



SERVICE YEARS:
2023/2026



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foreword

We are pleased to be sharing our operating plan which sets out our intentions for the 2023/24 service year, as well as our aspirations for the following two service years. 2023/24 will be our third year operating as an arm's length body, operationally independent of both government and Tynwald.

Each year, in accordance with the Manx Care Act (2021), the Department of Health and Social Care (DHSC) sets out a Mandate to Manx Care that outlines the government's objectives and requirements for the Island's health and social care services for the year ahead. The Mandate seeks to detail the service provision that Manx Care must deliver, the amount of funding the DHSC will allocate for the provision of those services, and the service levels and quality standards with which Manx Care must comply. The Manx Care Act requires Manx Care to publish an operating plan in each financial year following the second financial year, covering the next three consecutive financial years. Within the operating plan, Manx Care must set out how it proposes to exercise its functions and comply with the Mandate in the first of the three consecutive financial years, and must outline its proposals in relation to the exercising of its functions in the following two financial years.

This document details Manx Care's response to the 2023/24 Mandate, including how we will endeavour to deliver the government's Island Plan, and continue to work with the Health and Care Transformation Programme to deliver and embed the 26 recommendations from Sir Jonathan Michael's independent review into the future provision of health and social care services. It also outlines how we will develop improvement plans to deliver on the recommendations from the Care Quality Commission (CQC) baseline inspections undertaken throughout 2022/23. Manx Care is committed to fulfilling all of its objectives, subject to affordability and alignment with the DHSC.

The intended audiences for this operating plan are our colleagues, our patients and service users, their families and carers, and our providers and partners.



Sarah Pinch
Interim Chair, Manx Care



Teresa Cope
CEO, Manx Care



1. introduction

1.1 Manx Care identified three key priorities in year one of its inception which were:

- Improving the quality and safety of the services that we deliver
- Improving the culture of the organisation
- Improving financial performance

These priorities continued in 2022/23, along with the addition of:

- Promoting and delivering greater integration of our services.

1.2 As we approach the 2023/24 service year, these priorities still hold firm so that Manx Care is able to continue to provide a comprehensive range of health and social care services. The core focus will continue to be on delivering quality core health and social care services that are effective, safe, people-centred, timely, equitable, integrated and efficient.

1.3 During 2022/23, Manx Care was externally inspected by the Care Quality Commission (CQC). Our focus during 2023/24 will be to respond comprehensively to all of the recommendations made.



2. mission, vision and values

- 2.1 **Our Mission** - to become the best small Island health and social care system in the world.
- 2.2 **Our Vision** - to meet the health and social care needs of the Island's population efficiently and effectively, and in line with accepted professional standards.
- 2.3 **Our Care Values** relaunched in 2022/23 to ensure that they align with Manx Care as an organisation. Based on the government's People Qualities, Manx Care's Care Values have been developed to help ensure that the organisation is a place colleagues enjoy working in, and that patients and service users are receiving the best possible service. The framework is there to support positive personal development for every individual within the organisation, and is based on four Care Values of equal importance, which are:



Committed & Passionate

Accountable & Reflective

Respectful & Inclusive

Excellent & Innovative

- 2.4 Manx Care's Care Values help set expectations, standards and types of behaviour for all of its people. When demonstrated, these Values support and drive personal development and standards of service to establish expectations for effective leadership and behaviour throughout the organisation.



3. our achievements in 2022/23

Despite challenges, 2022/23 was a year of improvement and development that saw areas of real change and achievement across Manx Care. Some of these include:

Covid vaccinations

The Island's Covid vaccination team continued to protect our community from the threat posed by the Covid-19 virus, and has now delivered over 235,000 vaccines.



Recovery College

2022/23 saw the launch of Manx Care's Recovery College in partnership with University College Isle of Man, offering free courses designed to give people the tools to help them improve their mental health. The team recently won an award at Manx Care's inaugural Care Awards event for 'Community Impact'.



ME/CFS and Long Covid service

The service was launched in 2022/23 and works collaboratively with patient groups and charities to develop an enhanced service, to meet the needs of people living with ME/CFS and a growing number of people with Long Covid.





Introduction of IMAS Clinical Navigators into the ESJCR

Isle of Man Ambulance Service (IMAS) has placed Clinical Navigators within the Emergency Services Joint Control Room (ESJCR). This will ensure that experienced clinicians can conduct further clinical triage over the phone with people who call 999 seeking help, to determine if they need an Ambulance to be sent to them or not, and ensure that patients get the appropriate level of treatment first time (whether that is in their home or in a clinical setting). An Ambulance will still be dispatched immediately for Category One calls.



Contemporary good practice is for further clinical triage to be a core part of the emergency call centre environment, to ensure a patient is directed to the most appropriate service to meet their needs.

Elective Restoration and Recovery Programme, Phase Two

Manx Care secured £18.3 million of government funding following a supplementary vote in October 2022 to deliver around 3,800 procedures. This was to continue its work in reducing the Island's Orthopaedic, Ophthalmology and General Surgery waiting lists in conjunction with Synaptik, Manx Care's strategic partner for this activity.

synaptik

Part of the **PHL** Group

Establishment of Manx Care's Frailty Service

Mark Young (Advanced Clinical Practitioner, Frailty) and Dr. Duncan Gerry (Consultant Geriatrician) work in partnership to manage elderly and frail patients on Ward 6 at Noble's Hospital, the newly dedicated Frailty Unit. Patients with frailty and dementia often have complex co-morbidities which require adequate, specially designed care facilities, with care support from multi-disciplinary teams. Mark and Duncan have reviewed the evidence that suggests that patients over the age of 70 were likely to have average length of stay of ten days, in conjunction with evidence that implementing a Frailty Unit achieves a 22% reduction in monthly occupied bed days.





Manx Care Advice and Liaison Service (MCALS) activity

MCALS became a substantive service in March 2022 following a six-month pilot.

The team assists members of the public in negotiating immediate solutions, speedy problem resolution, listening and providing appropriate information, and delivering personalised care.

