

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

Mr Andrew Foster, Chair

Ms Teresa Cope, Chief Executive Officer

(By e-mail)

Dear Andrew and Teresa

Re: Assessment of Manx Care for 2021-22

Foreword

Pursuant to Part 6 ('Plans and Reports') of the Manx Care Act 2021 ("the Act"), 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 from the period 1st April 2021 to 31st March 2022.

Through the Act, I am obliged 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 2021-22.

In future years, we will see an Operating Plan which is closely aligned to the Mandate, in order that we can be sure of the activities supporting the direction of travel set by Our Island Plan.

Annex 1 to this letter sets out in greater detail my assessment of the specific strategic objectives set within the Mandate to Manx Care, and Annex 2 evaluates Manx Care's performance against the specifically mandated targets for 2021-22.

Manx Care Annual Report 2021-22

I must begin by thanking every member of staff across our health and social care services for their contribution during this period, acknowledging the rapidly changing situation with COVID-19 and the challenges of the first year of operation in a completely new infrastructure for Health and Social Care delivery here on the Isle of Man.

I do not underestimate the complexities of meeting the needs of our population and this can only be done with the dedication shown by staff at all levels.

As we move through the 2022-23 service year, I am confident that the vision provided by Our Island Plan will serve as a foundation for building a sustainable health and care system which

delivers greater access to a comprehensive, high quality, and fully integrated health and social care system, not just in the hospital setting but across Primary Care, Community Care and Social Care.

Further to a general debate in Tynwald in June 2022 brought by Minister Hooper, the Department intends to use the Mandate to Manx Care from April 2023 to set out its strategic vision for the next three years.

The Department were required to approach Tynwald with a supplementary vote for £10m, although I fully acknowledge that many factors contributed to this overspend.

I am clear that, for the future, excellent governance and planning is required to keep spending within budget. We have worked together to begin forecasting what resources are required for 2022-23 and I expect that we will continue refining this process for future years and explore options for multi-year funding.

I have been particularly pleased to see the work undertaken by Manx Care to listen to advice, feedback and opinions from their established network locally and further afield, and most importantly from the Manx public.

Engagement with our patients and service users will be integral to shaping the delivery of services going forward and truly understanding our needs.

Manx Care particularly excelled in delivering the Island's response to the pandemic, demonstrating agility and flexibility where it was needed.

Since April 2021, Manx Care have worked tirelessly to deliver testing and vaccination at pace and in line with JVCI recommendations.

Swabbing peaked at over 1000 per day in support of border changes and symptomatic patients, with test results being provided in a timely manner. This was all delivered in parallel with providing an inpatient service for those most affected by COVID-19 related symptoms.

To date, a clear accounting of waiting lists is still being worked through by Manx Care and we welcome the progress on the restoration and recovery programme.

Whilst I am confident that progress has been made to improve waiting times across services, it has sometimes been difficult to understand the aggregated position and I would like to see Manx Care improve their reporting of this to the Department and to the public.

I am determined that the Manx Public know what to expect from us when accessing services, particularly how long they should expect to wait, and this will continue to be a key theme in future service years through the Mandate to Manx Care.

I am also somewhat discouraged by the slow progress made jointly between Manx Care and our Transformation colleagues in the real use of performance data, through a core dataset, to understand and manage risk.

I appreciate the work that has been undertaken to improve clinical coding, which is a foundation of accurate information, however I cannot stress enough the importance of validating, automating and sense-checking the data we gather, to make sure we are accurately reflecting the experiences of our service users.

I cannot confidently say that the standards set by the Mandate were met and, as Annex 2 makes clear, in many cases no data were available. I would draw your attention to Section 33 of the Manx Care Act and I hope that going forward, we can openly share information in a timely manner.

By the time this letter is laid before Tynwald, the Department will be using its Oversight Framework to take a holistic view of the health and care system. In reviewing progress towards outcomes for 2022-23 this time next year, I hope to be in a position to provide even greater detail.

Conclusion

Overall, Manx Care have made progress against the objectives in the Mandate for 2021-22, and have made positive steps towards achieving delivery.

The end of the service year does not mean that the objectives will be forgotten about and, through the joint creation of the Mandate for 2022-23, we will ask Manx Care to continue building on the successes already achieved.

I believe that positive foundations have been laid this year and relationships have been established to allow us to significantly improve, but this must now happen at pace and with an eye on making the most of what is within our gift.

