ISLE OF MAN HOSPITALS

Annual Report 2017 / 2018

Department of Health & Social Care

Contents

1. DIRECTOR'S STATEMENT

Isle of Man Hospital services sit under the remit of the Department of Health and Social Care (DHSC) which provides a full range of services, from hospitals and specialists to district nursing and social care.

The DHSC has recently embarked on a journey towards Integrated Care in pursuit of providing the people of the Isle of Man with the right care, at the right time, in the right place. It is well recognised that the integrated care model benefits patients and service users by wrapping services around the person and providing continuity of care to ensure they do not 'fall through the cracks' between departments and organisations. It is our strong belief that integration is the key to ensuring that the Isle of Man's health and social care services continuously improve and evolve to meet the needs of the population.

We are working to modernise procedures in the Hospitals Directorate and improve its performance. By transferring more routine work into the community, closer to people's homes, we plan to free up the capacity of staff in the hospitals to do the work that only they can do. We are increasingly using telemedicine and other advances in technology to deliver a high standard of care; whilst continuing to develop clear pathways to enable patients to access specialised care from UK centres when it is not available on-Island.
We recognise that collaborative working is essential in ensuring that the people of the Isle of Man have access to the health and social care services that they need and we are continually striving to develop positive and effective working relationships with partner organisations both on and off-Island.

This is the first time that the Hospitals Directorate has produced an annual report; it is intended to provide you with a valuable insight into the successes and challenges of the last year, some of which are highlighted below:

- Improvements to our discharge planning processes including the creation of a dedicated discharge lounge which has had a direct and positive impact on bed availability
- Reductions in agency and bank staffing costs which have been a significant factor in performance against budget to date and the development of a recruitment and retention strategy
- The establishment of Manx waiting time targets and ongoing data quality work aimed at ensuring we can accurately monitor performance and set targets for improvement
- Improvements in cancer care including initial appointment and treatment waiting times
- Financial challenges – the Directorate had an overspend of £11m in 2017/18 and despite some uplift in the budget for 2018/2019, we have undoubtedly further work to do in identifying and delivering the required savings in this coming year

The last year has been a period of significant but necessary change, not least of which has been the creation of an overarching Hospitals Directorate incorporating Noble's Hospital, Ramsey Cottage Hospital and the Isle of Man Ambulance Service. We are committed to a programme of continuous improvement and are acutely aware that this would not be possible without the commitment and dedication of colleagues, volunteers and partner organisations.

Mike Quinn
Director of Hospitals

2. INTRODUCTION

The Isle of Man is a self-governing British Crown Dependency in the Irish Sea between Great Britain and Ireland with a population of approximately 83,000 people. The population increases by approximately 30,000 people during a 2 week period at the end of May/beginning of June for the annual Isle of Man TT Races.

The Isle of Man National Health Service (NHS) has operated since 1948 with residents of the Island enjoying comprehensive healthcare which is predominantly free at the point of contact. The Island has its own body of legislation of which includes the National Health Service Act 2001, soon to be replaced by the National Health and Care Service Act 2016.

There is a Reciprocal Healthcare Agreement in place between the Isle of Man and UK which came into force on 1 October 2010. The agreement ensures that Isle of Man residents visiting the UK continue to receive free healthcare, should the need arise, and vice versa, for UK residents visiting the Isle of Man. However, this Agreement only covers emergency treatment and does not cover any extended care or repatriation to the Isle of Man from the UK for Island residents or vice versa for visitors to the Island from the UK. Isle of Man residents are encouraged to purchase adequate insurance when travelling off the Island and visitors to the Island are encouraged to do likewise.

The main points of the Reciprocal Healthcare Agreement are:

1. Manx residents visiting the UK will receive free NHS treatment if they become ill whilst in the UK, apart from statutory charges which UK residents have to pay, such as prescription charges
2. UK residents visiting the Isle of Man will receive free NHS treatment if they become ill whilst in the Isle of Man, apart from statutory charges which Isle of Man residents have to pay, such as prescription charges
3. No payments for such treatment will be made to the Isle of Man by the UK, nor by the UK to the Isle of Man
4. The treatment of Manx residents referred to the UK by the Isle of Man will continue to be paid for by the Isle of Man Health Service
5. Each party to the Agreement can, if necessary, give 12 months' notice of termination of the Agreement

The Hospitals Directorate encompasses acute medical services provided at Noble's Hospital which is situated just outside the Island's capital Douglas, Ramsey Cottage Hospital in the North of the Island and by the Isle of Man Ambulance Service.

Noble's Hospital was built in 2003 to the highest standards and it remains a modern, well-equipped environment with staff who continue to demonstrate their commitment to providing services that are high quality and patient centric. Across the UK, communities of 83,500 people do not enjoy such extensive local services.

The Emergency Department is based here, as is the Manx Emergency Doctor Service (MEDS) which operates when GP surgeries are closed; 6pm to 8am Monday to Friday, with 24-hour cover over weekends and bank holidays. This service is for patients who have a

medical condition that is not life-threatening but cannot wait until their GP's surgery is next open.

Noble's Hospital has a total of 240 beds across 17 wards including:

- Medical
- Surgical
- Intensive care
- Coronary care
- Stroke
- Oncology
- Orthopaedics
- Women and Children's Services including maternity and neo-natal provision

Hospital services broadly sit under one of the following divisions:

Surgery

- General surgery
- Surgical gastroenterology
- Ophthalmology
- Oral and maxillofacial surgery
- Oral medicine and implantology
- Orthopaedics
- Joint replacements: hip and knee, revision hip surgery, young adult hip replacements
- Knee surgery (including ligament and cartilage reconstruction)
- Treatment for shoulder conditions
- Foot and ankle surgery
- Urology
- Ear Nose and Throat (ENT)
- Gynaecology (including colposcopy, sub-fertility, menstrual dysfunction)
- Plastic, reconstructive and aesthetic surgery

Medicine

- General medicine
- Gastroenterology
- Diabetes
- Endocrinology
- Rheumatology
- Cardiology
- Neurology

The hospital operates a broad range of outpatient clinics and provides diagnostic services including radiology, pathology and pharmacy. There is also a day procedure and a chemotherapy suite on site.

A recent successful addition to the hospital provision has been a dedicated patient discharge lounge to assist with the safe and efficient discharge of patients and management of hospital bed spaces.

Tertiary Care

The DHSC currently spends over £16m with UK NHS providers, mainly in the North West of England. Most of the expenditure is on tertiary treatments (for example cancer, heart disease, specialist children's services and major trauma) or secondary care where the patient needs treatment which the Island's consultants do not have the sub-speciality skill required or see enough patients with a particular condition to maintain their competence.

We are currently reviewing what should be provided on-Island and what should be accessed via hospitals off-Island to improve outcomes for patients and increase efficiency. We recognise that there are patients who need to be treated in specialist centres which it is not viable to develop locally. However, we do want to increase the number of visiting clinicians to the Isle of Man and make greater use of technology for virtual clinics in the future to prevent patients travelling unnecessarily.

Private Patients

There is a dedicated, purpose built, Private Patient Unit located within Noble's Hospital. It has a separate entrance and car park but is also accessible from the main hospital.

We have resident consultants who undertake private work, as well as visiting consultants from our contracted UK tertiary providers.

Ramsey Cottage Hospital is based in the north of the Island and is managed by the Hospitals Directorate. It provides several key services to the population of the Isle of Man including:

- Martin Ward which is a 31 bedded unit providing step-down, rehabilitation and respite care – it is staffed by a Consultant, two Associate Specialists and a team of dedicated nurses and therapists
- Dermatology Clinic – staffed by two part time Consultant Dermatologists and a Clinical Nurse Specialist. The clinic provides all dermatology services for the Isle of Man, including minor operations, and one stop clinics
- Minor Injuries Unit – the MIU is open from 8am to 8pm and is staffed by a team of Nurse Practitioners who are trained and highly experienced in managing minor injuries and illness
- Wound Management Clinic – this clinic is staffed by a team of specialist nurses and podiatrists who are trained in the management of complex wounds
- Oral Surgery – Ramsey Hospital offers a twice weekly oral surgery minor operations list, which includes a monthly sedation list
- Assessment & Treatment Unit – the Community Therapy Team offer a satellite physio and occupational therapy service within a dedicated gym and treatment area

- Outpatients – the hospital has a number of outpatient consultation and treatment rooms which hosts Nobles Consultants to undertake satellite clinics. In the most part, these clinics are populated with patients who live in the north of the Island

The **Ambulance Service** employs 42 full time equivalent team members, made up of registered paramedics and emergency medical technicians who respond to emergency calls across the Island.

The Service operates four front line Ambulances during the day and three at night. All ambulances are double crewed, which is normally a registered Paramedic and Emergency Medical Technician. The Service is also supported by three Senior Ambulance Officers who are based in Ambulance HQ – these Officers manage the service as well as providing expert advice to the crews on the road, and back up should demand for ambulances exceed supply.

The **Air Ambulance Service** operates 24/7, with the aim of co-ordinating the transfer of inpatients off-Island who urgently require specialist investigations and interventions which we are unable to provide. The air ambulance is a fixed wing aircraft based at Ronaldsway Airport and is dedicated for the process of transferring patients.

Patients requiring scheduled aircraft or boat transfer have their transport arrangements organised by Patient Transfers Section.

During the annual TT Race fortnight, an off-Island helicopter 'air ambulance' service is provided which is used to transport Island residents and race goers from point to point on-Island but not to transfer patients to the UK.

Our CARE Values

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

Committed:

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

Appreciative:

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

Respectful:

