19 10 months	19		Performance comparable to 2021-22.
Number of staff on long term sickness	Monitor	#	85	 **	Declining trend over year. Quarter 1 average 94, Quarter 4 average 75.
Number of staff on disciplinary measures	Monitor	#	6	 **	Mainly stable trend. Range was 3 to 9.

Metric Name	Target	2021-22 Monthly Average	2022-23 Monthly Average	2021-2023 Trend line	2022-23 Summary
Number of suspended staff	Monitor	#	<1	 **	Stable trend. Small numbers (1 or 0).
Progress towards cost improvement target	100%	Final 37%	Final 170%	 **	Target achieved and exceeded. Improved performance from 2021-22.
Total income (£)	Monitor	#	-1,238,717	 **	Stable with declining trend over final quarter.
Total staff costs (£)	Monitor	#	16,177,273	 **	Mainly stable, though large increase in January 2023.
Total other costs (£)	Monitor	#	11,886,589	 **	Increasing trend over final quarters.
Agency staff costs (proportion %)	Monitor	#	9.1%	 **	Fluctuating performance with declining trend over final quarter.

**KEY** # No data available. \* Trend from 2021-22. \*\* Trend from 2022-23. Target guidelines: **Green**: within 5% of target. **Amber**: within 6-15% of target. **Red**: >15% of target.

### Annex 3 Updates on rolled over Mandated Objective from 2021-22

#### Mandated Objectives 2021-22 Position at 31<sup>st</sup> March 2022

Number	Heading	Rating	Closing Position at 31 <sup>st</sup> March 2023
1	Pandemic Response	Green	Achieved and closed.
2	Service User Engagement	Yellow	Closed. Evolved into Mandate 22-23 Objective 2.
3	Integration of Services	Yellow	Closed. Evolved into Mandate 22-23 Objective 3.
4	Equitable Focus	Yellow	Open. 4.3 remains open: Development of a plan to evidence that there is an equitable focus on improving physical and mental health outcomes.
5	Risk & Clinical Governance	Yellow	Open. 5.2 remains open: Baseline and evidence of the continuous improvement of internal and external working cultures, behaviours and allied processes.
6	Financial Balance	Red	Closed. Evolved in Mandate 22-23 Objective 6.
7	Waiting Times	Yellow	Open. Evolved in Mandate 22-23 and Mandate 23-24 Objective 7. 7.1 remains open: Baseline wait times for all Mandated Services. 7.2 remains open. Develop a plan to reduce clinically/need-based prioritised wait times.
8	Continuous Improvement	Yellow	Open. Evolved into Mandate 22-23 Objective 3. 8.1 remains open. Implementation of a suite of common set of standard processes, a quarterly self-assessment of data validity and agreed improvement plan. 8.2 remains open. Development of a five-year roadmap in the strategic improvement and outcomes based approach to the performance management of services.
9	Integrated Care System	Yellow	Closed. Evolved in Mandate 22-23.
10	Primary Care at Scale	Yellow	Closed. Evolved into Mandate 22-23 Objective 10.
11	Workforce Engagement	Yellow	Open. Evolved into Mandate 22-23 Objective 9. 11.1 remains open. Implementation of staff engagement index, and baseline measurement
12	Climate change	Red	Closed. Superseded by a wider commitment to climate change in Mandate 22-23 5.4.

#### Updates on Mandated Objectives from 2021-22 which remained open as at 1<sup>st</sup> April 2022

Outstanding Mandate Objectives from 2021-22	Rating	Manx Care Planned Response	Supporting Evidence Provided (where applicable)
4.3 Development of a plan to evidence that there is an equitable focus on improving physical and mental health outcomes.	Yellow	Ensure access to service provision is fair, equitable and based on assessed needs.	Investment and focus in Mental Health through i-Thrive development and Recovery College work.