Yours Sincerely

Mr Rob Callister

Minister for Health and Social Care

Dr Michelle Heywood

Member of the House of Keys

Ms Joney Faragher

Member of the House of Keys

Annex 1

At a Glance: Mandate Objective Progress Summary

Objective Number	Heading	RAG Rating
1	Pandemic Response	Achieved
2	Service User Engagement	Mostly Achieved
3	Integration of Services	Mostly Achieved
9	Partnership Working	Mostly Achieved
4	Equity of Governance	Partly Achieved
5	Risk and Clinical Governance	Partly Achieved
7	Waiting Times	Partly Achieved
8	Continuous Improvement	Partly Achieved
10	Primary Care at Scale	Partly Achieved
11	Workforce Engagement	Partly Achieved
6	Financial Balance	Not Achieved
12	Climate and Net Zero	Not Achieved

Progress per Mandated Objective

Mandate Objective	Manx Care Planned Response	Supporting Evidence Provided (where applicable)	Rating
<p>Contribution towards the Island's response to the COVID-19 pandemic as directed by DHSC. This includes, but is not limited to, the ongoing delivery of the COVID-19 testing and vaccination programme in accordance with the strategy set by the Department and Government.</p>	<ol style="list-style-type: none"> 1. Vaccination programme; 2. Testing programme; and 3. Operational response to the pandemic; 	<ol style="list-style-type: none"> 1. All eligible groups vaccinated where desired 2. Statistics for delivery of tests within timeframes 3. None relevant 	<p>Achieved</p>
<p><u>Summary of Deliverables and Outcomes</u></p> <p>Manx Care has successfully provided COVID-related services and support to the Island through the swabbing and testing services, vaccination programme and secure supply of PPE and LFDs, which has meant that everyone who wishes to have a vaccination has been able to do so in a timely way and we were able to protect those most vulnerable.</p> <p>We have seen dedicated support provided to those in a residential setting, as well as safe and effective inpatient treatment and isolation for those with acute symptoms. Manx Care managed the hospital facilities efficiently whilst space was required for patients in isolation.</p> <p>From 1st January 2022, Manx Care facilitated transfer of the 111 telephone service from the Cabinet Office.</p> <p>In relation to COVID-19, Manx Care demonstrated an ability to be flexible and provide information at short notice to facilitate decision-making.</p>			

Mandate Objective	Manx Care Planned Response	Supporting Evidence Provided (where applicable)	Rating
<p>Demonstrate that 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;</p> <p>Measure the experience of service users, patients and carers, and define plans to improve that experience by 30th July 2021 and commence implementation of that plan to enable demonstrable improvement within the Service Year</p>	<ol style="list-style-type: none"> 1. Actively seeking, responding to and learning from patient feedback. 2. Set out a range of interventions to enhance patient and carer experience 3. Listen to and act upon patient feedback to improve our services 4. Identity the measure that will be used to monitor the effectiveness of patient, service user and carer feedback. 5. Create a framework for capturing and acting on feedback during the first quarter 	<ol style="list-style-type: none"> 1. Example MCALS Dashboard; 2. No supporting evidence provided 3. Action Plan associated with Patient Safety and Satisfaction walks (awaiting receipt by Department) 4. No supporting evidence provided 5. Patient, Service User and Carer Engagement Framework (awaiting receipt by Department) 	Mostly Achieved
<p><u>Summary</u></p> <p>Systems had not matured at a rate which enabled the ambitious 30th July deadline to be met, despite Manx Care's required Outcomes Framework pointing to comprehensive baselining in all areas. However, the Department welcomes plans established since then, including the introduction of MCALS which has since provided an important additional contact point for patients and service users and is increasing its ability to report on interactions with the public. In coming years, it will be important to understand how this service is utilised and how themes and trends can inform future service provision.</p> <p>There is evidence of a number of ways in which patient feedback has been actively sought, such as patient safety and satisfaction walks, feedback forms being used at discharge within Social Care and Manx Care Board meetings being made public bi-monthly. It is also important to note high rates of engagement in some statutory service provision, such as children being given the opportunity to input during 'Looked After' reviews. However, evidence of feedback being directly used to drive improvement is unclear at this time.</p>			

This position is also applicable in the area of complaint handling – the work undertaken by Manx Care is important but the Department would like to see examples of where feedback has directly affected an approach, through a culture of sharing and learning. I look forward to the planned use of ‘Friends and Family’ testing during the next service year as a further way of understanding how we’re doing and making sure that the people who use our services feel heard.