They have reached over 8,900 service users, carers and families since the pilot began – this is approximately 10.4% of the Island's population.



TT 2022 – the busiest on record for Isle of Man Ambulance Service (IMAS)

Across the TT fortnight, IMAS:

- Dealt with **761 calls** to the 999 service (169 more calls than the number received during TT 2019)
- Responded to **710 incidents**
- **Experienced its busiest ever day** on Tuesday 07 June, attending **60 individual incidents** across the 24-hour period



In addition, IMAS was quicker to respond to patients than ever before during a TT period. Our Island-based team members were joined for the fortnight by seven additional colleagues, six from Wales and one from Guernsey.

The first iThrive conferences delivered on the Island

Manx Care's Integrated Mental Health Services Team organised and delivered two iThrive conferences on the Island in 2022 as part of their plan to establish a multi-agency approach towards mental health and wellbeing, and support the implementation of the Thrive framework on the Isle of Man.

The Thrive Framework is needs-led, and aims to establish an integrated, multi-agency framework on the Isle of Man to support the mental health and wellbeing needs of children, young adults up to the age of 25 and the adults who look after them. The aim is for groups of colleagues from different agencies to work together in partnership to ensure people get the right help at the right time, adhering to the principles of integration, early intervention and recovery.





Manx Care's first ever Annual Public Meeting (APM)

In May we delivered our first ever APM event and public open day, providing the opportunity for members of the public to have open dialogue with all of our services for the first time.

The event was also supported by partners from across the Island's other emergency services, and was incredibly well attended.



World Social Work Day

Manx Care's Social Care Services team celebrated World Social Work Day in March with a one-day conference on the Isle of Man – the first time ever that it has held an event specifically to mark this occasion.

The theme was 'Respecting Diversity through Joint Social Action', with colleagues enjoying guest speeches from a variety of experts including locally-based and those from the UK.



Prosthetics and Orthotics Department upgrades

The Central Community Health Centre has made some upgrades to its Prosthetics and Orthotics Workshop. These changes will make a significant difference to the patient group on Island in terms of service provision.

These changes allow patients to use sockets made partially or completely on-Island, allowing Manx Care to better control the end product that the patient will wear, even if a socket has to be laminated off-Island. This also halves the time to get a new socket to a patient, down to a three-week minimum.

The workshop upgrades have also allowed for better efficiency within the Orthotics service, with around half of patients now leaving their initial assessment appointment with a definitive device that is custom manufactured the same day.



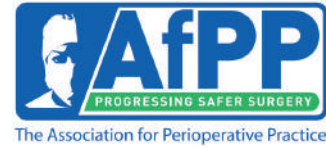
*Will Whittle
(Prosthetics and Orthotics Technician)*



awards, nominations and accreditations:

Association for Perioperative Practice (AfPP) accreditation

Manx Care's operating theatres department at Noble's Hospital was recognised by the AfPP with an accreditation for its 'gold standard' of practice. The AfPP is the UK's leading membership organisation dedicated to theatre practitioners and improving perioperative care.



Nursing Times Workforce Awards nomination

Manx Care was shortlisted for a Nursing Times award for the second year in a row. Our preceptorship programme was recognised in the 'Preceptorship of the Year' category for the work it does to support newly-qualified registered Nurses and Midwives through their first year of work.



Queen's Nurse Award

Manx Care's Head of Safeguarding for Children and Adults, Terri Banks, won a prestigious Queen's Nurse Award in late 2022. Awarded by The Queen's Nursing Institute, Queen's Nurse Accolades are given to nursing colleagues who promote the highest standards of patient care in the community.



Awards for Excellence 2022 – finalists

Manx Care's Advice and Liaison Service (MCALS) was a finalist in the 'Scale-up Business of the Year' category.



Our first ever Care Awards

Our inaugural Care Awards event took place in February 2023 with nearly 200 colleagues in attendance, as well as a number of VIP guests.





Macmillan Quality Environment Mark

The Manx Breast Unit based at Noble's Hospital was awarded the Macmillan Quality Environment Mark (MQEM), with an overall score of 5 (excellent). The MQEM assesses whether cancer facilities meet the holistic needs of people living with cancer, aiming to set the highest possible standards for cancer care environments.



Infant Feeding Team – UNICEF Baby Friendly

Manx Care's Infant Feeding team was accredited by UNICEF for the level of work it does to support new parents and their babies. UNICEF's Baby Friendly accreditation is based on a set of evidence-based standards for maternity, health visiting, neonatal and children's centre services. Meeting these standards means that services help parents to feed their baby in ways that will support optimum health and development.



Memory Clinic professional reaccreditation

The Memory Clinic, operated by Manx Care's Older Persons Mental Health Service (OPMHS), received its reaccreditation from the Memory Services National Accreditation Programme (MSNAP) run by the Royal College of Psychiatrists. The MSNAP accreditation was developed by The Royal College of Psychiatrists Centre for Quality Improvement (CCQI) to support and improve the quality of services for people with memory problems or dementia, and their carers, and engages the professional team in a comprehensive review process through which good practice and high quality care are recognised.





4. our priorities for 2023/24

4.1 Responding to recommendations from external inspections

Most of Manx Care's directly delivered and commissioned services on the Island were subject to the Care Quality Commission (CQC) inspection phase throughout 2022/23. The CQC registers, inspects and regulates health and social care services in England, so its expertise made it well placed to undertake a baseline inspection in the majority of Manx Care's services. This included Adult Social Care (ASC), Primary Medical Services (PMS - including GPs, dental care, minor injuries and out of hours) - and both Noble's and Ramsey and District Cottage Hospitals. Following the recent publication of the CQC inspection reports, Manx Care is committed to ensuring improvements noted are progressed with appropriate action plans implemented throughout 2023/24.