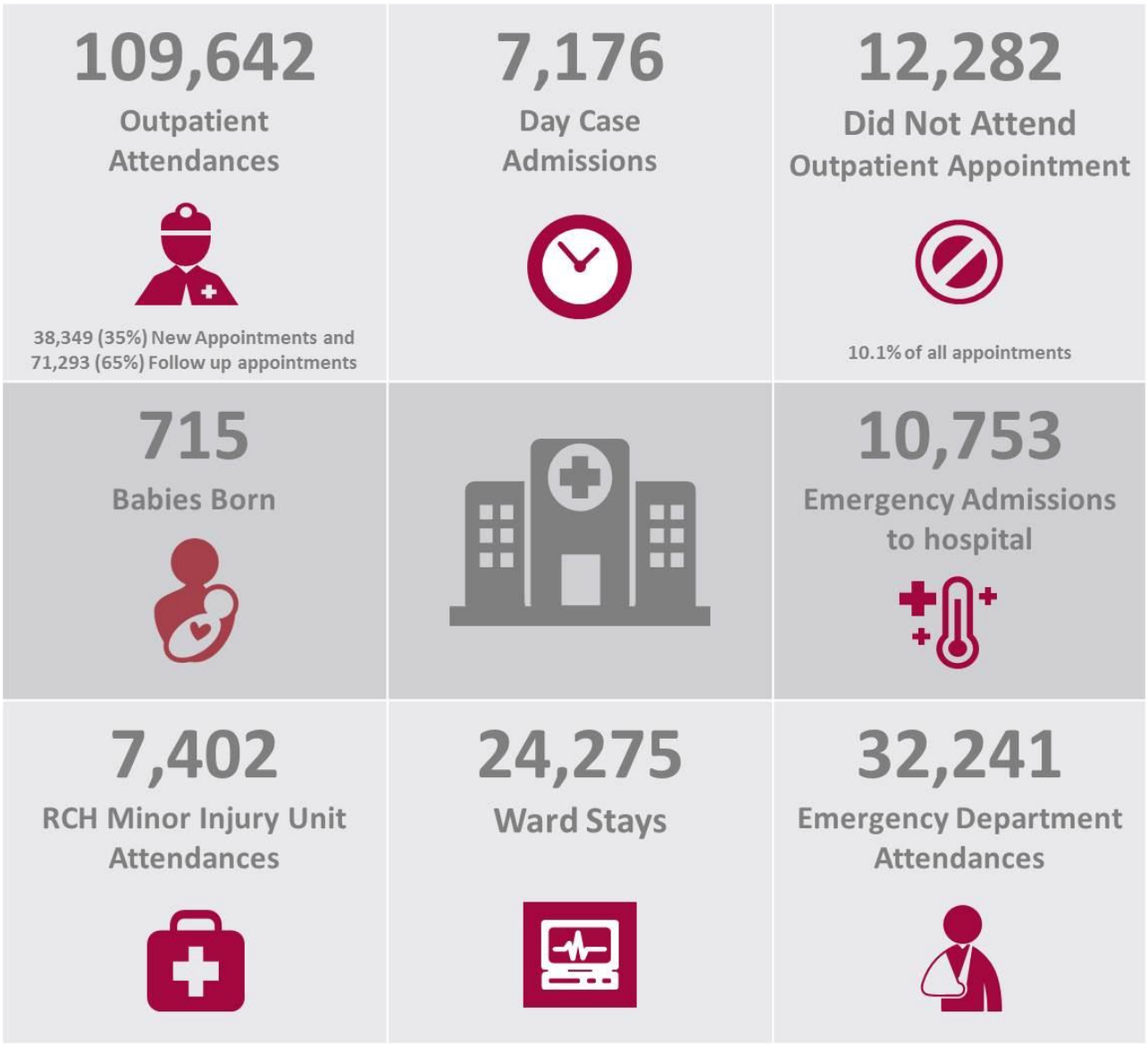
We have respect and are ethical in everything we do. We speak up and do the right thing. We act with integrity, are trusting and are trusted.

Excellent:

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

Did You Know?

This year in our hospitals we've had:



3. PERFORMANCE

As part of our five year strategy, we have made a commitment to be more open and honest with the people we serve about the standard of care we provide. Our intention with this report is to take stock and reflect on our progress at the end of 2017/18 as we continue to focus on service improvement.

The section looks closely at both our clinical and financial performance over the last reporting period. It has been a challenging time for us with some considerable room for improvement over the coming year. Whilst we will always endeavour to provide a quality service for all patients; our key focus will be on improving our ambulance response time, our Emergency Department throughput time and reducing our budgetary overspend.

Clinical Performance Analysis

Waiting Times

The Government is committed to improving care for the people of the Isle of Man as part of a broad five year strategy from 2016 - 2021. As part of this plan, during 2016/2017, the DHSC committed to review UK waiting time targets, set appropriate Manx targets, and then monitor and publish performance data. This links into 'Delivering the Programme for Government' which had a target to publish hospital waiting times by April 2017; this data is accessible on our website.

About the Data

The information provided outlines the targets the DHSC has set itself for responding to life threatening 999 calls, providing care in the Emergency Department, cancer referrals, and inpatient and outpatient hospital care. The number of measures will increase over time and work is being undertaken to make it easier to compare Isle of Man waiting times with those in England. The data used for this report is the combined performance for 2017/2018 and RAG (Red, Amber, Green) rated as follows:-

- Green – at or better than target
- Amber – up to 5% lower than target
- Red – more than 5% below target

The Department is continuing to improve its processes for the validation of waiting lists, so that it can be confident that the information it holds for health services provided locally is accurate.

Waiting Times – Additional Information

Below we set out in more detail exactly how we measure each target of our waiting time information. Our current performance is calculated by taking an average of the quarterly data published on our website.

Life Threatening 999 Calls for an Ambulance

From the receipt of a life threatening 999 call, we aim to ensure an emergency response within 8 minutes in at least 75% of cases. This matches the target in England.

From the receipt of a life threatening 999 call, we aim to ensure that a crewed ambulance capable of transporting a patient with a life threatening condition arrives within 19 minutes in at least 95% of cases. This matches the target in England.

Target	Current performance	RAG Status
75% of life threatening 999 calls attended within 8 minutes by an emergency responder	**58%**	**Red**
95% of life threatening 999 calls attended by crewed ambulance within 19 minutes	**84%**	**Red**

Hospital care

Emergency Department

From arrival in the Emergency Department (previously known as Accident and Emergency) we aim to admit, transfer or discharge patients within four hours in at least 95% of cases. This does not include planned follow-up attendances. This matches the target in England.

Target	Current performance	RAG Status
95% of patients admitted, transferred or discharged within four hours of arrival at the Emergency Department	**75%**	**Red**

Cancer Care

From a patient's referral to hospital by their GP for a suspected cancer, we aim for them to have their first appointment within 14 days in at least 93% of cases. This matches the target in England.

From a patient's diagnosis with cancer, we aim for them to have their first definitive treatment within 31 days in at least 96% of cases. This matches the target in England.

From a patient's referral to hospital by their GP for a suspected cancer, where cancer is subsequently diagnosed, we aim for them to receive their first definitive treatment within 62 days from the date the referral was received by the hospital in 85% of cases. This matches the target in England.

Target	Current performance	RAG Status
93% of patients referred to hospital with suspected cancer seen within 2 weeks	**84%**	**Red**
96% of patients diagnosed with cancer receiving treatment within 31 days of diagnosis	**87%**	**Red**
85% of patients diagnosed with cancer receiving treatment within 62 days of urgent referral by GP	**77%**	**Red**

Outpatient Appointments

From when a patient's referral is received by the hospital we aim for them to be seen for the first time in an outpatient clinic within 52 weeks in 100% of cases.

The target used in England is that no patient should be waiting longer than 52 weeks for treatment. As the Isle of Man currently calculates waits in two separate ways (outpatient and inpatient waits), the data shows the percentage of patients currently waiting over 52 weeks as at the end of each quarter. This target therefore differs from England.

Target	Current performance	RAG Status
100% of patients seen for their first outpatient appointment within 52 weeks	**95%**	**Amber**

Waiting time	Current performance
Percentage of patients waiting longer than three months for their first hospital outpatient appointment	**55%**

Inpatient Appointments

From when a decision is made to admit a patient for an elective inpatient procedure we aim for them to be admitted and for their scheduled treatment to be undertaken within 52 weeks in 100% of cases.

The target used in England is that no patient should be waiting longer than 52 weeks for treatment. As the Isle of Man currently calculates waits in two separate ways (outpatient and inpatient waits), the data shows the percentage of patients currently waiting over 52 weeks. This target therefore differs from England.

Target	Current performance	RAG Status
100% of patients have their operation or procedure within 52 weeks of being placed on the waiting list following their outpatient appointment	89%	Red

Waiting time	Current performance
Percentage of patients waiting longer than six months to have their operation or procedure following their outpatient appointment	38%

Financial Performance Analysis

Tertiary Income 2016-2019			
Actual 2016	Actual 2017	Actual 2018	Budget 2019
£17.5m	£19.8m	£20.5m	£19.5m

Directorate Income 2016-2019			
Actual 2016	Actual 2017	Actual 2018	Budget 2019
£94.3m	£99.8m	£100.9m	£94.9m

The majority of funding for the Directorate is from tax revenue with a small percentage being income generated from Private work.

Noble's Hospital is managed across 11 divisions whose spend is shown in the table below. At the start of January 2018 the Directorate was extended to include Ramsey Cottage Hospital and the IOM Ambulance Service. The results in the financial section include Ramsey Hospital and the IOM Ambulance Service for all years shown. The results do not include shared central costs, including OHR (Office of Human Resources) and GTS (Government Technology Services) but are direct costs incurred by the Hospitals Directorate.

	2017/2018 (£'000)			2018/2019 (£'000)	
By Division	**Actual**	**Budget**	**Variance**	**Budget**	**Variance**
Overheads Division	13	10	3	10	(3)
Patient Safety & Governance Division	3,363	3,457	(94)	3,407	44
Medical Division	25,247	19,986	5,261	22,438	(2,809)
Surgical Division	33,505	29,532	3,974	30,846	(2,659)
Women & Children's Division	11,835	10,951	885	11,236	(600)
Diagnostics Division	11,925	11,892	33	12,299	374
Core Services Division	8,032	7,934	98	7,743	(289)
Management Division	659	(411)	1,070	1,080	421
Private Patients Division	(519)	(879)	360	(871)	(352)
Ramsey	3,512	3,723	(211)	3,217	(295)
Ambulance	3,323	3,444	(121)	3,480	157
Total spend by Division	**100,896**	**89,638**	**11,258**	**94,885**	**(6,011)**

The two largest divisions are Medical and Surgical which account for 58% of total directorate spend. The Directorate had an overspend of £11m in 2017/2018. Whilst there has been some uplift in the budget for 2018/2019 significant cost savings are required. The majority of savings are expected to be achieved by a reduction in agency/bank spend with contributions from a reduction in spend on drugs and across the supply chain.

The tables below show the breakdown of the Directorate spend by category. As can be seen from these tables the majority of spend across the directorate relates to employee costs. For the preceding three financial years employee costs make up around 80% of total costs and this trend is expected to continue in the 2018/2019 financial year.

	Actual (£'000)			**Budget (£'000)**
Category	**2015/2016**	**2016/2017**	**2017/2018**	**2018/2019**
Income	(2,485)	(3,117)	(3,161)	(2,941)
Employee costs	76,794	82,138	84,034	78,930
Infrastructure expenses	764	949	817	768
Transport expenses	1,323	1,413	1,237	1,312
Supplies & services	17,467	17,368	18,234	16,702
Agency & contracted services	164	117	114	114
Transfer payments	230	930	(379)	0
Total Spend by Category	**94,257**	**99,798**	**100,896**	**94,885**

* Medical records transferred to Digital Transformation (Corporate) in 2016/2017. This was a budget transfer out of the Hospital Directorate of £420k.