5.2 Baseline and evidence of the continuous improvement of internal and external working cultures, behaviours and allied processes.		Agree a standardised improvement approach to be adopted across the organisation which will further build capacity and capability to support continuous improvement.	Manx Care commissioned an organisation-wide NHS staff survey which will take place in October 2023. Care values updated and now in place with ongoing work with Transformation workforce and culture.
7.1 Baseline wait times for all Mandated Services.		Report and monitor its Waiting List Volume overall and at speciality and sub-specialty levels.	Hospital services baseline data provided in June 2023, but not publicly available, and outside of service year. Wait list data provided publicly since August 2023 with work ongoing to develop this report.
7.2 Develop a plan to reduce clinically/need-based prioritised wait times.		A standardised approach to clinical and administrative validation of Waiting Lists will be established.	Dedicated team in place to validate the elective waiting lists to ensure the accuracy and appropriateness of the referrals on the lists. Restoration and recovery work commenced in 2022 and remains ongoing.
8.1 Implementation of a suite of common set of standard processes, a quarterly self-assessment of data validity and agreed improvement plan.		Agree a standardised improvement approach to be adopted across the organisation which will further build capacity and capability to support continuous improvement.	Validation work remains ongoing. Areas of priority and delivery timelines have continued to change. The Department was unsighted on any quarterly self-assessments. Data quality group started June 2023, outside of service year.
8.2 Development of a five-year roadmap in the strategic improvement and outcomes-based approach to the performance management of services.		Prepare its Strategy for 2022-2027 utilising a service based, bottom up approach.	Performance and accountability framework was developed during 2022 and now in place.
11.1 Implementation of staff engagement index, and baseline measurement		Focussed engagement surveys, using the results to establish a clear baseline and to plan improvements during the course of 21-22.	Culture of Care Barometer Survey was published June 2023, though survey was only sent to 160 doctors, with 72 responding. Department was unsighted on the outcomes and plans from this survey. Work ongoing with Transformation workforce and culture team.
<p><u>Summary of Deliverables and Outcomes</u>  All the above objectives have now been closed, as agreed between the Department and Manx Care, as they have been superseded by objectives/work in subsequent Mandates.</p>			

### Version Control

Number	Date	Author	Update
0.1	3-5-2023	Performance Analyst	Document created based on previous year template.
0.2	15-5-2023	Performance Analyst	Additional tables added to assessment 'Additional requirements sections'
0.3	18-5-2023	Performance Analyst	Additional narrative columns added to summary table to discuss progress and areas of improvement.
0.4	22-5-2023	Performance Analyst	Manx Care's proposed responses, data supplied and work to date added to relevant sections.
0.5	24-5-2023	Performance Analyst	Update to objective 6 following final financial accounts from DHSC financial partner.
0.6	30-5-2023	Performance Analyst	Update to objective 11 following feedback from Public Health.
0.7	12-6-2023	Performance Analyst	Additional table (Annex 3) added for 2021-22 open objectives and updates.
0.8	19-6-2023	Performance Analyst	Updates from board papers and meetings on work to date in to relevant sections.
0.9	17-7-2023	Performance Analyst	Updates from board papers and meetings on work to date in to relevant sections.
0.10	24-7-2023	Performance Analyst	Updates to metrics table in Annex 2 following data return for several social care metrics provided.
0.11	27-7-2023	Performance Analyst	Changes following input from Minister and Members. Annex 2 changed to average from last year and current year with narrative; % of completion added to assessment tables; cover letter amended to executive summary.
0.12	21-8-2023	Performance Analyst	Updates to some data following receipt of Manx Care's Annual Report.
0.13	7-9-2023	Performance Analyst	Updates following meeting with Manx Care regarding further evidence of work undertaken.
0.14	13-9-2023	Head of Mandate	Full review – update to wording style/tone.
0.15	20-9-2023	Performance Analyst	Final update responses from all stakeholders.
1.0	22-9-2023	Head of Mandate	Final review.
1.1	11-10-2023	Mandate Team	Updates following feedback from Department executive members.