Mandate Objective	Manx Care Planned Response	Supporting Evidence Provided (where applicable)	Rating
<p>Demonstrate changes in transforming integrated health and care service delivery following international standards for quality and outcomes</p>	<ol style="list-style-type: none"> 1. Develop plans to maintain patients and service users in their own homes and their own communities and avoid admission to hospital where possible, through the development of a comprehensive tiered model of community care 2. Wellbeing Partnerships established across all localities of the Isle of Man by the end of calendar year 2022, 3. A multi-disciplinary team (MDT) approach taken to the management of all referrals where more than one community service is requested, facilitated through a shared care record and care planning document. 4. Reduce delayed transfer of care from inpatient setting by having timely and responsive community assessment and provision 5. The Community Nursing Services (CNS) will respond to all urgent requests within 4 hours, non-urgent requests within 24 hours and routine referrals within 7 days. 	<ol style="list-style-type: none"> 1. Data supplied at Annex 2 indicates a contribution by Western Wellbeing to reduction in ED attendance, this will take time to stabilise and validate; 2. Some wellbeing partnerships established and operational 3. Local Area Co-Ordinators in post; 4. There is no data that would support and reduction in delayed transfers of care. 5. No data has been provided for these indicators this year (See Annex 2). 	<p>Mostly Achieved</p>
<p><u>Summary</u></p> <p>There has been positive work in this area around the Wellbeing Hubs as part of Social Care and the appointment of three Wellbeing Partnership Leads, with the Western Wellbeing Partnership being a good example of how services can be co-ordinated and delivered in a locality venue.</p> <p>The foundations for building more engaged care in the community have been set through the appointment of Local Area Co-Ordinators and this will continue to feature in Mandates for 2023 onward.</p>			

	<p>There has not been as much progress in the area of intermediate care and the Department is keen to support this wherever possible. We would also like to see continued progress in the development of a frailty pathway, both in the acute setting and the community. The Department and Manx Care will require continued support of colleagues in the Transformation Programme to facilitate timely delivery of these work-streams and ensure that proposed Primary Care Homes support the work that has already been undertaken, and that the Operating Model supports a truly person-centred and multidisciplinary way of working in our communities.</p>	
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Mandate Objective	Manx Care Planned Response	Supporting Evidence Provided (where applicable)	Rating
<p>Ensure that all aspects of health and care have balanced equity of decision making, accountability and provision</p>	<ol style="list-style-type: none"> 1. Ensure that there is an integrated approach to managing quality, performance, workforce and finance. 2. Implement a new delivery framework for Children's and Adult's Social Care under a (single) Executive Director of Social Care to strengthen governance arrangements 3. Adult Social Care will ensure that the staff teams across directly provided services are qualified and have the skills and abilities to deliver services in a safe and person-centred manner. 4. Adult Social Care will ensure access to service provision is fair, equitable and based on assessed needs. 5. Adult Social Care will ensure compliance across directly provided services with the minimum standards as set out in the Regulation of Care Act 2013 responding to any recommendations or requirements set out in the post inspection report. 6. Adult Social Care will ensure premises are appropriate and fit for purpose to ensure effective service delivery and an environment that is regarded as safe and welcoming. 7. Adult Social Care will work collaboratively with specialist services to establish clear pathways in, through and moving on from services. 8. Adult Social Care will work collaboratively with colleagues, other care and support services and third sector organisations to safeguard vulnerable adults by promoting 	<ol style="list-style-type: none"> 1. No supporting evidence provided 2. Framework is established and operational 3. No supporting evidence provided 4. Anecdotal evidence to support progress towards holistic assessment but no documentary evidence provided 5. Action Plans have been received by individual services in respect of requirements made and escalated where appropriate but there is no evidence to demonstrate addressing these in a system-wide manner 6. There is evidence of replacement or refurbishment of some facilities but there is no assurance that all facilities are fit for purpose 7. No evidence provided to support progress 8. There is anecdotal evidence of some good relationships in the third sector but no evidence to provide assurance. 	<p>Partly Achieved</p>

	<p>the stated policy that Safeguarding is Everybody's Business.</p>		
<p><u>Summary</u></p> <p>The creation of one combined care group for Children's & Families services and Adult Social Work and Adult Social Care sets a fundamental infrastructure for balanced decision-making and collaborative working. The Department intends to keep focus in future years on a multi-disciplinary approach to providing care in the community, supported by the proposed Partnership Assessment.</p> <p>The Department would like to see further development of evidence that Social Care, Mental Health and Primary Care are given equal representation within all governance structures. Appointment of Non-Executives with interest in these areas would be a positive step.</p>			