** In 2017/2018 loan charges were centralised in Corporate. This was a budget transfer of £1.2m.

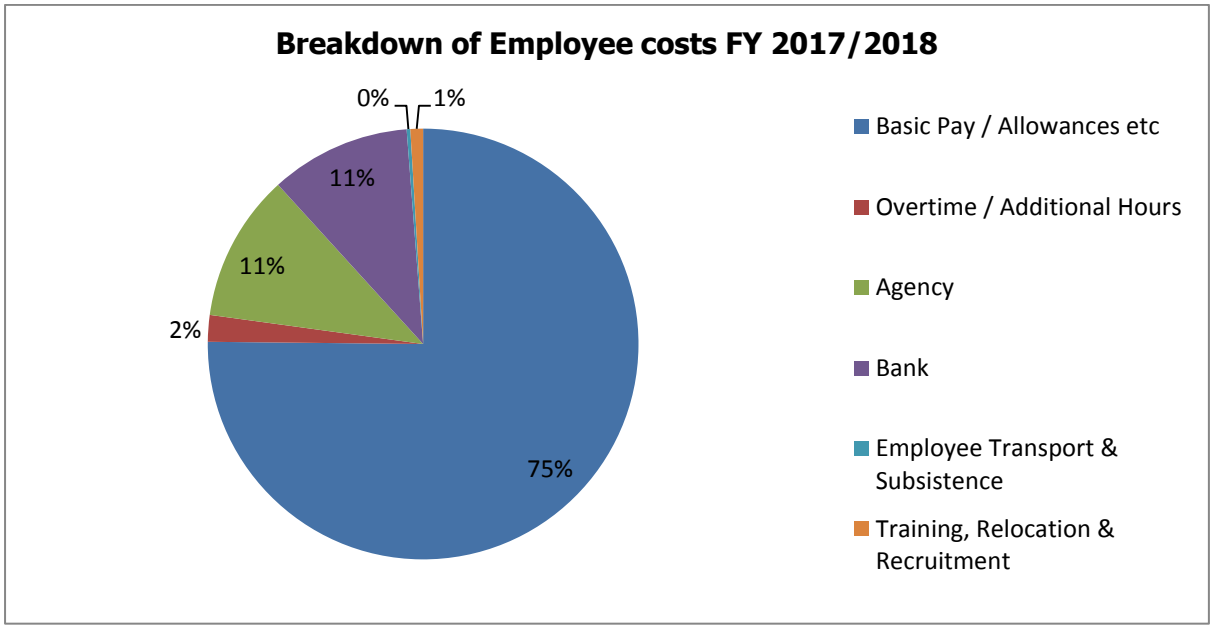
	Actual			**Budget**
Category	**2015/2016**	**2016/2017**	**2017/2018**	**2018/2019**
Income	(3)%	(3)%	(3)%	(3)%
Employee costs	81%	82%	83%	83%
Infrastructure expenses	1%	1%	1%	1%
Transport expenses	1%	1%	1%	1%
Supplies & services	19%	17%	18%	18%
Agency & contracted services	0%	0%	0%	0%
Transfer payments	0%	1%	0%	0%
	100%	**100%**	**100%**	**100%**

Employee costs include both substantive and agency/bank costs. The majority of costs are from substantive posts. Agency and bank costs have historically been around 22% of total employee costs. These have been reducing as a percentage of total employee costs over the last three financial years and we are expecting a further significant reduction in the

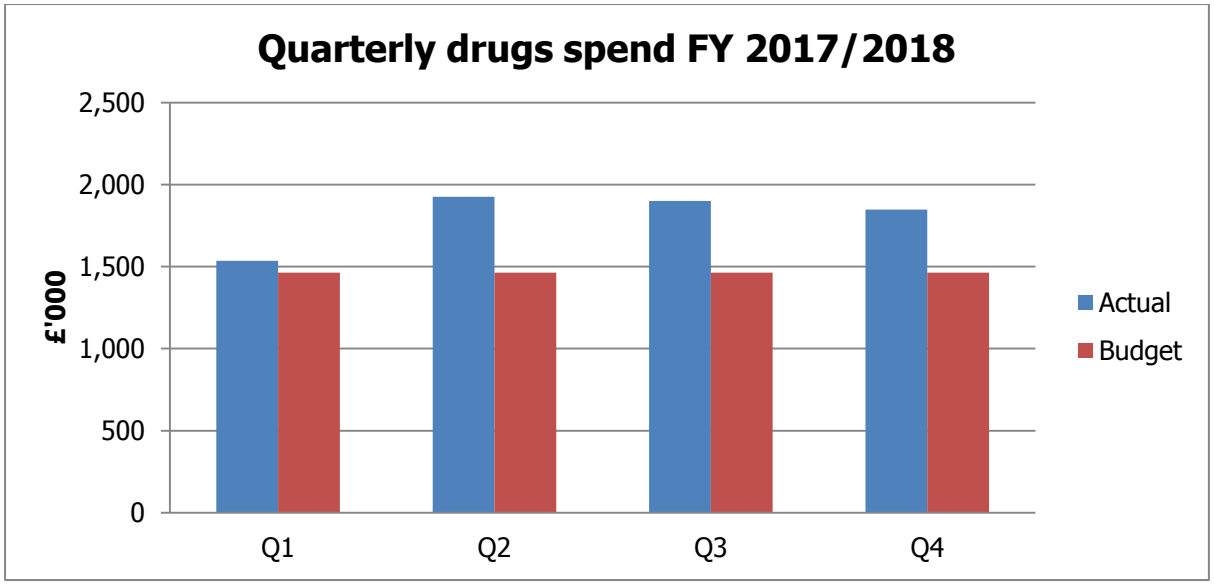
2018/2019 financial year as continuing efforts are made to recruit to substantive posts across the Directorate.

	Actual (£'000)			Budget (£'000)
Breakdown of Employee costs	**2015/2016**	**2016/2017**	**2017/2018**	**2018/2019**
Basic Pay / Allowances etc	57,097	60,665	63,163	73,984
Overtime / Additional Hours	487	1,976	1,677	773
Agency	11,200	10,426	9,310	2,729
Bank	7,190	7,867	8,854	338
Employee Transport & Subsistence	15	229	232	106
Training, Relocation & Recruitment	804	975	797	999
Total Employee Costs	**76,794**	**82,138**	**84,034**	**78,930**

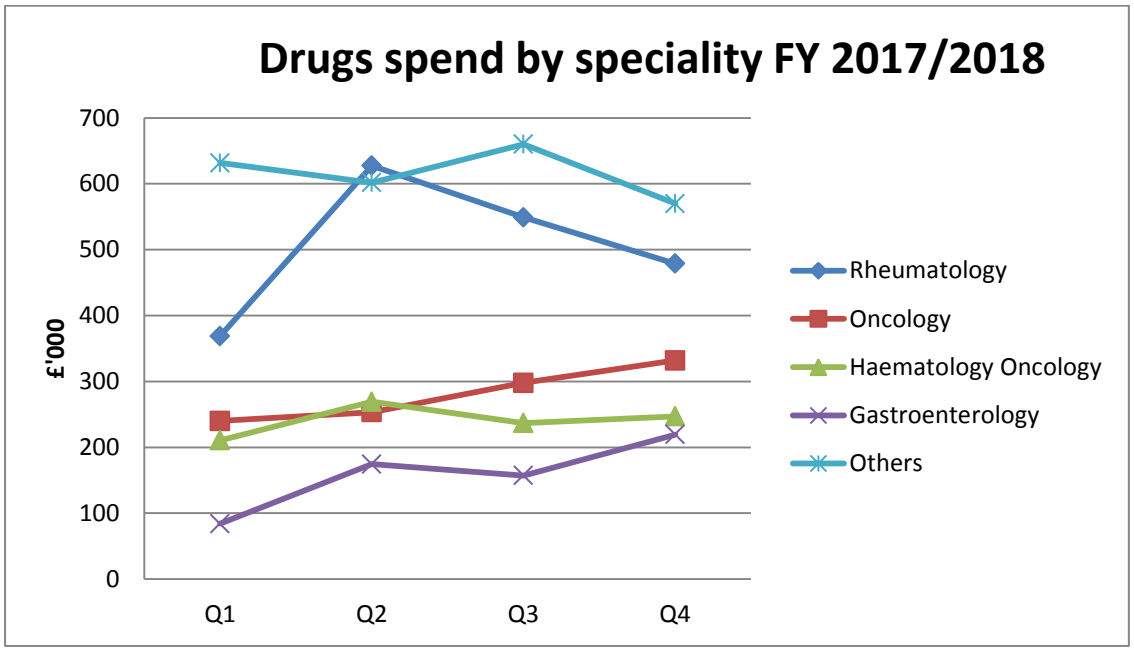
* In 2016/2017 Superannuation increased to 15% (approx. £3.9m additional budget).



The second largest area of spend is supplies and services (18% of Directorate spend in 2017/2018). Within this category drugs spend accounts for 40% of total supplies and services spend (2016: 32%, 2017: 37%). Drugs spend is expected to increase by 2% in the 2018/2019 budget. The chart below shows how drugs spend tracked across the 2017/2018 financial year.



80% of drugs spend occurs across the following four specialities; Rheumatology, Oncology, Haematology Oncology and Gastroenterology (Average % of total spend across these four specialities was 78% in 2017/2018).



Tertiary Division

The two main areas of spend relate to contracted services with 13 UK NHS Providers in the North West of England and the associated patient transport costs. Significant cost savings are required in 2018/2019 and the majority of these savings are expected to be achieved by reducing pre admission assessments for surgery and reducing follow up consultations which can be undertaken on-Island. Also savings will be made by introducing case management to remove inappropriate referrals and management of the patient journey in the UK.

	2017/2018 (£'000)			2018/2019 (£'000)	
Category	**Actuals**	**Budget**	**Variance**	**Budget**	**Variance**
Income	0	0	0	0	0
Employee costs	181	171	(10)	208	27
Transport Expenses	3,272	3,041	(231)	3,129	(143)
Supplies & Services	319	285	(33)	273	(46)
Agency & Contracted Services	16,770	16,000	(770)	15,877	(893)
Total spend by Category	**20,542**	**19,497**	**(1,044)**	**19,487**	**(1,055)**

	2017/2018 (£'000)			2018/2019 (£'000)	
Category	**Actuals**	**Budget**	**Variance**	**Budget**	**Variance**
UK Referrals and Patient Transport	4,099	7,511	3,412	4,487	388
Prior Year Adjustments (Contracted Activity)	148	0	(148)	0	(148)
Contracted Trusts	15,482	11,986	(3,496)	15,000	(482)
Non-Contracted Activity	813	0	(813)	0	(813)
Total spend by Category	**20,542**	**19,497**	**(1,044)**	**19,487**	**(1,055)**

	Actual (£'000)			Budget (£'000)
Category	**2015/2016**	**2016/2017**	**2017/2018**	**2018/2019**
Income	0	0	0	0
Employee costs	166	209	181	208
Transport Expenses	3,052	3,172	3,272	3,129
Supplies & Services	380	323	319	273
Agency & Contracted Services	13,949	16,047	16,770	15,877
Total spend by Category	**17,546**	**19,751**	**20,542**	**19,487**

4. COLLEAGUES AND TEAMS

Last year the Hospitals Directorate employed around 1,400 colleagues in both clinical and non-clinical roles; all of whom contributed to the delivery of patient care and support. Our colleagues work extremely hard to ensure that people in the Isle of Man receive healthcare services which are safe, effective, caring and responsive to their needs.

The Hospitals Directorate is supported by Human Resources Shared Services supplied by the Office of Human Resources.

Colleague Numbers

We employ colleagues from a number of employment groups with different terms and conditions. These include:

- Nursing and Allied Health Professionals and other professional groups on Manx Pay Terms and Conditions (MPTC)
- Public Services Commission staff on Civil Service and Manual & Craft terms and conditions
- Doctors and Dentists on Medical and Dental terms and conditions.

MPTC and Medical and Dental terms and conditions are similar to those set for the related groups of staff in the UK NHS. Civil Service and Manual and Craft terms and conditions are set by the Public Services Commission for roles across the Isle of Man Public Service

The numbers of substantive colleagues by category is set out in the table below:

Staff Group	Number
Senior Managers	3
Other Managers	20
Admin and secretarial	175
Nursing & Midwifery (including Health Care Assistants)	737
Medical and Dental	141
Allied Health Professionals and other professional groups	150
Support staff (portering/housekeeping)	132
Catering	40
Total	**1398**

Hospitals Bank

The Hospitals Directorate employs a large number of colleagues on the bank, many of whom are also employed in a substantive role. The employment of substantive colleagues in this way reduces the need for reliance on external agency staff whilst also ensuring a consistent high quality service is provided to patients during periods of colleague absence.