4.2 Improving Mental Health and Wellbeing needs for children and young people

Throughout 2023/24, Manx Care will strive to continue embedding the needs-led THRIVE framework, which aims to establish an integrated, multi-agency network that will support the mental health and wellbeing needs of children, young people up to the age of 25 and the adults who look after them. Due to the current shortage of early intervention in partnership with other agencies, many children and young people who require mental health assessment and treatment are referred to Child and Adolescent Mental Health Services (CAMHS), placing added pressure on the team and creating longer waiting lists. The UK, by contrast, has a number of other agencies that people can attend before accessing CAMHS. Therefore, Manx Care cannot embed the THRIVE framework in isolation. Instead, Manx Care will continue to work in partnership with other government agencies and key stakeholders to introduce a multi-agency strategy, founded upon the principles of early intervention, and aimed at addressing the mental health and emotional wellbeing needs of children and young people.

4.3 Improving Urgent and Emergency Care

Service areas across Noble's Hospital have been under significant pressure throughout 2022/23, operating at Operational Pressures Escalation Level (OPEL) 4 of the framework on a number of occasions throughout the year. Colleagues have faced one of their busiest years ever, with significant numbers of Emergency Department (ED) attendances and Ambulance Service callouts. Despite best efforts, these pressures have meant that there have been too many occasions when colleagues have not been able to provide timely access to care for our patients in the way they would have wanted. In 2023/24, Manx Care will seek to address these pressures with the introduction of a number of initiatives across Urgent and Emergency Care (UEC). This includes Hear and Treat in the Emergency Services Joint Control Room, additional doctor and nursing positions in ED, and expanding the capacity of the Ambulatory Emergency Care service by creating a Same Day Emergency Care service. This is designed to divert patients away from the main ED for practitioner-led and ambulatory treatment that would normally require an inpatient admission.



4.4 Improving Urgent and Emergency Care

Analysing the number of ED attendances across the year has facilitated a review of the medic shift patterns across the service to ensure there is always a senior medic present during the periods of highest demand. The introduction of an acute physician in-reach service has enabled consistent senior decision making around admission or referral to ambulation and discharge. Embedding this service in 2023/24 will help to ensure patients are receiving care in the most appropriate place for their condition.

4.5 Improving Cancer Waiting Times

Achievement of the national Cancer Waiting Times (CWT) standards is considered by patients and the public to be an indicator of the quality of cancer diagnosis, treatment and care that NHS organisations deliver. In 2023/24, Manx Care will continue with a strong focus on cancer care by implementing the Faster Diagnostic Standard pathways and best practice timed pathways, which will ultimately speed up cancer diagnosis and improve patient experience. Manx Care will also increase and prioritise its diagnostic and treatment capacity to support the effective delivery of urgent suspected cancer. Manx Care will aim to improve delivery against all of the cancer waiting time standards for the 2023/24 service year.

4.6 Developing Strategic and Voluntary & Community Sector Partnerships

A further key overarching priority for Manx Care is to continue to work closely and develop partnerships with Strategic and Voluntary and Community Sector (VCS) partners in the delivery of health and care, where possible and clinically appropriate. This will enhance the patient pathway and experience, and achieve stronger cohesion between statutory health and care settings and local communities.

- 4.7 A number of priorities detailed in the 2022/23 Mandate from the DHSC that require longer-term funding (via the Transformation Programme) are to be rolled forward to the 2023/24 service year for implementation, once funding mechanisms have been agreed and established. These priorities include, but are not limited to, concluding the final detailed design plan in relation to Primary Care at Scale (PCAS), increasing use of intermediate care, and responding efficiently to recommendations by the National Institute for Health and Care Excellence Technology Appraisals (NICE TAs). Manx Care will continue to work collaboratively with the DHSC to progress these highlighted priority areas.

In 2023/24, Manx Care will commence the delivery of the detailed design plan in relation to Primary Care at Scale. This includes consideration of virtual GP appointments, stabilising Community Pharmacy, designing primary care hubs and the progression of the frailty service.

Primary Care at Scale is closer collaboration of General Practice, Community services and others to deliver fully integrated primary and community care. Detailed design planning will focus on key areas, such as primary care hubs in each locality, to create capacity and build the infrastructure to deliver the right care, by the most appropriate person, nearer to the patient.



Each locality hub will design a key area for integration, such as frequent users, to implement GP-led MDT review and care planning.

Primary Care will also work with Secondary Care to develop frailty services, including shared care clinics with Consultants in the community.

In parallel, Manx Care will consider technological solutions, such as virtual GP appointments, to create capacity within General Practice to support access and resilience.

Community Pharmacy will initially be focused on the implementation of a new provider and stabilising current services.

Manx Care will work with Public Health to design a Population Health Management (PHM) approach. This takes an evidence-based and patient-centric approach to change, and aims to look holistically at the needs of the population, configuring support and services to best meet this need. The approach will bring together both Primary Care service data and Public Health data to identify areas of need in the system. This information will directly impact planning and change discussions at all levels of the system and will be completed over several years through the creation of Needs Assessments across a number of topics/health and care areas.





5. delivery of performance standards

- 5.1 In 2023/26 Manx Care has three key objectives with regard to its delivery of performance standards:
- Recover our core services and productivity
 - As services recover, we need to make progress in delivering the key ambitions and standards included in the Isle of Man Government's 'Our Island Plan' and the Department of Health and Social Care's Mandate to Manx Care
 - We must continue to transform and improve our services for the future.

- 5.2 To improve patient safety, outcomes and experience, it is vital that we:
- Improve Ambulance response and ED waiting times
 - Reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard
 - Make it easier for people to access Primary Care services, particularly General Practice

The improvement of whole system flow and the recovery of our productivity are critical to the successful achievement of these objectives.

- 5.3 As we deliver on these objectives, it is vital that we continue to narrow health inequalities in access, outcomes and experience, including across services for children and young people, and we must continue to maintain quality and safety in our services. This section sets out our performance objectives and required actions which will form the basis for how we assess our performance.