Mandate Objective	Manx Care Planned Response	Supporting Evidence Provided (where applicable)	Rating
<p>Demonstrate, embed and lead an effective and robust corporate, clinical & 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, in 2021/22</p>	<ol style="list-style-type: none"> 1. Each of the established Care Groups will have regular Performance and Accountability Review with the Executive Team. 2. A Manx Care Risk Management Strategy and Policy will be developed by Manx Care and agreed by the Manx Care Board during Service Year 2021-22. 3. An Integrated Performance Management Framework will be established alongside a revised governance structure for Manx Care which will ensure the balance in achieving or exceeding the agreed performance standards. 4. Manx Care will promote a multi-disciplinary approach to improvement. To support this, Manx Care will agree a standardised improvement approach to be adopted across the organisation which will further build capacity and capability to support continuous improvement. 5. Manx Care will play an active role in the Workforce and Culture Project of the Transformation Programme 	<ol style="list-style-type: none"> 1. No supporting evidence provided but framework is in place which would support this in principle. 2. Policy for Formation, Ratification and Management of Manx care Policies and processes. 3. Performance and Accountability Framework; 4. Document Control Policy 5. No evidence provided to support 	<p>Partly Achieved</p>

Summary

The Department is encouraged to see progress against the automation and validation of data being produced, though work in this area has been slow due to resource constraints. There is still a way to go before real-time intelligence about performance can be provided and the delay in receiving data or, in the case of some metrics, no data at all, means that the Department does not feel assured that risk is being effectively managed. The Department would like to understand more about how Manx Care are prioritising areas of data automation or validation and associated timeline. Without this, there is a concern that there may be unknown areas of risk.

There is evidence that governance structures to support harm prevention have matured through Manx Care's Quality, Safety and Engagement Committee and I would expect to see the ways in which that Committee interacts with the Department to develop in the coming year.

The development of a Quality Dashboard is a positive step and the Department appreciates the increase in communication over the service year to jointly discuss key risks and celebrations in the area of Quality and Safety relating to Nobles Hospital. In 2022-23, the Department's Oversight Framework will set down clear, joint reporting requirements and this will be made available to the public.

It would be good to see this work replicated, particularly in Social Care and the Department understands that this is in planning.

Receipt of an Enforcement Notice from the Information Commissioner during the year was disappointing and strong governance is required to ensure that action plans following events like these are followed up in a timely way.

Mandate Objective	Manx Care Planned Response	Supporting Evidence Provided (where applicable)	Rating
<p>Demonstrate continued financial balance through delivery of agreed cost and service improvement plans (CIP) and the delivery of the agreed sustainable financial plans</p>	<ol style="list-style-type: none"> 1. A 1% efficiency target has been applied to year 1 of Manx Care as part of an 8 year efficiency profile. This equates to £2.7M in the Service Year 2021-22. 2. Manx Care will initiate the development of a framework in Service Year 2021-22 that will describe how it will identify, impact assess, monitor and evaluate cost improvement and efficiencies. Successful implementation of that framework is expected to take several years. 	<ol style="list-style-type: none"> 1. Regular Management Accounts 2. CIP Plan 	<p>Not Achieved</p>
	<p><u>Summary</u></p> <p>A supplementary vote was required to be submitted to Tynwald.</p> <p>CIP savings of £1m were achieved but this was below the target of £2.7m. The Department notes that in many cases, achievement of the saving is delayed due to other constraints, rather than indicating an overall shortfall.</p> <p>Going forward, sound financial governance and control mechanisms have been put in place for improved accountability, better forecasting and earlier visibility of potential issues to enable time for mitigation. However, finance will continue to be a key risk for the organisation.</p> <p>The Department is committed to consideration of a multi-year funding model in future years.</p>		

Mandate Objective	Manx Care Planned Response	Supporting Evidence Provided (where applicable)	Rating
<p>Waiting times for Mandated Services to be reduced to levels comparable with other developed health and care systems.</p> <p>Confirm the current baseline wait times for all Mandated Services by 30th July 2021. Develop a plan by 31st October 2021 to reduce clinically/need-based prioritised wait times</p>	<ol style="list-style-type: none"> 1. During Service Year 2021-22 Manx Care will develop and implement an Access Policy which will govern its approach to the management of waiting times. 2. Manx Care will monitor and report against eight key waiting time standards for integrated cancer care. Manx Care will put credible plan in place to improve on the baseline position and will commit and improving against the baseline position. 3. Manx Care is committed to Improving Screening Services for the Island population. Specifications for the Breast Screening Services, Cervical Screening Services and Bowel Screening Services have been developed and a gap analysis has been undertaken against the revised specifications. The gap analysis identifies significant gaps and therefore Manx Care will develop a costed Improvement Plan for consideration by Department and Public Health. 4. During Service Year 2021-22 Manx Care will continue to monitor against the 4hour standard in urgent and emergency care and commits to make improvement against this target from the baseline position. 5. Manx Care will establish mechanisms to monitor against a broader set of urgent and emergency care indicators 6. Manx Care will ensure that no patients waits more than 12 hours for a hospital bed following a Decision to Admit. 	<ol style="list-style-type: none"> 1. Access Policy 2. Data has been provided for two of the eight key waiting times, however, the remaining six have had little to no data provided (See Annex 2). The baseline position has improved throughout the year. 3. No evidence to support progress in this area 4. The yearly data shows performance has remained stable though has decreased slightly in the final quarter. 5. The Department has been sighted on a broader set of indicators and notes ongoing validation work in underway. 6. The Department has not seen any information on this indicator. 	Partly Achieved