The numbers of colleagues by category is set out below:

Staff Group	Number
Allied Health Professionals	58
Nursing and Midwifery	657
General Worker	113
Health Science Service	32
Doctors	175
Support Staff	1
Total	**1036**

Agency Staff

There have been considerable efforts made to reduce agency spend across the hospitals and this has resulted in a net reduction of £1m in 2017/2018 compared to the previous year.

However, the employment of agency staff continues to be necessary to ensure safe staffing numbers are maintained during periods of colleague absence and while posts are vacant pending recruitment.

The average number of agency staff engaged by the hospital, per week, during the last year was as follows:

Staff Group	Number
Admin & Support	35
Medical	22
Nurse	7
Other*	24
Total	**88**

*Includes Allied Health Professionals and other posts not included in the preceding categories.

Volunteer Service

The Directorate's hospitals are both well supported by enthusiastic and committed volunteer networks who are dedicated to enhancing the experience of patients on both hospital sites. The volunteers complement a variety of services supporting patients and their families and carers.

There is a robust recruitment process in place to ensure that all volunteers are properly recruited, selected and trained.

In the last year 21,183 patients were assisted at the Welcomer's Desk in Noble's Hospital, with 3,325 volunteer sessions being carried out throughout the main hospital.

A Volunteers Week is organised in April each year during which the service is promoted and 'back to the floor' sessions take place throughout the week long event; with the Minister for Health and Social Care, political members and senior managers working alongside volunteers as they undertake their usual duties within the hospitals.

Morale and Engagement

'**Have Your Say'** colleague engagement surveys were conducted across all Isle of Man Government Departments in 2014, 2015 and 2017. A copy of Isle of Man Government's summary report is published by the Cabinet Office and available to the public on the www.gov.im website. The DHSC reports, including those for the Hospitals Directorate are available to colleagues on the Isle of Man Government intranet.

In 2017, the employment engagement scores for the Hospitals Directorate were 42% based on 5 Government focussed questions only. When taking all questions into account, the engagement factor increased to 50%. These scores indicate that there is some work to be done, particularly around relationships with management and communication. However, questions around team relationships and customer service were much more positive.

As a Directorate we have broken down the data from the most recent survey even further in order to better inform the various departments across the hospitals about their individual areas of best and weakest performance. Action planning is underway and is supported by the Learning, Education and Development Division (LEaD) - Office of Human Resources.

The tables below illustrate the areas of best and weakest performance from all three 'Have Your Say' surveys:

Areas of best performance	Engagement score % 2017	Engagement score % 2015	Engagement score % 2014
We are committed to delivering a good service	90	85	86
I know what is expected of me at work	88	83	75
I work beyond what is required to help my department	85	82	83
I am committed to what we are trying to achieve	83	77	64
I am motivated by the work I do	76	67	59

Areas of weakest performance	Engagement score % 2017	Engagement score % 2015	Engagement score % 2014
I have confidence in my senior managers decisions	31	39	19
Senior managers are open and honest with communication	32	20	15
I feel that change is well managed	32	20	27
I feel involved in decisions that affect my work	34	25	29
My manager deals with poor performance	35	25	29
The reasons for change are well communicated	35	20	27

The CARE values, as set out on page nine, were introduced following the 2014 'Have Your Say' survey which highlighted that we wanted a clear vision, values and strategy for the future. The values focus on the characteristics, strengths and priorities that are central to everything we do. They describe what it is like to work for the DHSC, how we act as individuals and our expectations of each other. CARE is at the heart of our approach to recruitment and retention of colleagues.

The 2015 'Have Your Say' survey resulted in the hospital introducing Noble's News/Connections, a regular newsletter aimed at sharing positive news with colleagues across the hospital.

Other actions taken to increase communication and promote colleague engagement have included the sharing of presentations/updates given by each Department at monthly Senior Management Team (SMT) meetings using a cascade approach and the introduction of an Employee of the Month scheme in April 2017.

In addition to the survey, morale is gauged through the following methods/approaches:

- Focus on active listening
- Management being visible and approachable
- Implementation of the 'back to the floor' scheme
- An open door policy practised by the Director of Hospitals
- Team meetings
- Colleague group and union representative forums where key themes tend to focus on 'communication' and 'change management'.

Equality and Diversity

The Department of Health and Social Care has one of the most diverse workforces in the Isle of Man and is committed to Isle of Man Government's aim of promoting equality and fairness at work by ensuring that equal opportunities principles are applied in all its personnel policies and procedures.

The introduction of the Equality Act 2017 will bring into force increased protection for employees against discrimination and the Department will be working with the Cabinet Office and Office of Human Resources to ensure its policies and procedures are fit for purpose. It is anticipated that the full provision of the Act will be in force by early 2020.

Colleague Group	Gender		
	Male	Female	Total
Senior Manager	2	1	3
Other Managers	9	11	20
Other Employees	322	1053	1375
Total	**333**	**1065**	**1398**

Safe Working Environment

The Hospitals Directorate places great emphasis on ensuring the health, safety and security of colleagues, patients and visitors and is committed to providing a caring and supportive environment for all.

In Noble's Hospital a committed team of volunteers work in the foyer to provide a friendly welcome to visitors and patients alike and offer directions to out-patient appointments, departments and wards. This is intended to provide patients and visitors with reassurance on entering the hospital but also to minimise unnecessary movement of members of the public around the hospital.

On commencing employment, all new colleagues receive modular health and safety information during the initial induction programme; this is then followed by more specific health and safety training pertinent to their particular occupational role. Training can be online using a specifically designed training programme or location based practical instruction, which is regularly reviewed and updated as required, or a combination of both.

Colleagues are trained in the use of the PRISM incident reporting system and if individuals do not have direct access to report incidences they are encouraged to report through a colleague or line manager, who will register the incident on their behalf. All colleagues are encouraged to raise concerns and report incidents.

Incidents are assigned a case-worker who will coordinate respective investigations. Findings of investigations and resultant learning are shared with all those affected including the originator of the concerns. Specific incident highlights are reported each month to the Senior Management Team; the findings and action plans are then disseminated via the hospital cascade. The statistics are regularly reviewed and analysed to identify trends and hotspots, this analysis is led by the Safety and Quality Lead.

There are a number of hospital management forums which meet regularly and include health, safety and welfare of patients and colleagues on each of their agendas. These meetings are supported by the presence of a Departmental Health and Safety Adviser to ensure they remain quorate and to support the open and honest sharing of issues and concerns with a view to determining practicable solutions. During the last 12 months, issues raised by colleagues have ranged from the collection and disposal of clinical waste, to working temperatures for the team in the hospital laundry and have resulted in the identification of appropriate actions to be taken in order to address the concerns.

External contractors tendering for work within the hospital environment are vetted thoroughly to ensure their health, safety and environmental policies are aligned to meet the expectations of hospital management prior to formal acceptance and engagement.

There have been a number of organisational changes within the Hospitals Directorate and wider DHSC during the last year which have necessitated a review and redraft of the overarching Department of Health and Social Care Health and Safety Policy – this is now in the final stage of drafting with a view to roll out and implementation by Summer 2018.

Occupational Health

The Occupational Health Service is a confidential, impartial, medical advisory service and their role is to assist the Hospitals Directorate to prevent ill health and injury associated with work and to promote the health and wellbeing of colleagues.

There are six core aspects of service provision based on the UK NHS Faculty of Occupational Medicine SEQOHS Accreditation Standards:

- Prevention
- Timely Intervention
- Rehabilitation
- Health Assessments for Work
- Promotion of Health and Wellbeing
- Teaching and Training

Staff Sickness Absence

Annual Figures

	2015/2016	2016/2017	2017/2018
Total Days lost	15215.333	16729.466	17184.133
Total staff years	1135.92	1059.989	1055.88
Average working days lost (per FTE)	13.39	15.78	16.27

2016/17	Total Hours Lost	% of Work Time Lost	2017/18	Total Hours Lost	% of Work Time Lost
Q1	26,841	5.55	Q1	29,527	6.39
Q2	29,613	5.89	Q2	27,530	5.61
Q3	34,033	7.07	Q3	28,737	5.84
Q4	34,984	6.98	Q4	37,748	7.56

Workforce Planning

Over recent years healthcare has become more complex and technology has advanced significantly. This has resulted in increased specialisation of medical services. The healthcare workforce has to be more highly trained to deliver these specialised treatments. Health professionals qualifying across the UK and internationally are trained to be 'specialists', focusing on specific areas of care which result in better outcomes for patients. This presents

difficulties in recruiting and retaining the right professionals to meet the needs of an Island population of our size.

Another challenge is retirement planning. As an example, some 82% of our senior hospital doctors will be eligible to retire in the next decade. Many of our health and social care colleagues are also approaching retirement age. There are difficulties in recruiting and retaining trained healthcare professionals and this partly reflects shortages across most of the world.

Work is ongoing within the Hospital's Directorate in regard to future workforce and succession planning. The Directorate has embarked on a journey of transformation, both in regard to organisational structure and service provision.

A project is underway to produce a recruitment and retention strategy which addresses common issues such as difficulties in recruiting and retaining registered nurses and doctors. In addition, we experience challenges that are more specific to an Island community including social and geographical isolation, transportation costs, availability and price of suitable accommodation, general increased cost of living.

We recognise that relocating to an Island community can present difficulties, not least in regard to sourcing accommodation. We are committed to supporting colleagues in their plans to relocate to the Island. One aspect of this support is the potential offer of good quality, clean, safe and secure temporary residential accommodation for certain categories of health and care professionals as part of the initial recruitment package.

The majority of our accommodation is on the hospital site or within walking distance. There are various types of accommodation available, from single occupancy to three bedroom houses; all are fully furnished and self-contained.

Nurse Training

We are committed to investing in the future of nursing provision by providing training and education opportunities on Island. We offer a pre-registration Nursing Degree programme which is delivered by Keyll Darree Education & Training Teaching Team in partnership with the University of Chester. On completion of the programme students are awarded a Degree in their chosen field of adult or mental health nursing and professional registration with the Nursing and Midwifery Council (NMC). We are also in the process of constructing clear career development pathways across a wider spectrum of health and care roles.

5. ORGANISATIONAL STRUCTURE

The Hospitals Directorate is part of the DHSC. The Chief Executive of the Department is also the Accounting Officer and has overall responsibility for the management and delivery of services.

Leadership in the DHSC is provided by the Executive Leadership Team which is comprised of the Chief Executive, Executive Director of Health and Care and the Director of Finance, under which sits a Board of directors, each with responsibility for a particular area of the Department as shown in the DHSC Organisational Structure Chart Appendix 1.

Each Directorate within the Department has its own organisational structure; the structure for the Hospitals Directorate is provided as Appendix 2 of this report.

Committees and Groups

Clinical Recommendations Committee (CRC)

The DHSC receives a fixed budget from the Treasury with which to address the health and social care needs of the population of the Isle of Man. It is not possible to fund all care and treatment that may be requested and therefore difficult decisions about the best and most effective use of resources have to be made. It is important that the process by which these decisions are made is clear, consistent and transparent.

Funding decisions on drugs, surgical procedures and other diagnostic or treatment technologies are published on the website www.gov.im under Clinical Commissioning Policies.