- 5.4 Manx Care increased the visibility of its performance achievement against the Mandated Key Performance Indicators (KPIs) during 2022/23 through the implementation of a redesigned Integrated Performance Report (IPR). The report has raised awareness of the organisation's performance internally, with our partner organisations, and with the public (it is published for and discussed at Manx Care's Board Meetings that are held in public). A more structured and concise format to the IPR – that now includes benchmarking and more robust trend analysis – gives a clearer and greater sense of assurance that areas of challenge are being identified and addressed efficiently and effectively, and that areas of good practice are being highlighted and learned from.



5.5 Manx Care has also taken a significant step forward with one of the key non-clinical objectives under its Restoration & Recovery (R&R) programme by publishing current waiting list sizes and indicative waiting times by specialty on a monthly basis (in public). The initial Waiting Time Information report due to be published in March 2023 details waiting times for the three specialties central to the R&R programme so far. The waiting list sizes and average waiting times for additional specialties will be added to this report in future iterations, as the Restoration & Recovery programme progresses into Phase Three.

A full list of all KPIs for 2023/24 can be found in Appendix A.

5.6 Elective Care

Elective Waiting Times and Referral to Treatment (RTT) – Manx Care recognises that waiting times matter to patients. Most patients want to be referred, diagnosed and treated as soon as possible. The accurate recording and reporting of referral to treatment (RTT) waiting time information is therefore extremely important. The fundamental principle is that all decisions about a patient's waiting time should be made with the patient's best clinical interests in mind.

In 2023/24 Manx Care will refresh its Patient Access Policy and publish an RTT Rule Suite, which will ensure that Manx Care colleagues record and report patient waiting times in accordance with the RTT methodologies. However, it should be noted that it will not be possible to apply the RTT Rules in full until such time as the RTT system functionality has been implemented, and the required training rolled out to relevant teams and departments.

Alongside this, Manx Care will continue with Phase Two of its Elective Restoration & Recovery Programme and produce detailed plans for Phase Three of the programme to tackle the remaining outpatient, inpatient and day case speciality waiting list backlogs.

To support the recovery of waiting lists, Manx Care will continue its implementation of the Enhanced Waiting List Management programme. This will include the continuation of:

- Waiting List Validation
- Patient Tracking List (PTL) meetings (for non-Cancer specialties) - and a pilot of the PTL process for Orthopaedics
- Referral and Booking (focus on implementation of partial booking and patient-initiated follow-up outpatient appointments)
- Implementation of Referral To Treatment (RTT) rules, methodologies and system functionality
- Harm Review process

Manx Care will validate, report and monitor its overall Waiting List Volume (WLV), at speciality and sub-speciality level. It will develop further plans to reduce its WLV during 2023/24.



Key Performance Objectives

- Ensure the Waiting List Volume (WLV) will be lower on 31 March 2024 than on 01 April 2023
- Endeavour to eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer, or in specific specialities)

Given the limitations in managing and reporting waiting times across the full Referral to Treatment (RTT) pathway (until such time as the required RTT systems and methodologies are fully implemented), this standard will need to be monitored by the individual stages of the RTT pathway:

- Endeavour to eliminate waits of over 22 weeks from referral to first outpatient appointment for Consultant-led services by March 2024 (except where patients choose to wait longer, or in specific specialities)
- Endeavour to eliminate waits of over 22 weeks from a decision to treat to definitive treatment for day case and inpatient elective care by March 2024 (except where patients choose to wait longer, or in specific specialities)

These standards therefore assume a waiting time of 21 weeks between First Outpatient appointment and Decision to Treat, as there may be a period of waiting time between First Outpatient Attendance and Decision to Treat (where diagnostics and follow-up outpatient appointments occur) that cannot be accurately monitored until the RTT system and methodologies are fully implemented.

The achievement of these ambitious standards by March 2024 will be entirely reliant on a combination of increased productivity, timely access to services at Tertiary centres and additional capacity being identified and available through Phase Three of the Restoration & Recovery programme. The latter is likely to require additional funding from the DHSC/Treasury to support the R&R business cases and enable the required reductions in waiting list size and waiting time to be achieved.

Key Performance Actions

- Continued delivery of Phase Two of the R&R programme and implementation of Phase Three
- Deliver an appropriate reduction in outpatient follow-up (OPFU) in line with the aim to reduce OPFU activity by 25% against the 2019/20 baseline by March 2024
- Increase productivity and meet the 85% day case and 85% theatre utilisation expectations, using GIRFT (Getting It Right First Time) and moving procedures to the most appropriate settings
- Diabetic Retinopathy screening will be offered
- Reduce the Did Not Attend (DNA) rate to 5% by March 2024 (the current consultant-led DNA rate for 01 March 2022 to 01 March 2023 is 9.7% based on the current available data).



5.7 Cancer

Manx Care continues in its aim of continuously improving and delivering against all cancer waiting time (CWT) standards for 2023/24 and beyond. Extensive efforts are going into ensuring that patients do not wait unnecessarily for diagnostic tests. Further work and investment is planned to ensure that service delivery can be maintained and improved beyond 2023/24.

Manx Care will continue to work in close collaboration with the Office for Health Improvement and Disparities (previously Public Health England) and the Public Health Directorate Isle of Man to ensure comprehensive, robust and informative annual reporting of cancer incidence and mortality rates.

The Cancer Intelligence Group will continue to work with the NHS Transformation Directorate to implement the submission of the Cancer Outcomes and Services Dataset (COSD) to improve monitoring and reporting of incidence/mortality data. The COSD submission also includes staging and performance status, which will enable better management and reporting of early diagnosis measures.

Manx Care will continue to develop its relationship with the Cheshire & Merseyside Cancer Alliance and Tertiary centres, forging more links to aid the development of shared care pathways that ensure a seamless transition between Manx Care and off-Island providers. These partnerships are critical to cancer care being effectively planned, leading to improved outcomes for patients.

Manx Care will continue its work with the Health and Care Transformation Programme to develop and implement clear tumour site pathways, reflecting best practice standards in support of the achievement of the 28-day Faster Diagnostic Standard. Manx Care will also substantiate an Acute Oncology presence within the Same Day Emergency Care (SDEC) facility upon its establishment.

Manx Care is committed to improving screening services for the Island's population.