	<p>7. Manx Care is committed to ensuring that no patients wait over 52 weeks for their treatment,</p> <p>8. During Service Year 2021-22 Manx Care will achieve a reduction in the number of patients waiting over 52 weeks (against the 31st March 2022 baseline) and will develop costed plans during Service Year 2021-22 to eradicate 52 week waits within the next 3 years.</p> <p>9. A standardised approach to clinical and administrative validation of Waiting Lists will be established</p> <p>10. Manx Care will report and monitor its Waiting List Volume (WLV) overall and at speciality and sub-specialty levels. Manx Care will develop plans to reduce WLV during Service Year 2021-22.</p>	<p>7. Though no data has been provided, the Department is aware this indicator is undergoing validation.</p> <p>8. No evidence provided.</p> <p>9. The Department is aware data validation is ongoing.</p> <p>10. No evidence provided.</p>		
		<p><u>Summary</u></p> <p>Systems were not in place to be able to aggregate a full picture of waiting times in time for the 30th July deadline, with Manx Care focussing on core services and procedures with the longest lists.</p> <p>A full programme of restoration and recovery has been ongoing with significant effort to address waiting lists in some core areas. However, the Department remains unsighted on full current waiting times for all mandated services (particularly Primary Care), or an aggregated plan for when and with what prioritisation this is currently being undertaken and the plans to maintain accurate lists in the future to prevent further deterioration of waiting times.</p> <p>Ambulance response times remain of concern and the Department notes the intention for review of the metrics used in urgent and emergency care, which is welcomed as the planned improvement in performance against the 4 hour standard has not yet been achieved.</p>		

There have been some significant fluctuations during the year, particularly in performance relating to waiting times for patients referred with suspected cancer symptoms and the Department notes that these are likely become more stable as methods for gathering and validating data are developed further.

Little progress was made in the area of screening for three primary cancers in order to align them with recognised standards, which is disappointing given that the gap analysis already conducted would provide a baseline from which to plan. This objective has been carried forward to the Mandate for 2022-23 in order to better support our Public Health colleagues in delivering these important preventative services.

Mandate Objective	Manx Care Planned Response	Supporting Evidence Provided (where applicable)	Rating
<p>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.</p>	<ol style="list-style-type: none"> 1. Manx Care will agree a standardised improvement approach to be adopted across the organisation which will further build capacity and capability to support continuous improvement. 2. An Integrated Performance Management Framework will be established together with the enhanced governance structure for Manx Care 3. During Service Year 2021-22 Manx Care will further develop strategic partnerships with both providers of tertiary care and with voluntary and community services providers 4. During Service Year 2021-22 Manx Care will prepare its Strategy for 2022-2027 utilising a service based, bottom up approach. 	<ol style="list-style-type: none"> 1. Serious incident investigation Policy (awaiting receipt by Department) Action Plan associated with AFPP Report (awaiting receipt by Department) Standards for Inquest Management (awaiting receipt by Department) Process for Mortality Reviews (awaiting receipt by Department) 2. Performance and Accountability Framework 3. No evidence provided to support 4. No evidence provided to support 	Partly Achieved
	<p><u>Summary</u></p> <p>Validating performance data will be key in understanding the baseline and planning for improvements, and the Department would like to understand more about how Manx Care is prioritising this work through its Finance, Performance and Commissioning Committee.</p> <p>There has been evidence of improvement in service model design in areas such as the introduction of a 'Smart Page' emergency alert system.</p>		