The Clinical Recommendations Committee forms part of the Policy Approval Process outlined on the DHSC Webpage – DHSC Clinical Commissioning Policies

The CRC has an annual work programme of topics for review and policy recommendation. Topics include a mix of review/updating existing polices and recommendations on new interventions. CRC considers topics where investment may be required and those which may offer opportunity for disinvestment and redeployment of resources (for example, where a long established intervention has been superseded by a more effective or cost effective one). Divisional managers, in conjunction with appropriate clinicians, can put forward topics for consideration/policy development. Whilst clinicians are involved in the policy development process, CRC do not currently include the public or patient groups within the consultation arrangements, but does have 2 lay members.

CRC is a 'single issue consideration' committee and it does not hold a budget. It considers each intervention on its own merits but is not able to prioritise between interventions or on the basis of affordability within limited resources.

Policies are reviewed as indicated by changes in the evidence for clinical or cost effectiveness.

In brief the CRC considers each intervention against the ethical framework and assesses the clinical and cost effectiveness of the intervention, the number of people in the population who would benefit from it, the impact it would have on their health and that of their carers/families and the likely cost of providing the intervention to all eligible patients.

Health Services Consultative Committee (HSCC)

The Health Services Consultative Committee is made up of professional members involved with health and lay members.

The Committee provides independent scrutiny and advice on the operations, performance and effectiveness of the Service.

Members take responsibility for looking at allocated specific areas of Health Services activity, attending appropriate divisional meetings, receiving documents, offering advice and highlighting problem areas. Members report to the HSCC and through the HSCC to the Minister for Health and Social Care.

The objective of allocating specific areas of interest/responsibility is so that each member adopts responsibility for scrutiny of, and establishing a relationship with, a specific area of the DHSC. This will enable members to become familiar with 'their' areas, develop an understanding of them, and be better able to provide objective scrutiny of their activities.

HSCC members focus on monitoring the performance of services, quality of services and governance. Members do not become involved in matters of detail, in complaints, in team matters, or in matters for which lay members of other organisations already provide a service.

The HSCC is an independent consultative body to the DHSC with regard to all aspects of the provision of the National Health Service. Members are appointed by the Appointments Commission.

Patient Experience and Quality Committee

Patient and public representatives have been working very closely alongside healthcare professionals in the Hospitals Directorate at all levels since 2004.

During this time there has been a transformation from patient and public representation on working groups/committees and supporting health promotion events, to partners in the strategic review and evaluation of health services and operational implementation of new and improved healthcare for the people of the Isle of Man.

A public representative has chaired and led the Committee for several years now and it is the public representatives and patient experience feedback that drive service improvements and determine how the Committee prioritise the work they undertake. Central to the work they do, is promoting the engagement of patients and the public in their healthcare and tailoring the projects they undertake around the needs of the patients.

6. GOVERNANCE

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of the Hospitals Directorate, to evaluate the likelihood of those risks being realised and impact should they be realised, and to manage them efficiently, effectively and economically.

The Hospitals Directorate has in place a Risk Assessment and Risk Register policy which clearly sets out the accountability and reporting arrangements for service areas in order to escalate risks to the Acute Services Senior Management Team Meeting and Patient Safety & Quality Committee.

The Director of Hospitals is the accountable officer with responsibility for ensuring that risks are identified and appropriate systems are in place to address and escalate issues to the Executive Leadership Team of the DHSC.

Clinical risks and those related to patient safety are reviewed and discussed at the Patient Safety & Quality Committee. Organisational, operational and financial risks are reviewed and discussed at the Senior Management Team (SMT) Meeting.

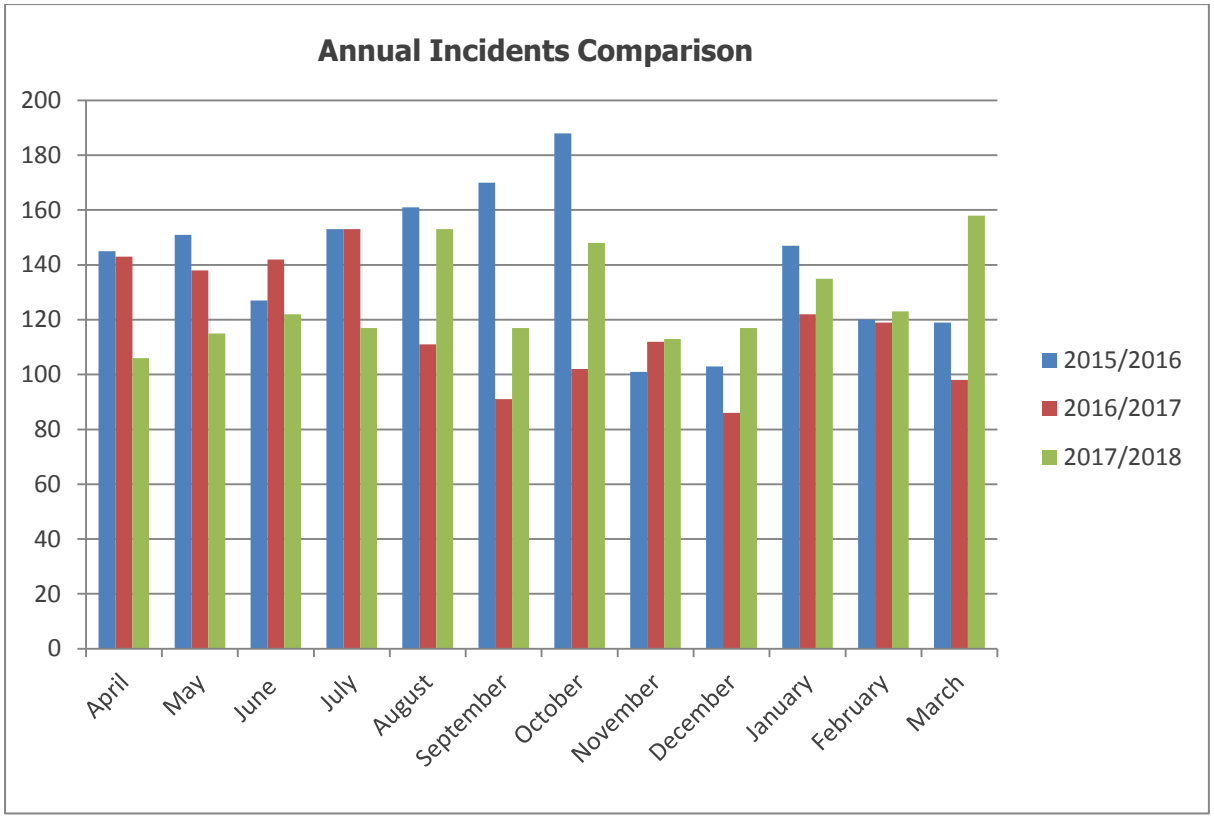
The Patient Safety & Quality Manager has delegated responsibility from the Director of Hospitals to ensure there are systems for risk assessment, training in risk assessment and risk escalation within the hospitals division.

A range of risk management training is provided to colleagues and there are policies in place which describe roles and responsibilities in relation to the identification, management and control of risk. The Hospitals Directorate learns from good practice through a range of mechanisms including clinical supervision, reflective practice, individual and peer reviews, and performance management, learning from root cause analysis, continuing professional development, clinical audit and application of evidence based practice.

Incident Reporting

Incident and near-miss reporting is encouraged by colleagues across the Hospitals Directorate. A total of 1624 incidents were reported during 2017/2018, this is an increase of 207 compared to 1417 reported in the previous year. We believe that this increase is, at least in part, due to a renewed focus on developing a healthy reporting culture where the primary focus is on learning and is inclusive of colleagues.

The following graph illustrates a month by month comparison of the number of incidents reported over the last three years.

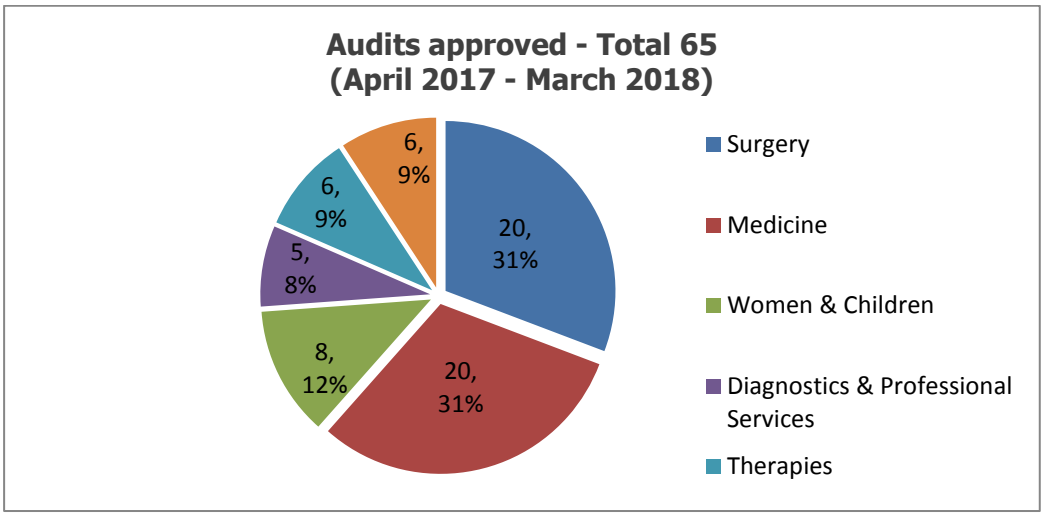


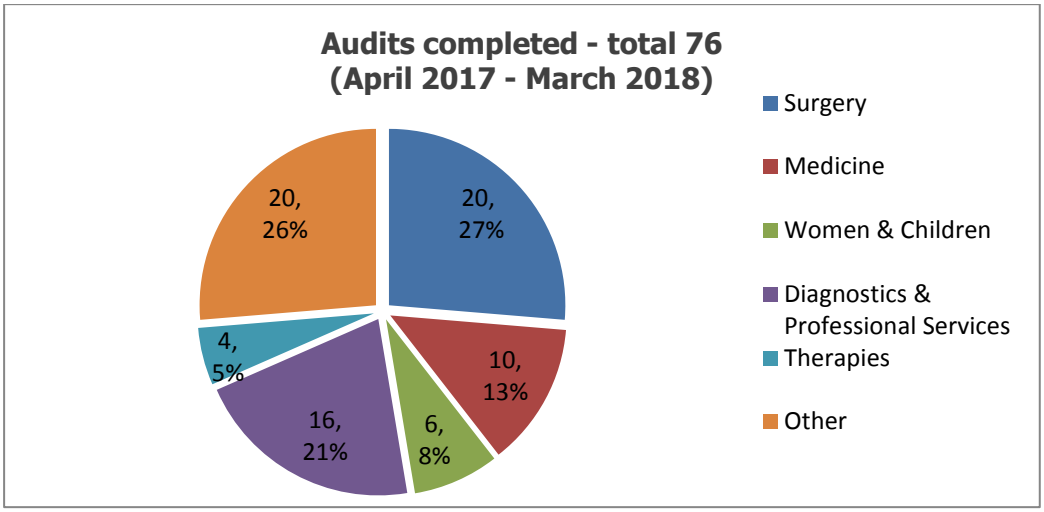
* Additional information including category of incidents and examples of learning are included as Appendix 3 of this report.