Key Performance Objectives

- Maintain and improve on 2022/23 baseline positions for all key cancer waiting times standards by March 2024
- Continue to reduce the number of cancer patients who are waiting over 62 days
- Faster Diagnostic Standard: By March 2024, 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed, or have cancer ruled out within 28 days
- Earlier detection of cancer: By March 2026, 75% of patients will receive a diagnosis at stages 1 or 2, rather than later stages

Key Performance Actions

- Continued focus on the implementation of Faster Diagnostic Standard pathways, and best practice timed pathways
- Increase and prioritise diagnostic and treatment capacity, ensuring that additional diagnostic capacity is prioritised for urgent suspected cancer



5.8 Diagnostics

Timely access to diagnostic tests is critical in providing responsive and timely high quality services across elective recovery and early cancer diagnosis. Early detection and diagnosis is important for patients, and central to improving outcomes (e.g. improved survival rates for patients who receive a diagnosis of cancer). Patients requiring diagnostic tests who are on an urgent or cancer pathway should wait a maximum of two weeks, in order to support the achievement of the Faster Diagnostic Standards. Consistent achievement of the two-week standard has proved challenging in 2022/23, largely due to a continuing year-on-year trend of increasing demand.

Manx Care will continue to review the opportunities for diagnostic tests to be undertaken on-Island, which will both improve the patient experience and reduce Tertiary spend.

Manx Care's Pathology services will continue to operate to the agreed turnaround times for all relevant laboratory investigations to ensure that they are available when they are needed for clinical decision-making. Additionally, the Pathology service will continue to participate in relevant accredited technical External Quality Assessment (EQA) schemes, covering all analytical and technical areas of the service repertoire, and evidenced by available, up-to-date EQA registration and performance records for all accredited technical schemes in which the laboratory participates. Pathology will continue to undertake internal quality assessments for all relevant tests in their repertoire, evidenced by available and up-to-date metrics. All scientific colleagues providing clinical services will be compliant with regulatory requirements for continuing professional development (CPD), evidenced by continuous HCPC (Health and Care Professions Council) registration for Biomedical Scientists.

Key Performance Objectives

- Increase the percentage of patients that receive a diagnostic test within 26 weeks to 99% by March 2024, in line with the March 2025 ambition of 90% within six weeks
- Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition

Key Performance Actions

- Maximise the pace of rollout of additional diagnostic capacity in accordance with the Restoration & Recovery programme
- Increase GP direct access to diagnostic services



5.9 Urgent and Emergency Care

Manx Care is receiving more Emergency Department (ED) attendances than ever before, alongside growing numbers of Ambulance callouts. Urgent care provided in the community therefore needs to be expanded to ensure people can get the care they need at home, without the need for a hospital attendance or admission.

Manx Care will continue to work closely with the Transformation Programme Management Office in the development and implementation of the Urgent & Emergency Integrated Care workstream. This covers a number of pre-hospital and in-hospital developments that seek to reduce the overall demand on both ED and inpatient admission.

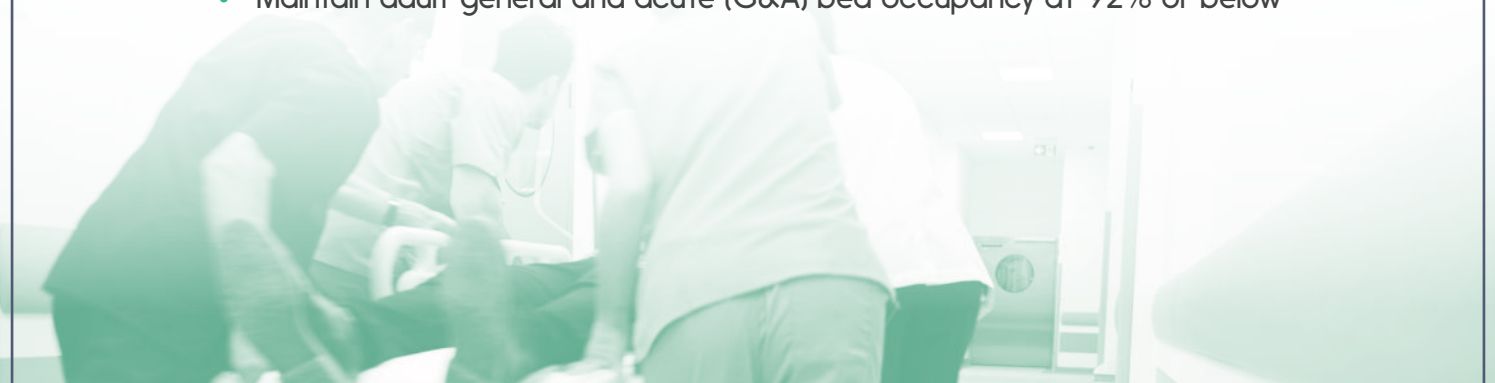
Initiatives such as Hear and Treat (which provides Clinical Navigators in the Emergency Services Joint Control Room (ESJCR)) should allow for reduced Ambulance attendances and admissions to hospital.

Same Day Emergency Care (SDEC) should also help transform patients' experiences and allow for overnight hospital stay avoidance, as well as freeing up space in hospital and speeding up discharge for those who are medically fit.

Intermediate care in the community should also ensure a smooth transition out of hospital, reducing the chances of re-admission.