	<p>The Department understands that many planned improvements in the area of technology will be dependent on delivery of the Manx Care Record by the Transformation Programme and this should be treated as a priority. We will also continue to ask Manx Care to explore how outward-facing technology can assist patients in managing their care at home.</p>	
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Mandate Objective	Manx Care Planned Response	Supporting Evidence Provided (where applicable)	Rating
<p>Effective and collaborative partnership working within the integrated care system.</p>	<ol style="list-style-type: none"> 1. Manx Care will develop its plans to maintain patients and service users in their own homes and their own communities and avoid admission to hospital where possible 2. Our Wellbeing Partnerships, which will be established across all localities of the Isle of Man by the end of calendar year 2022, will receive and coordinate all referrals into community based statutory services and some third sector providers who are members of the partnership 3. Standards linked to admission avoidance and reducing delayed transfer of care will be developed in support of this during Service Year 2021-22 to supplement the existing standards. 	<ol style="list-style-type: none"> 1. No documented evidence provided to support – Western Wellbeing contribution to prevention of unheralded A&E attendance is noted below. 2. Target date is within subsequent service year - to review in 2023 Letter of Assessment 3. No evidence provided to support 	<p>Mostly Achieved</p>
	<p><u>Summary</u></p> <p>Manx Care is able to evidence progress against this objective through the Integrated Partnership Board and representation through the Council of Voluntary Organisations. There is evidence of good work both locally and further afield to establish networks and alliances which support best practice and information sharing, particularly in Mental Health Services.</p> <p>The Department would like to work closely with its Transformation colleagues in subsequent years to ensure that an approach is taken which considers the whole system and is able to prioritise areas of most need.</p>		

Mandate Objective	Manx Care Planned Response	Supporting Evidence Provided (where applicable)	Rating
<p>Developing and integrating Primary Care at Scale as an essential part of service delivery within Manx Care.</p>	<ol style="list-style-type: none"> 1. Manx Care will work with the Transformation Programme's Primary Care at Scale Project to develop services to be provided by the Primary Care Network for GPs and to promote collaborative working within the other primary care professions. 2. Manx Care will develop a Primary Care at Scale Strategy and Implementation Plan by the end of quarter one which will redefine the Model of Care and the Operating Model to build a new approach to collaboration across Primary Care, 	<ol style="list-style-type: none"> 1. Evidence of participation/attendance but not how this is linked to outcomes. 2. Primary Care at Scale Baseline Strategy (Transformation Paper) 	<p>Partly Achieved</p>
<p><u>Summary</u></p> <p>The outcomes associated with this objective sit primarily with colleagues in the Transformation Programme of the Cabinet Office and whilst Manx Care have played an active role, progress was not always solely in their gift. A project pause due to change in contracted partner did affect this workstream during The nominated Manx Care representative was actively involved in work to develop the strategy and target operating model, with a focus on governance and integration with the wider system.</p> <p>The Department notes progress with recruitment of additional staff through prototype interventions but is concerned by the slow nature of progress in data sharing agreements between GP practices and Manx Care, which have ultimately affected the scope of the project.</p> <p>During 2022-23, concerted efforts between the Transformation programme, DHSC and Manx Care will be required to achieve the vision set out by this project.</p>			

Mandate Objective	Manx Care Planned Response	Supporting Evidence Provided (where applicable)	Rating
<p>Demonstrate a continuous improvement in workforce engagement, personal and professional development.</p>	<ol style="list-style-type: none"> 1. Manx Care will play an active role in the Workforce and Culture Project of the Transformation Programme; 2. Manx Care will participate in the regular government wide staff engagement surveys and supplement these with additional Manx Care focussed engagement surveys, using the results to establish a clear baseline and to plan improvements during the course of 21/22. 3. Manx Care has established formal listening events across staff groups since February 2021 and these will continue throughout the year with updates on actions taken in response to staff feedback forming part of regular updates to the People Committee and the Manx Care Board. 	<ol style="list-style-type: none"> 1. No evidence provided to support. 2. Manx Care did utilise the surveys, though response rate was low and is now subject to Government-wide review. No evidence of what has been used to replace or supplement. 3. No evidence to show whether these continued or how the information was used. 	<p>Partly Achieved</p>
<p><u>Summary</u></p> <p>Manx Care have been able to demonstrate positive initiatives such as the implementation of a bespoke staff Induction Programme, staff and team recognition schemes and a Leadership Academy Programme. However, it is unclear whether these initiatives have contributed to any improvement in workforce engagement, for which it was difficult to establish any meaningful baseline and reported response to staff surveys has remained low.</p> <p>Manx Care undertook a 'refresh' of the set of values during the year and I would like to see during the next year how these are embedded and used to drive a culture of consistency.</p> <p>Whilst it is acknowledged that electronic systems which support completion of mandatory training require some improvement, it is disappointing that there is still no clear position on numbers of staff who are compliant with the Mandatory Training Policy.</p>			