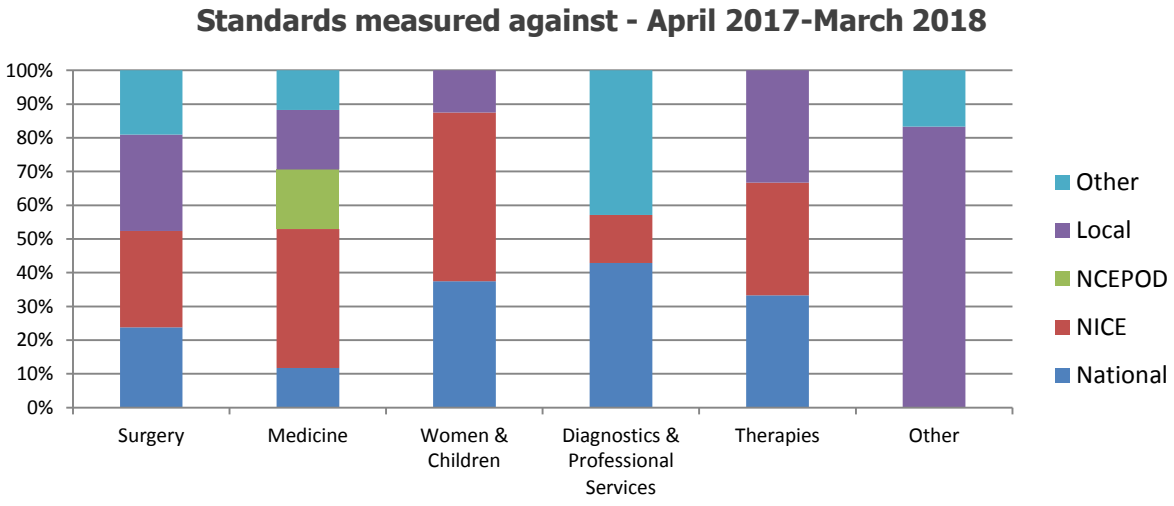
All inpatients deaths are reviewed by a multi professional group of colleagues who are not directly involved in the patients care. This review is carried out on a weekly basis with the aim of identifying good practice and areas for improvement.

Clinical Audit Activity

A clinical audit aims to improve patient care by reviewing services and making changes where necessary. The charts and tables below show clinical audit activity in this reporting year.







7. QUALITY

The aim of the Hospitals Directorate is to constantly seek to improve quality of care and treatment, and for every patient to have a good experience whether as an inpatient or attending an outpatient appointment or undergoing a diagnostic test.

The Hospitals Directorate Patient Safety and Quality Manager is responsible for the management and review of the complaints handling processes, serious patient safety reviews, learning from incident reporting, risk management and the support of professional development and clinical leadership across all clinical specialities and levels by encouraging training and learning.

In 2013 the DHSC commissioned the West Midlands Quality Review Service to undertake a rolling programme of external independent quality assurance reviews of the Island's health services over a five year period. Copies of the review reports can be found using the following link: http://www.wmqrs.nhs.uk/review-programmes/view/isle-of-man-health-services

The reviews covered a wide range of the Island's health services, not all part of the Hospitals Directorate and therefore not all relevant to this report. Some examples from three of the earlier WMQRS reviews illustrate where improvements have been made:

Within critical care, the following key appointments have been made:

- Appointment of two dedicated Consultant Intensivists
- Appointment of a Clinical Lead for Critical Care Medicine
- Appointment of Critical Care Pharmacist

Changes within the Emergency Department have included:

- Increased the establishment of Consultants in Emergency Medicine by 2, resulting in a new establishment of three Consultants and two Associate Specialists
- Development of junior medical tiers, including creation of a Junior Clinical Fellow tier (comprising three doctors who have recently finished foundation programme), and an increase in Specialty Doctors, thereby creating improved medical cover throughout the day and night
- Appointment of a Trauma Lead which has significantly improved our response to trauma – regular major trauma audits (known as TARN) put us above some of the best performing hospitals in England (outside of London) for all indicators for major trauma management
- Development of training programme for Specialty Doctors to ensure they remain up to date with new clinical techniques and procedures

For theatres there has been a significant increase in anaesthetic staffing. Other changes have included:

- All surgical specialties now consenting patients prior to the day of surgery, either through specific consent clinics or during the appointment where the decision to proceed with surgery is made
- Recent audit showed that 98% of procedures undertaken within theatre had a safer surgery checklist completed
- 'Safety huddles' take place at the beginning of each theatre list between all medical and nursing staff to ensure that all members of the team are briefed on the list content and any foreseen issues

Cancer services review changes have seen improvements with:

- Waiting times for outpatient appointments significantly reduced following the appointment of an additional consultant general surgeon
- Improvement in timeliness of access to an initial appointment with the breast and colorectal team following referral by GP – we are now in compliance with the cancer standard that 93% of patients are seen within two weeks of referral
- Improved access to endoscopy investigations for patients who have suspected cancer with the majority of patients now being seen within two weeks of referral from clinic
- ENT department is now a member of the Thyroid Cancer Multi-Disciplinary Team (MDT) at Aintree Hospital, and all cases of thyroid cancer are referred to Aintree for treatment
- A new cancer governance structure has been introduced which includes weekly cancer monitoring meetings as well as a monthly cancer operational group and a quarterly cancer strategy board

Imaging Services changes have included:

- MRI and ultrasound waiting times addressed by introducing extra working hours
- A radiology sustainability business case was approved in February 2018. This will enable the cross sectional imaging modality (CT and MR) to extend working hours and use the second scanner routinely
- Use of Teleradiology and the joining of a link to a centre for on call purposes
- The Radiology system and PACS system have been replaced and upgraded
- Recruitment of Consultant Radiologist still remains challenging

In total eight reviews have been completed since late 2013, the latest and final review of the suite, conducted in April 2018 is due for publication within the next month.

Patient Experience

Patient Experience Indicators are undertaken on a monthly basis and a scorecard is prepared and reported monthly to Noble's Senior Management Team and published on the

Government website https://www.gov.im/categories/health-and-wellbeing/hospitals-and-emergency-treatment/nobles-hospital/patient-experience-feedback-data/

The Heartlands' tool, Test Your Care, is used to collate the data. Ten patients per month on each inpatient ward are surveyed by public representatives and non-clinical staff and the results are recorded on the tool and used to prepare a report, which shows us how well we are doing in achieving our targets.

95% and above compliance is required in all areas. Improvement plans and measured actions are required by areas that fall below this level. The available data for 2017/2018 is shown below:

Month	Compliance (%)
April 2017	89
May 2017	88
June 2017	90
July 2017	88
August 2017	89
September 2017	92
October 2017	91
November 2017	31
December 2017	90
January 2018	95
Overall Compliance	90 %

Patient Safety Walks

The patient safety walks take place at least once a month. The walks are undertaken by a public representative, a consultant clinician, executive from the hospital management team and/or a senior nurse. The walks are undertaken on all wards and department areas to assess all aspects of safety, such as safe storage of equipment, medications and valuables, medicines management and emergency equipment. Time is spent talking and listening to patients and team members. They are asked what is going well and what could be improved; support is offered where needed to implement improvements. Following the conclusion of the walk, colleagues are provided with direct feedback, which is followed up with a written report that is shared with senior nursing and medical colleagues. Any actions required are reviewed at regular intervals.

Patient Stories

A member of the public is invited each month to share their story with hospital management. This provides the team with a chance to listen to, and ask questions about, the real life experience of a patient. Each patient story offers an opportunity for reflection and learning, and subsequent discussion on how best to cascade the learning throughout the Directorate in order to directly improve practice and positively affect the experience of patients in the future.

Sit and See

We believe that Sit and See is a key indicator of the care provided across the Hospitals Directorate. It is a simple observational tool that captures and records the smallest things that make the biggest difference to patient care. For example a smile, a little banter, a reassuring touch or perhaps ensuring that drinks are within reach and the patient is encouraged to take a drink. Care is rated as positive, passive or poor (**3 Ps**) and used to assess the standard of care in the observed area.

In 2017/2018 Sit and See was undertaken on 11 wards by a member of the Patient Experience Team and either a lay representative or a colleague who volunteered. Immediate feedback was provided to colleagues following completion of each visit. We were pleased that all wards demonstrated many positive examples and received positive feedback, examples of poor practice were noted on two wards – these were addressed immediately.

Compliments, Comments and Complaints

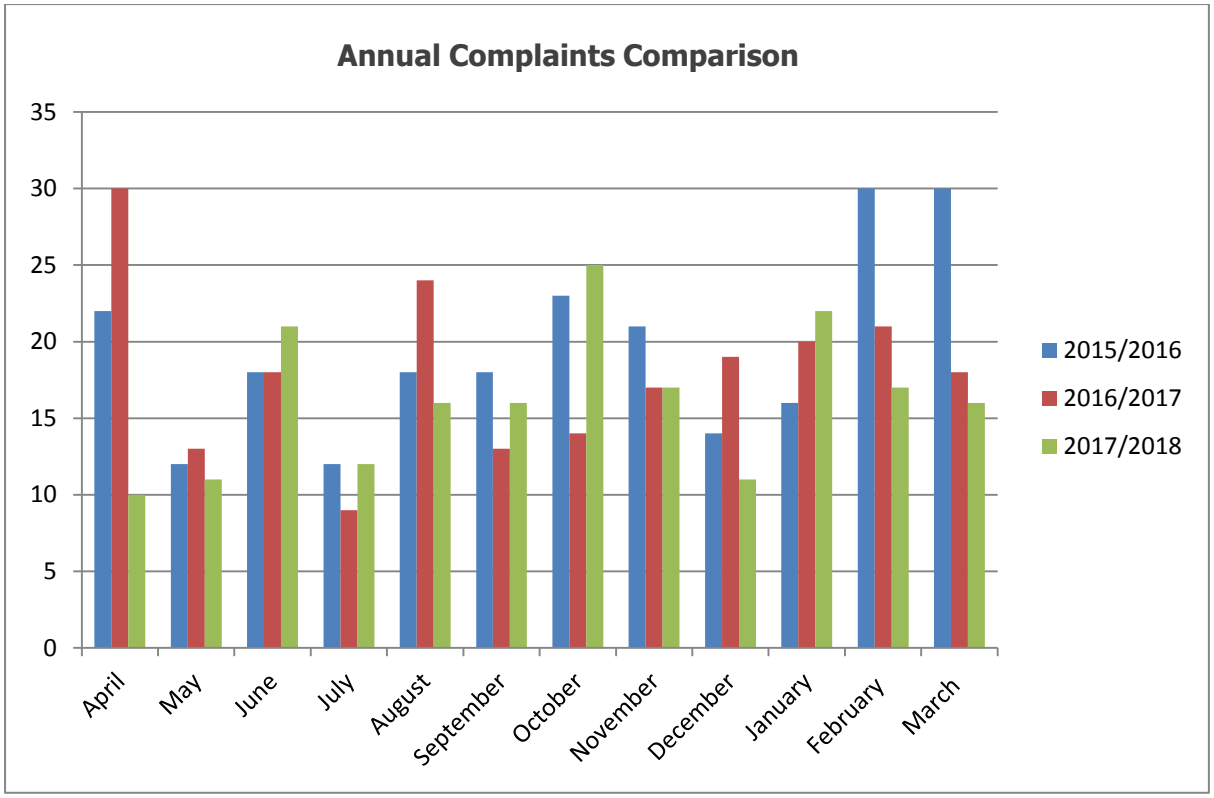
The Hospitals Directorate primary goal is to ensure that patients receive good quality, effective and timely healthcare and treatment.