Key Performance Objectives

- Improve ED waiting times so that no less than 76% of patients are admitted, transferred or discharged within four hours of arrival in the department by March 2024
 - o Performance against this metric will need to take account of certain patient groups that are managed actively in the department beyond four hours where it is in their clinical interest to do so. This includes elderly patients at night, intoxicated patients and back pain requiring mobilisation, for example. This is due to the current lack of observation space (such as a Clinical Decision Unit) within the ED. This will be addressed in alignment with the Urgent & Emergency Integrated Care Transformation Plan
- Improve Category One Ambulance response times in alignment with the Urgent & Emergency Integrated Care Transformation Plan
- Reduce the number of patients waiting more than 12 hours for a hospital bed following a Decision to Admit
- Maintain adult general and acute (G&A) bed occupancy at 92% or below





Key Performance Actions

- Work in partnership with all stakeholders to reduce the number of medically fit to discharge patients in hospital, by continuing to measure and reduce Length of Stay (for both seven-day 'stranded' patients and 21-day 'super-stranded' patients) and Delayed Transfers of Care (DTC)
- Address Ambulance Service capacity under the auspices of the Urgent & Emergency Integrated Care Transformation Plan through workforce development, supported by robust Demand & Capacity modelling and analysis
- Continue to support the digital strategy to enable further improvement in response times
- Reduce handover delays to support the management of clinical risk across the system

5.10 Integrated Mental Health Services

Manx Care is committed to achieving parity of esteem (valuing mental health services equally to physical health) and, as such, will seek (where possible and clinically appropriate) to apply the same waiting time standards to mental health as physical health.

Manx Care inherited large waiting lists in both Adult and Child and Adolescent Mental Health Services (CAMHS), and is committed to continue reducing the waiting times for services during 2023/24 in line with the Restoration & Recovery investment plans.

Manx Care is committed to maintaining timely access to emergency pathways for patients presenting with mental health issues. Manx Care will continue to deliver against the best practice standards for patients requiring Mental Health liaison services within the ED to be seen within one hour, and patients admitted to physical health wards requiring a Mental Health assessment to be seen within 24 hours. Manx Care will continue to benchmark its urgent and emergency mental health pathways against best practice, and develop plans and associated business cases to support improvement.

Manx Care will continue to monitor and report inpatient Length of Stay (LOS) within a Mental Health setting, and will develop credible plans to optimise a patient's length of stay (LOS) in hospital. Manx Care will continue to monitor and report against Delayed Transfers of Care (DTC) from inpatient mental health settings, and ensure effective integrated discharge planning processes are in place.

Key Performance Objectives

- Improve access to mental health support for children and young people aged between 0-25 accessing Manx Care funded services
- Increase the number of adults and older adults accessing Psychological Therapy services (low to moderate)
- Improve access to peri-natal services



Key Performance Actions

- Improve mental health data to evidence the expansion and transformation of mental health services, and the impact on population health, with a focus on activity, timeliness of access, equality, quality, and outcomes data
- Manx Care will strive to continue to embed the needs-led THRIVE framework
- Develop and implement a Mental Health Investment Standard (MHIS)
- Develop a workforce plan that supports the system's mental health delivery ambition, working closely with partner organisations
- Develop and implement an improvement in autism diagnostic assessment pathways, including actions to reduce waiting times

5.11 Integrated Primary Care, Community Services and Therapy Services

The Integrated Primary, Community and Therapy Services Care Group is a diverse group of 22 different service areas. There are a number of transformation work streams continuing this year with a focus on key areas spanning the whole Care Group. We will be moving forward with the commencement of Primary Care at Scale, which will focus on building the infrastructure to deliver the right care, by the most appropriate person, nearer to the patient, with the introduction of primary care hubs in geographical areas of the Isle of Man.

Within this next year all service areas will have service specifications reviewed and updated and clear development plans put in place alongside data capture on demand and capacity of each area to help improve service delivery.

We will work with Primary Care contractors, Community and Therapy services to ensure that actions arising from the CQC inspections in 2022 for Primary and Community Care services are delivered upon.

Primary Care Services

We will introduce changes within Primary Care services to enable patients to get more from their community optician, reducing the need for patients to have to attend at the hospital for treatments that can and should be delivered by a community Optometrist. We will expand on the provision of urgent eye care by the 'Minor Eye Conditions Service (MECS)' to have this service available at more opticians.

We will continue with the implementation of the Dental Strategy and there will be a specific focus on the dental waiting list and the reduction of that list.

The Community Dental Service will work closely with Noble's Hospital to reduce the current waiting list for children's General Anaesthetic appointments to between four and eight weeks from its current status of between seven and nine months.

We will be developing Pharmacy services as part of the delivery of Primary Care at Scale and continuing with the work around medicine optimisation.



Community Care Services

The Continence Service will address its current structure and this will allow for work to take place in reducing waiting lists.

Within the Tissue Viability and Wound Management Service, work will continue to establish clear patient pathways and a wound formulary. We will also implement the transfer of provision of Non-Cancer Lymphedema services to be delivered by Manx Care from its current provider (Hospice).

The Diabetes and Endocrine Service will continue to develop the use of its new IT system.

Therapy Services

We are committed to finalising the review of Therapy Services and producing a development plan to include any recommendations that are concluded through the review process.

As the ME/CFS and Long Covid service progresses, we will ensure the demand and capacity for this service is realised and supported going forward. This includes the development of a business case and plan for paediatric services within these categories.

Key Performance Objectives

- Complete the detailed design model in readiness for the progression of Primary Care at Scale (PCAS)
- Introduce a formal optical contract for the provision of sight tests and enhanced services, for example glaucoma monitoring, and treatment for minor eye conditions
- Progress the implementation of a Dental Strategy, including the implementation of new waiting list initiatives
- Manx Care will maintain the wait for patients to receive a first appointment for Consultant-level Orthodontic services, when required, at no more than eight weeks
- Manx Care will continue to work with the Primary Care Orthodontic provider to ensure all referrals suitable for the service are transferred for initial Index of Orthodontic Treatment Need (IOTN) assessment, and ensure priority is established within eight weeks of referrals having been received
- Manx Care will maintain the waiting list for Paediatric Special Care Dentistry general anaesthetic treatment to eight weeks, and for referral to treatment for Adult special care and phobic patients to no more than eight weeks
- All GP medical registrations and amendments will be processed within a period of no more than two working days, and the GP-registered population will be cleansed to within no more than a 4% 'inflation' figure using the Isle of Man census data