	<p>Manx Care have suffered from high rates of staff sickness absence during the period, much like many other organisations, and a plan will be required to support staff to improve this and ensure that the workforce is sustainable for the future.</p>	
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Mandate Objective	Manx Care Planned Response	Supporting Evidence Provided (where applicable)	Rating
<p>The Isle of Man Government now has a commitment to reach net zero greenhouse gas emissions by 2050, and the Climate Change Bill due to come into operation in 2021 gives every public body a statutory duty to play an active role in achieving that goal.</p> <p>Over the next five years, Manx Care will continue to pursue work to with the Department, Treasury, Department of Infrastructure and the climate change transformation team of the Cabinet Office to assess the emissions from the current estate and reduce them wherever possible, including opportunities for natural carbon sequestration in our grounds; Manx Care will pursue the reduction of the use of polluting anaesthetic gases and the improved use of asthma inhalers (in line with work going on in the UK); and support our staff and patients to choose low carbon options in all aspects of our operation</p>	<ol style="list-style-type: none"> 1. All new capital schemes will reflect developing technologies and where possible our existing structures will be enabled to utilise low to zero carbon technology. 2. Combined heating and power systems will be the norm in our design specification, providing carbon savings with an estimated payback timeframe for financial consideration and decision making. 3. All changes to current structures will consider thermal transmittance, the use of natural daylight, solar gain without overheating, alternative heating and power sources, thermal stores and the minimisation of water consumption. 4. To demonstrate Manx Care's commitment to protecting our natural resources we will be submitting our application to become a partner to UNESCO Biosphere, Isle of Man. 	<ol style="list-style-type: none"> 1. No evidence provided. 2. No evidence provided. 3. No evidence provided. 4. No evidence provided. 	<p>Not Achieved</p>
	<p>The Department notes the delay in the Guidance for Public Bodies only being published in March 2022. However, there is work that could have been ongoing in the meantime, specifically in relation to anaesthetic gases and asthma inhalers as well as smaller enhancements to the estate, for which no information has been forthcoming.</p>		

Annex 2

Manx Care Mandated Metrics Performance – 2021/22

It should be noted that Manx Care have undertaken significant work to establish a programme to enhance the collation, integrity and validation of performance data. This work-stream is ongoing and the data provided below is that which was contemporaneously available. Since the time of publication, the metrics and methods for measuring Manx Care’s organisational performance have matured such that some of the performance information detailed below may not accurately reflect the actual performance levels achieved. At the time the Mandate for 2021-22 was written, the scoping exercise regarding the reporting mechanisms and methodologies had not been completed, and therefore the Department accepts this position.

Care Group	Key Performance Indicators	Mandated Target	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Medicine, Urgent Care and Ambulance Service	Time to attend to life-threatening 999 calls by an Emergency Responder (Category 1) (min:sec)	75% within 8 min	10:09	08:42	10:42	10:28	08:34	09:09	09:51	12:00	11:10	10:09	10:17	16:42
	Time to attend life-threatening 999 calls by a crewed ambulance	95% within 19 min	#	#	#	#	#	#	#	#	#	#	#	#
	Time to admin, discharge of transfer patients after arrival at ED (Nobles and Ramsey)	95% within 4 hours	75%	78%	77%	79%	80%	77%	75%	72%	71%	70%	69%	#
Surgery, Theatres, Critical Care and Anaesthetics	% of Urgent GP referrals seen for first appointment within 6 weeks	85%	57%	56%	61%	54%	56%	52%	50%	49%	47%	47%	53%	61%
Integrated Diagnostics and Cancer Services	Number of patients waiting for urgent diagnostics tests	Within 2 weeks	#	#	#	#	#	#	#	#	#	#	#	#
	Number of patients waiting for routine diagnostics tests	Within 20 weeks	#	#	#	#	#	#	#	#	#	#	#	#
	Time from receipt of urgent referral for suspected cancer to first outpatient appointment	93% within 2 weeks	71%	76%	73%	61%	73%	77%	83%	80%	77%	78%	82%	83%

	Time from receipt of referral for breast symptoms (other than suspicion of cancer) to first hospital appointment	93% within 2 weeks	35%	33%	42%	29%	38%	60%	84%	84%	92%	55%	67%	55%
	Time from receipt of referral for suspected cancer, urgent referral from screening programme or any breast symptoms to date of patient confirmed diagnosis or ruling-out of cancer	75% within 28 days	#	#	#	#	#	#	81%	#	#	85%	#	72%
	Time from decision to treat (diagnosis) to start of second or subsequent treatments for all cancer patients where mechanism is surgery	94% within 31 days	#	#	#	#	#	#	100%	#	#	100%	#	#
	Time from decision to treat (diagnosis) to start of second or subsequent treatments for all cancer patients where mechanism is drug treatment	98% within 31 days	#	#	#	#	#	#	100%	#	#	100%	#	#
	Time from decision to treat (diagnosis) to start of second or subsequent treatments for all cancer patients where mechanism is radiotherapy	94% within 31 days	#	#	#	#	#	#	#	#	#	#	#	#
	Time from urgent referral for cancer to first treatment	85% within 62 days	#	#	#	#	#	#	28%	#	#	40%	#	50%
	Time from urgent referral from a screening programme for suspected cancer to first treatment	90% within 62 days	#	#	#	#	#	#	67%	#	#	79%	#	75%
Integrated Mental Health Services	Time to response from ED urgent referral for mental health assessment	75% within 1 hour	#	#	#	#	#	#	#	#	#	#	#	#
	Time to response from ward referral for mental health assessment	75% within 24 hours	#	#	#	#	#	#	#	#	#	#	#	#