We welcome feedback from patients, relatives and carers as it encourages us to constantly reflect on our practice and therefore improve the quality of the services we provide.

We encourage colleagues to follow best practice by listening to the concerns raised in an appropriate and empathetic manner and, where possible, address any enquiries or concerns immediately. However, we recognise that this may not always be possible and therefore have in place robust policies and procedures for the thorough investigation of complaints. https://www.gov.im/about-the-government/departments/health-and-social-care/complaints-and-compliments/

Compliments and positive feedback are also welcomed as they offer reassurance about services that seem to be working well and provide opportunities for us to build upon these examples of good practice and cascade the learning throughout the Directorate.

During this reporting year a total of 196 formal complaints were received, a decrease of 23 compared to the previous year. The graph overleaf shows year on year comparison of complaints received per month.



Additional information including category of incidents and examples of learning are included as Appendix 4 of this report.

Complaint performance

Of the 196 complaints received this year, 89% were resolved within the 20 working day target as set out in the Complaints Procedure. Over a five year period the numbers of formal complaints received have fallen whilst the percentage closed within the 20 working day target has risen.

The breakdown of performance during this year against the 20 working day response time is as follows:

% Closed in 20 working days	2016 - 2017		2017 - 2018
Surgical Division	85%	↓	78%
Medical Division	74%	↑	75%
Women and Children	67%	↑	86%
Transfers/ Air Ambulance	N/A	↑	100%
Core Services	100%	↓	92%
Diagnostic & Professional Services	91%	↓	89%
Ramsey Cottage	N/A	↑	100%

Complaints that are not resolved can be referred for consideration by the Independent Review Body (IRB) which consists of three people who are independent of the DHSC. The Panel re-examines fully the concerns referred to it, talks to the relevant people and obtains specialist advice as required. This process culminates with a hearing and report setting out the results

of the investigation and the conclusion of the panel, including any actions being taken as a result of the panel's recommendations.

Data Quality

Information is the life-blood of any major organisation, and within the Hospitals Directorate timely access to the right information can literally save lives. Accurate information is required to underpin efficient and fair service provision and the management of an organisation.

The Isle of Man Hospitals Directorate understands and appreciates the need to collect accurate and appropriate patient data, along with the timely provision of this data as insightful information to appropriate stakeholders in order to enhance the patient journey.

We recognise that good data quality is vital if we are to enable individual colleagues and the wider organisation to plan for the future and evidence that we are delivering high quality, safe, effective and efficient care that appropriately supports patients on their care pathway.

We are continually striving to improve through the mapping and documenting of our processes and the re-configuration of systems and software. We also invest in ongoing training and development of staff responsible for collecting and entering data, and subsequently audit the quality of data collected in regard to accuracy and completeness. We are working towards an initial benchmark standard which can be published to give an indication of the movement over time of the accuracy and completeness of the data being collected.

Information Governance

Information Governance provides a compliant framework in order for the Department and our colleagues to deal with the many different standards and legal rules that apply to information handling, including:

- Data protection and confidentiality
- Information sharing for care and for non-care purposes
- Information security and information risk management
- Information quality
- Records management for both care and corporate information

The ultimate aim is to demonstrate that the Department can be trusted to maintain the confidentiality and security of personal information, by helping our colleagues to practice good governance and to be consistent in the way they handle personal and corporate information.

The Department welcomes the introduction of the General Data Protection Regulation (Isle of Man) Order 2018 (GDPR) which will repeal the current Data Protection Act; GDPR will strengthen our commitment to our patients, service users and colleagues that the information

we retain is lawfully processed. However, we can improve our current practices to alleviate concerns about privacy and sensitivity, which can at times prevent the sharing of information, by the development of widely available protocols around information use and information sharing.

To aid all colleagues to provide health and social care support requires an integrated care approach; Information Governance is fundamental in ensuring patient/service user confidentiality remains secure whilst health and social care support is person-centred, coordinated, and tailored to the needs and preferences of the individual, their carer and family.

Clinical Coding

We recognise that how we code a particular procedure or illness is important as it helps inform the wider health community about disease trends and enables us to assess the effectiveness of interventions. To improve clinical coding the DHSC commissioned a Clinical Coding Academy to conduct a review to support the training and development of the coding team in order to improve the accuracy of coding.

The review was conducted in April 2018, with the purpose of assessing and reporting an appraisal of the clinical coding team in adhering to UK national coding standards and to provide an initial assessment on their individual training requirements. The audit consisted of a cross sample of 118 episodes (see table below).

Noble's Hospital dealt with approximately 24,407 finished consultant episodes in 2017, which are all coded, with the exception of maternity and chemotherapy inpatient admissions, by the clinical coding team using ICD-10 and OPCS-4 to generate clinical information of inpatient activity. The coders, who are part of a centralised Clinical Coding Department within the DHSC, are responsible for the entire coding process, from abstraction through to input.

	Percentage Correct %	Percentage of non-coder errors %	Percentage of coder errors %
Primary Diagnosis	86.4	1.7	11.19
Secondary Diagnosis	82.2	1.3	16.5
Primary Procedure	96.1	0.0	3.9
Secondary Procedure	93.2	1.5	5.3

Information derived from clinical coding is used to analyse performance and levels of achievement, to support the government's national initiatives to improve the health and wellbeing of our citizens; and to improve service quality and deliverance through clinical indicators and clinical governance. It is therefore essential that all information recorded in the patient's medical record is documented clearly, accurately and completely.

Although the Isle of Man does not fund services using the UK National Tariff Payment System, as a method of identifying the impact of the quality of the clinical coding on the resource and funding required it is a useful measure. This is also relevant if the Isle of Man Government decided to move to a similar system of resource allocation in the future. From the 118 episodes reviewed the following financial data was drawn out:

Number HRG changes	Payment pre-audit	Payment post-audit	Gross value of HRG changes	Net value of HRG changes
11	£93,529	£107,473	£16,404	£13,944

These figures are comparative as they may not be fully compliant with all requirements of the UK National Tariff Payment System mechanism. For example, where locally applied tariffs are used it appears as a £0 in the analysis. Also, if only one episode from a spell is audited the other episodes may change the overall tariff price.

Infection Control

Over the last year the Infection Prevention and Control Team (IPCT) have continued to be actively involved in managing the risk of infection in both the hospital and primary care settings in addition to providing outbreak management. The team work with wards and departments to promote the message that infection prevention and control is everybody's responsibility and ownership for it can be demonstrated at all levels of the organisation.

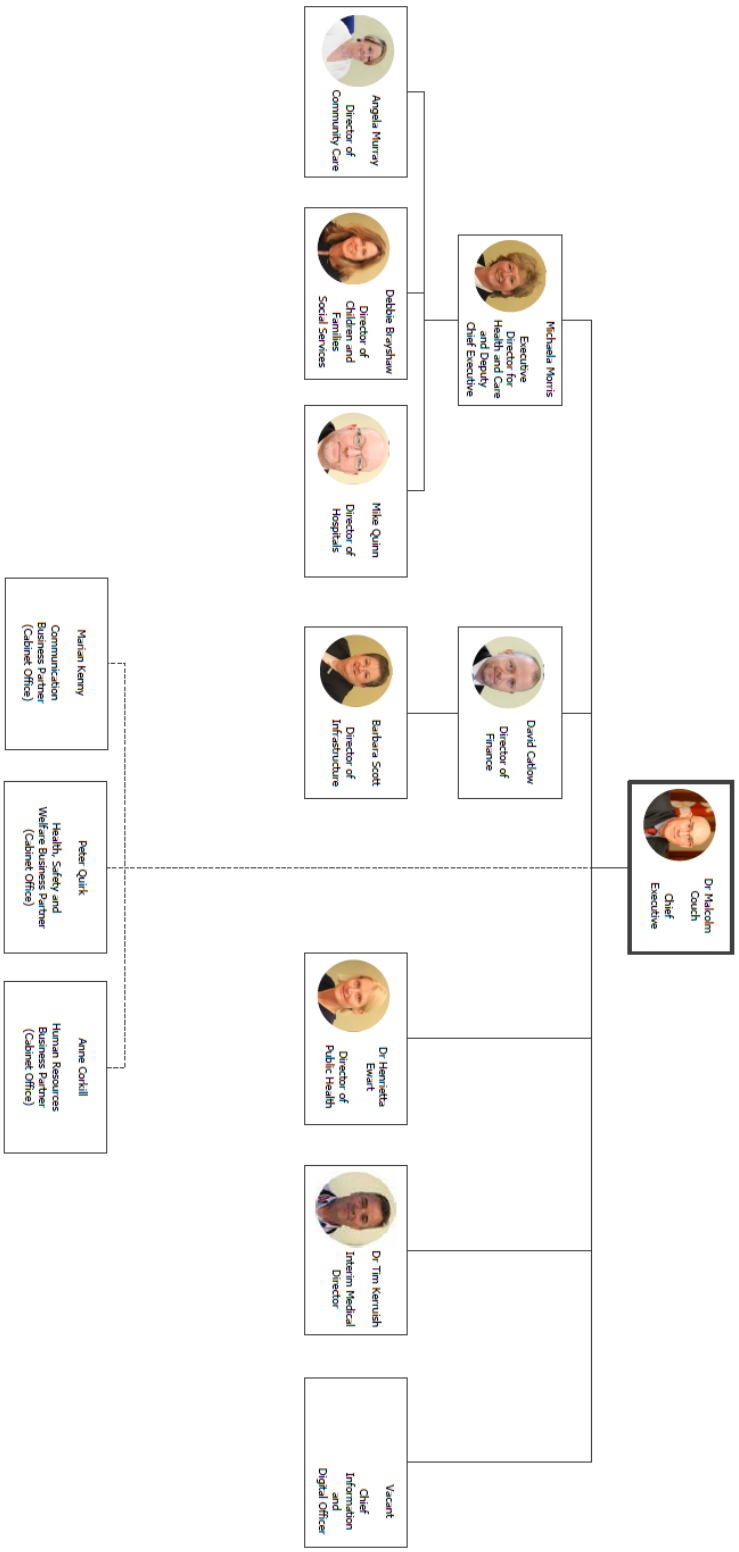
The low numbers of C. difficile and MRSA Bacteraemia demonstrate the effectiveness of the Infection Prevention and Control (IPC) annual programme and the interventions that the IPC team have put in place:

- Established Infection Prevention and Control Link Practitioner programme and training
- Audit programme across the DHSC, including monthly hand hygiene improvement audits
- Aseptic Non-touch Technique (ANTT) project
- High Impact Intervention - Care Bundle for insertion of urinary catheters
- Annual urinary catheter prevalence audit
- Infection Prevention & Control mandatory for all DHSC colleagues
- Policies including antimicrobial policy
- Deep clean checklists
- Effective screening and isolation policies in line with current IPC best practice

Infection, Prevention & Control	2015-2016	2016-2017	2017-2018
Clostridium difficile			
Hospital Associated Cases	13	10	5
Occupied Bed Days	66,755	63,182	63,750
Rate per 100,000 bed-days	**19.5**	**15.8**	**7.8**
Meticillin-resistant Staphylococcus aureus (MRSA)			
Hospital Associated Cases	4	0	1
Occupied Bed Days	66,755	63,182	63,750
Rate per 100,000 bed-days	**6.0**	**0**	**1.6**