- For Community Nursing services, the Continence Service will maintain the waiting list for patients to receive a first appointment with a Continence Advisor for a continence assessment to no more than four weeks
- For Community Nursing services, adult outpatients will be seen/treated within 12 weeks of referral. Adult inpatients will be seen/treated within 24 hours. Telephone requests for specialist advice will be met within 24 hours, and emails for specialist advice will be met within 72 hours
- The Tissue Viability Service will maintain the waiting list for referrals for specialist tissue viability care for patients who have a hard to heal wound and any associated diseases, for example pressure ulcers, leg ulcers, malignant wounds and chronic oedema to no more than four weeks
- Newly diagnosed diabetics will be offered structured education within six to 12 months of being diagnosed, as per UK NHS guidelines

Key Performance Actions

- The Integrated Primary & Community Care Group commits to sharing workload and waiting time information in relation to Primary, Community and Therapy Services

5.12 Integrated Women's, Children's and Family Services (IWCF)

Our mission is to integrate women's and children's services for the Isle of Man to deliver holistic care to women, children and their families. Our aim is to deliver seamless care, ensuring our patients are offered the right care, at the right time, by the right person.

We aim to demonstrate the best clinical outcomes for children when benchmarked nationally and internationally, coupled with a track record of excellence in both clinical safety and child and family experiences of our care. Clinical leadership will be central to our delivery, and we will operate within a culture of openness, transparency and continual improvement as measured by our quality aims.

Our services are provided in accordance with the following principles:

- Deliver consistently high quality and safe care
- Deliver the right care in the right place, at the right time
- Guide good choices by patients and clients using effective signposting tools
- Deliver care and services safely and efficiently to a good quality standard

Key Performance Objectives

- Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality, and serious intrapartum brain injury
- Increase fill rates against the funded establishment for maternity staff



Key Performance Actions

- Continue to deliver the actions from the final Ockenden report. The Integrated Women's, Children's and Family Services will continue to support a regular Ockenden meeting of key stakeholders, and will report progress via Performance & Accountability Reviews on a quarterly basis
- Ensure all women have personalised and safe care, and are supported to make informed choices
- Implement a local equity action plan to reduce inequalities in access and outcomes for the groups that experience the greatest inequalities
- The Integrated Women's, Children's and Family Services will work with the Integrated Mental Health Services Care Group and other stakeholders to develop an integrated, person-centred, and needs-led approach to delivering mental health support for children, young people and their families across a range of health, care and education services

5.13 Social Care Services

Social Care continues to make progress in bringing Adults' and Children's Social Work and Social Care together as one cohesive group. The Care Group continues to review both its internal and external relationships, and has made great progress in working towards a more collaborative and integrated approach.

Social Care will continue to employ the Partnership 'Single Assessment' process within Adult Social Work to support ongoing work in the Wellbeing Partnerships. This has helped to streamline the referral process into Manx Care services, with all professionals of a multi-disciplinary nature using the same single assessment.

Social Care will continue to develop approaches to gain service user feedback and to use this feedback, not just in respect of continual improvement, but also to drive provision of a service that is responsive, effective and well led, and that supports individuals in the right place, at the right time, with the right person. Manx Care will continue to work with colleagues in the DHSC to progress strategies across multiple areas, for example Carers, Dementia and Autism.

Adult Social Care is working closely with the Safeguarding Board to develop a Self-Neglect Pathway, which will incorporate a stepped approach, and will be RAG rated including a 'critical' response criteria. The Pathway will be multi-agency in its development and implementation. This work is being developed as a joined-up response to the Sylvia Manson Thematic Review of Self-Neglect (commissioned by the Safeguarding Board in 2022).

It is a priority to continue to support the multi-agency approach to abolish the criminal and sexual exploitation of children and vulnerable adults. Social Care will continue to work with Isle of Man Constabulary in monitoring and reporting on this activity on the Isle of Man, and continually consider multi-agency approaches to disrupt this activity.



Key Performance Objectives

- We will aim to maintain the number of Adult Social Care falls at below 50 per month, and the number of Adult Social Care falls with harm at below six per month
- We will aim for the average caseload per Social Worker (Children & Families) to be 16 to 18
- We will aim for less than 15% re-referrals in total referrals within Adult Social Care (Adult Social Work teams), and less than 20% for Children & Families
- We will aim for 80% of Adult community care assessments to be completed within agreed timescales (28 days)
- 100% of Adult community care assessments are to be received by patients or carers
- 85-100% of residential beds are to be occupied (with a caveat that this figure will be reduced by older properties that are not compliant with the Regulation of Care Act, for example Cummal Moorar)
- 90-100% of respite beds are to be occupied (with a caveat that the Adult Learning Disabilities Service Respite Centre is ageing and no longer fit for purpose, with a replacement unit part of the Capital Programme)
- 95-100% of service users are to have a person-centred plan in place (PCP)
- 85% of Complex Needs reviews are to be held on time
- 90% of child protection conferences, initial child protection conferences, child protection reviews and looked-after children reviews are to be held on time
- 100% of pathway plans are to be in place
- 90% of (of age) children are to be participating in, or contributing to, their child protection review/looked after child review
- 79% of (of age) children are to be participating in, or contributing to, their complex review
- We will aim for up to 80% overnight stay occupancy at Ramsey
- We will aim for zero Adult Social Care services serious incidents, and less than 110 Adult Social Care services incidents

Key Performance Actions

- In conjunction with Isle of Man Constabulary colleagues, we will implement a pilot project of a co-located Multi-Agency Safeguarding Hub (MASH) with service areas within Manx Care, focusing on protection of vulnerable children and adults
- Continue with the contextual safeguarding work as set out in the Vulnerable Adolescents Strategy 2022-2024
- Introduce an Edge of Care Service in conjunction with the commissioned service provider, St. Christopher's
- Progress with recruitment of additional foster carers



5.14 Winter Planning

Winter is historically a time of pressure for the health and social care system when demand increases from communicable illnesses such as Seasonal Influenza and Norovirus, caused by a move from outside to inside living. The typically colder weather and fluctuations in temperature also result in more people needing emergency treatment, for example as a result of slips and falls resulting in injury. The increased urgent and emergency care demand and complexity can result, at times, in delays in access to essential services for individuals, and this can impact on their experiences and outcomes. 2022/23 is the first year that the Isle of Man Health Service has developed a comprehensive winter plan with funded schemes to mitigate the increased demand of winter. This is to alleviate pressure on the acute hospital setting and ensure a high quality clinical service is delivered to people who require acute care. We will be continuing winter planning initiatives in 2023/24 and learning from 2022/23 will help shape this.