Integrated Primary and Community Care Services	Time to follow-up following inpatient stay for patients on Care Programme Approach (CPA)	100% within 7 days	100%	92%	100%	92%	91%	100%	100%	75%	100%	90%	100%	80%
	Time to NICE-approved treatment in patients with first episode clinical psychosis	75% within 2 weeks	#	#	#	#	#	#	#	#	#	#	#	#
	Annual physical health check in patients with serious mental illness	100% annual	#	#	#	#	#	#	#	#	#	#	#	#
	West Wellbeing contribution to reduction in ED attendance	5% per 6 months	#	#	#	#	#	#	-9%	-19%	-19%	-3%	-19%	-3%
	West Wellbeing reduction in admission to hospital from locality	10% per 6 months	#	#	#	#	#	#	10%	20%	18%	15%	4%	-9%
	Clinical Assessment and Treatment Service waiting time from urgent referral	80%	70%	58%	71%	67%	75%	67%	65%	58%	75%	#	#	#
	Clinical Assessment and Treatment Service waiting time from routine referral (within 12 weeks)	80%	75%	82%	70%	30%	18%	28%	40%	58%	24%	50%	47%	73%
	Community Nursing waiting time following urgent referral	4 hours	#	#	#	#	#	#	#	#	#	#	#	#
	Community Nursing waiting time following non-urgent referral	24-48 hours	#	#	#	#	#	#	#	#	#	#	#	#
	Community Nursing waiting time following routine care	One week	#	#	#	#	#	#	#	#	#	#	#	#
Social Care Services	Adult Social Care supervisions completed on time	90-100%	33%	56%	31%	75%	80%	74%	71%	42%	88%	64%	38%	66%
	Adult Social Care average caseload per Social Worker	16 to 18	11	12	12	10	10	10	10	10	10	10	10	11

Fair Access to Care Services (FACS) completed in agreed timescales	80%	88%	75%	83%	71%	74%	79%	79%	87%	80%	50%	67%	33%
% of individuals (or their carers) who have received a copy of their FACS assessment	100%	16%	24%	25%	31%	28%	38%	39%	26%	28%	0%	80%	33%
% of total residential beds occupied	85-100%	85%	83%	85%	84%	79%	80%	81%	83%	80%	79%	83%	83%
% of total respite beds occupied	90-100%	50%	60%	81%	74%	58%	54%	58%	50%	75%	69%	73%	68%
Service Users with a Person-Centred Plan in place (PCP)	95-100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Complex Reviews held on time	85%	29%	52%	45%	100%	100%	60%	46%	67%	100%	91%	67%	#
Total Child Protection Conferences held on time	90%	59%	90%	100%	100%	100%	75%	78%	65%	86%	36%	68%	#
Total Initial Child Protection Conferences held on time	90%	33%	100%	100%	100%	100%	22%	45%	35%	86%	7%	68%	#
Child Protection Reviews held on time	90%	67%	90%	100%	100%	100%	87%	100%	79%	79%	55%	71%	#
Looked After Children reviews held on time	90%	95%	67%	85%	100%	100%	88%	100%	71%	88%	83%	69%	#
Children and Family supervisions completed on time	90%	97%	96%	84%	97%	86%	94%	93%	91%	82%	75%	94%	#
Pathway Plan in place	100%	83%	83%	95%	86%	82%	81%	68%	76%	71%	75%	71%	#
Children participating in, or contributing to, their Child Protection review	90%	85%	94%	100%	100%	63%	53%	87%	66%	48%	86%	55%	#
Children participating in, or contributing to, their Looked After Child review	90%	100%	100%	100%	100%	89%	100%	100%	86%	100%	95%	100%	#
Children participating in, or contributing to, their Complex Review	79%	100%	100%	50%	100%	56%	23%	78%	88%	43%	63%	100%	#
Occupancy at Ramsey – overnight stays	80% maximum	93%	73%	81%	65%	76%	79%	68%	68%	87%	84%	89%	#

KEY # No data available. Target guidelines: **Green**: within 5% of target. **Amber**: within 6-15% of target. **Red**: >15% of target.