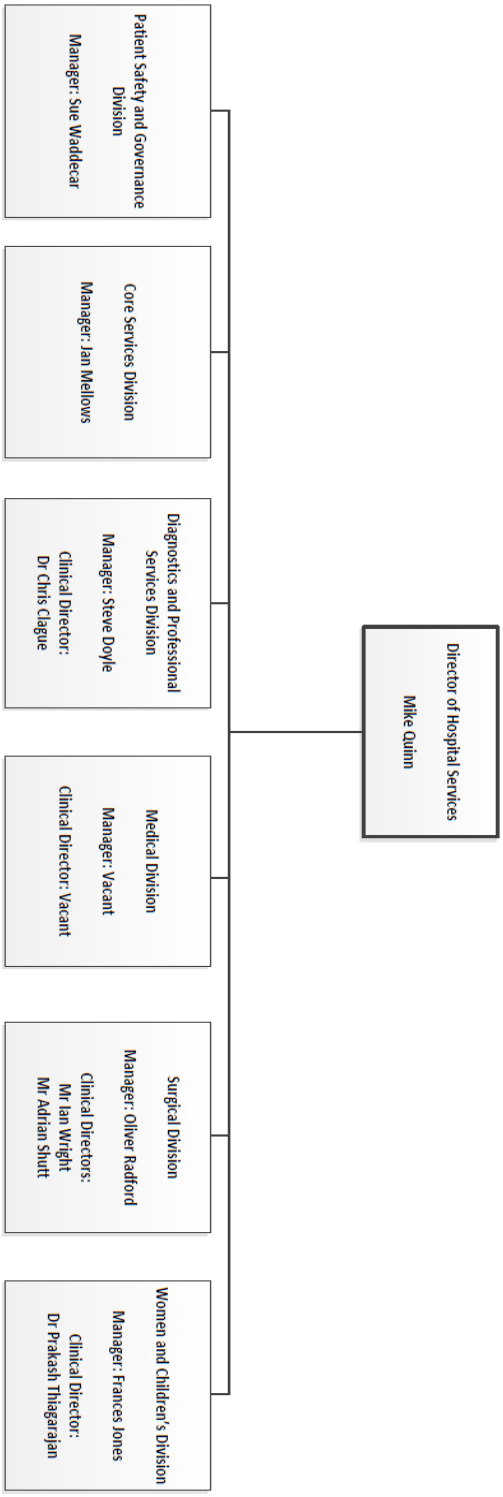
Appendix 1

DHSC Structure Chart



Appendix 2

Noble's Hospital Management Structure



Appendix 3

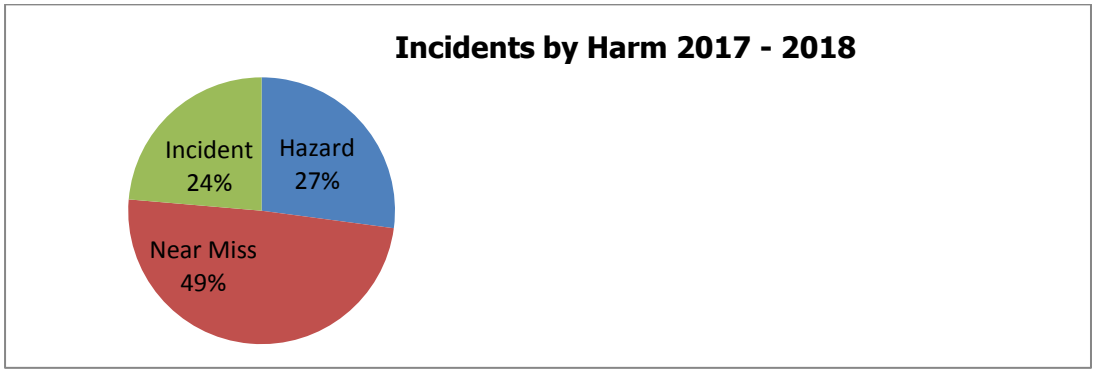
Incident Reporting

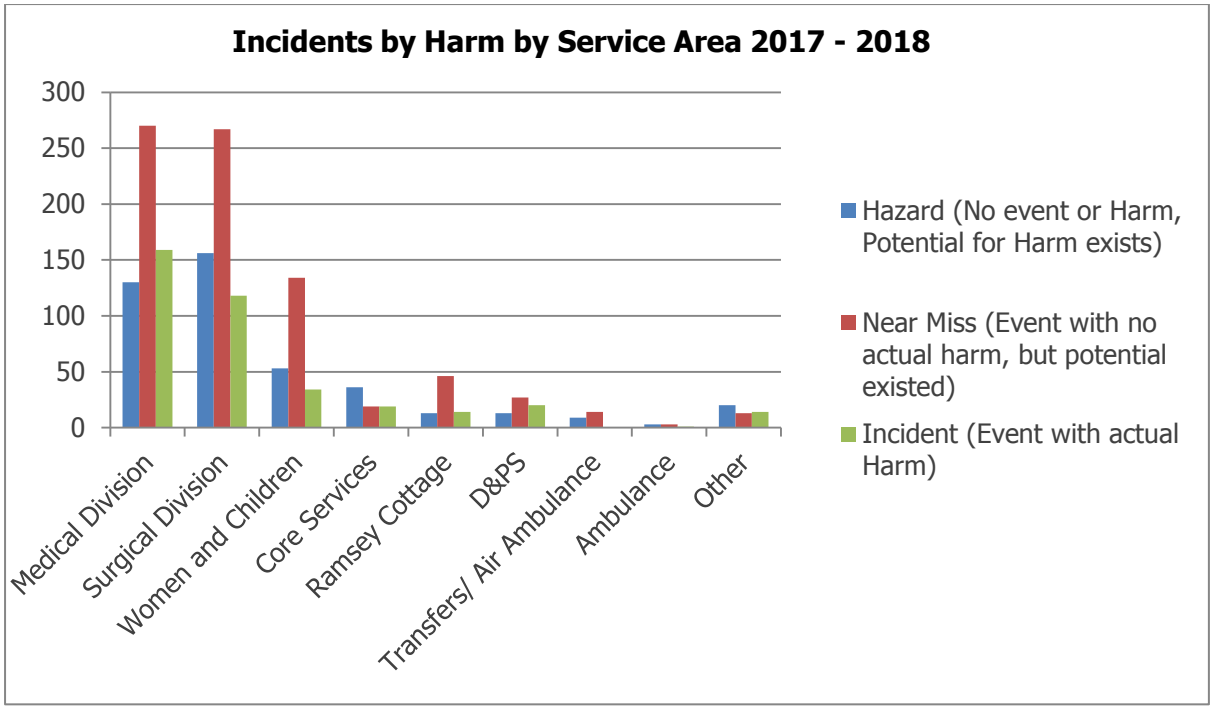
Incidents by category:

Category	2016 - 2017		2017 - 2018
Administration or Clinical Information Issues	129	↑	171
Anaesthetic Issues	7	↑	9
Clinical Care Standards	186	↑	229
Consent Issues	6	↑	11
Equipment Issues	54	↑	73
Foetal/ neonatal Incident	27	↑	35
Fire	1	↑	4
Infection prevention and control	15	↑	39
Intravenous Issues	17	↓	15
Maternal / Delivery Incidents	44	↑	54
Medication Error	98	↑	130
Organisational Incident	365	↓	276
Personal Injury	321	↑	445
Safeguarding Children	0	↑	3
Security Incident	43	↓	15
Self- Harm	5	↑	9
Surgical Procedures	28	↔	28
Vehicle Incident	22	↑	26
Violence, Abuse or Harassment	49	↑	52
Total	**1417**		**1624**

Incidents by harm:

The graphs below indicate incidents where some degree of harm has been experienced. The vast majority is very low level harm such as minor bruising, skin abrasions etc. the majority of incidents without harm relate to staffing issues.





The following are examples of learning from reported incidents:

Incident Description	Learning
Incorrect patient sent to CT Scan	'Four Eyes' checking system implemented for all request sheets
Delay in receipt of Internal Referral form	Formalised policy to be developed and Hospital Wide Email sent to remind Clinicians not to send internal referral forms via the internal mail.
Medication Error involving controlled Drug	Controlled Drugs cupboard has been moved to a quieter room and hospital wide reminder sent to keep distractions to a minimum whilst in the process of issuing any medication. Further training provided to staff members.
Potential cross infection issue	System changes to significantly reduce the chances of error occurring;
Delay in completing a cancer referral to the MDT	Dictated referrals can now be sent without consultant's signature; reducing the time taken for referrals to be sent. A clearer referral pathway is being developed
Removal of Guidewire	Comprehensive reflection has been undertaken by all staff involved. In addition, implemented a checklist to complete for insertion lines developed to record removal of guide wires to prevent reoccurrence.

Appendix 4

Complaints

Category of complaints

Category	2016/2017		2017 - 2018
Admission, Transfer, Discharge	2	↑	12
Access to Personal Records	1	↓	0
All Aspects of Clinical Treatment	91	↓	65
Appointments, Delays, Cancellation	28	↑	36
Attitude of Staff	19	↑	26
Breach of Patients Privacy/ Confidentiality	1	↑	3
Communication, Information to Patients	45	↓	28
Complaints Handling	0	↑	1
Delay in referring to UK Hospital	4	↓	1
Delays in Treating when in Hospital	5	↓	3
Failure to Follow Agreed Procedures	3	↓	2
Hotel Services Including Food	0	↑	2
Loss of Medical Records	1	↓	0
Loss or damage of Possessions	2	↓	1
Other	1	↑	4
Patient's Privacy and Dignity	1	↔	1
Patient's Property and Expenses	0	↑	1
Personal Records	0	↑	3
Policy and Commercial Decisions of Trusts	11	↓	2
Premises	1	↓	0
Transport	0	↑	5
Total	**216**		**196**

Complaints by division

Complaints by Division	2016 - 2017 Comparison		Total Complaints 2017 - 2018
Surgical Division	104	▪	92
Medical Division	63	▪	56
Women and Children	20	▪	18
Patient Transfers / Air Ambulance	4	▪	11
Core Services	9	▪	11
Day & Procedures Suite (D&PS)	16	▪	7
Ramsey Cottage	0	▪	1
Total	**216**		**196**

Examples of learning

The following are examples of the types of complaints received and subsequent actions/learning:

Category of Complaint	Description of Complaint	Actions/Learning
Clinical Treatment	Failed attempts to take blood from a child	New departmental guidelines in paediatric cannulation developed. Agreed and shared with all medical staff that a maximum of two attempts at cannulation will be made before referring patient to consultant in charge.
Appointments – Delays/Cancellations	Waiting time for routine appointment	Apologies offered, and acknowledged that the wait times for routine appointments was not ideal. Service has been reviewed and an extra clinic added to help reduce wait times in the future.
Communication	Complainant wanted to clarify points made in a clinic letter sent about their child	Feedback regarding communication was relayed to staff member for reflection and learning. A further appointment was offered with clinical lead to clarify any further points.
Attitude of staff	Complaint about attitude of consultant and issues with digital notes	Consultant sincerely apologised for appearing uncaring; and expressed that this was not their intention. Further training with navigating digital system undertaken

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