Initiatives contained within the 'formal' Winter Plan include:

Scheme	Impact
Introduction of Clinical Pathway Navigator role into the Emergency Services Joint Control Room	<ul style="list-style-type: none">• The introduction of a Clinical Pathway Navigator will enable all lower acuity 999 calls to be handled by a qualified Paramedic or Nurse and, where appropriate, alternative methods of care suggested such as the Minor Ailments Scheme, Minor Eye Conditions Service, GP/MEDS or self-transport to MIU/ED. This is anticipated to reduce around 20% of Ambulance dispatches.• Development of agreed alternative referral pathways that might be used by the Clinical Navigator with alternative providers and proactive communications to accompany the initiative.
Senior Decision-Making in ED – Consultant Presence in ED 16 hours per day, seven days per week	Increased presence of senior decision-makers in ED to make reliable decisions around treatment and/or referral, whilst working alongside the existing presence of the Acute Medical Consultant in-reaching into ED from 12:00 – 19:00. Evidence shows a 21% reduction in medical admissions if an ED Consultant and Acute Medical Consultant are involved in patients' care, compared to sub-Consultant grade Doctors leading care. <i>Substantive funding for this initiative is already in budget; however, this initiative will expedite the introduction of Consultants through the use of bank/agency locums.</i>



Launch of Acute Frailty Service and Frailty Ward	Introduce additional Frailty specialist Therapists into ED/AMU and Ward 6 to initiate frailty-targeted care as close to the front door as possible, and expedite transfer to Ward 6 (Frailty Unit), which is staffed by an increased establishment of Therapists, Consultant Geriatricians and trained Nursing colleagues to deliver frailty-based care designed to reduce length of stay. <i>Substantive funding for this initiative is already in budget; however, this initiative will expedite the introduction of Therapists through the use of bank/ agency locums.</i>
Improving resilience of ED Minors Area	The Minors area of ED (called MACU – the Minor Ambulatory Care Unit) has a permanent establishment of a 1.0 WTE Advanced Clinical Practitioner, with the remainder of the staffing coming from the baseline ED establishment. As a result, MACU is often closed when ED staffing is deficient. Funding is requested to cover the costs of dedicated staff for MACU, pending substantive funding via the ED Safe Staffing Business Case (Phase Two).
Improving Resilience of Ambulatory Emergency Clinic	The Ambulatory Emergency Clinic (AEC) has been in operation for six months to provide ambulatory pathways to patients who would otherwise be admitted. Since opening, an average of five admissions per day are avoided as it allows inpatient investigations and therapies (such as IV therapy) to be undertaken as an outpatient. Despite its success, Nurse staffing for the clinic has been taken from the AMU establishment, leaving the ward short. The funding of this initiative would allow resilient staffing of the clinic and would mean that it could open longer hours, and also at the weekend.
Outliers Medical Team Cover	During winter pressures, there is often an overspill of medical patients into surgical beds. When outlier numbers are low, outlying patients are looked after by medical staff from adjoining medical wards. However, when outlier numbers exceed 20 (the size of a normal medical ward), a dedicated medical team is required to ensure that outlying patients get regular reviews and do not have an extended length of stay due to lack of focus from the medical team. One outlying team is required if outlier numbers are between 20 and 40, and will be staffed using bank or agency locums.



Targeted communications	More so than ever during periods of heightened winter pressure, it is important that people attend the service which is most appropriate to support their clinical need, for example Community Pharmacies which may also offer access to care through the Minor Ailments Scheme, or the Minor Eye Conditions Service, or attend the Minor Injuries Unit at Ramsey and District Cottage Hospital. Targeted communications are delivered across a variety of channels to signpost people to the range of services available to support them, as well as divert them away from ED during periods of extreme pressure.
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In addition to the above, the following ongoing schemes were also pursued in 2022/23:

- Delivery of the Autumn Booster Programme for Covid-19, which is offering the new bivalent vaccine which provides protection specifically against the Omicron variant. The booster is being offered alongside the seasonal flu vaccine via the Vaccination Service
- Delivery of ring-fenced elective activity through the Recovery & Restoration Programme via Ward 12 and Ward 19
- Development of the Intermediate Care service is a key adjunct to reducing demand on acute hospital beds. However, more long-term funding is being sought via the Health and Care Transformation Fund to support the development of this
- Use of spot-purchased capacity within the residential and nursing home sector to enable the transfer of medically-optimised patients to another care location whilst arrangements for permanent placement are made. This initiative will be directly linked to levels of Covid escalation within Noble's Hospital.

Learning from these schemes will help shape winter planning for 2023/24.

Many of the schemes contained within the 'formal' Winter Plan are replicated within the Urgent & Emergency Care Transformation Programme, which is on pause until 01 April 2023. Once restarted, schemes that have been put in place to divert demand from the acute hospital setting to other services (such as Hear & Treat and Intermediate Care), and schemes that seek to manage patients accessing acute care differently (such as Same Day Emergency Care), will be established permanently within the Manx Care portfolio of services.



6. quality improvement, leadership and governance

6.1 Manx Care is committed to improving the quality and safety of its services. The provision of high quality care remains a priority for the organisation. Our quality improvement priorities continue to be:

- Preventing harm
- Enhancing patient, service user and carer experience
- Creating a continuous learning culture
- Safeguarding adults, children and young people
- Improving access to services
- Improving the effectiveness of services

6.2 Manx Care continues to implement its ten-point governance roadmap, which seeks to create a solid basis upon which tangible improvements in quality control, assurance and accountability will be delivered. The Quality Dashboard, which is currently undergoing validation, is a key measure of performance indicators across the whole of Manx Care, and has been developed across five domains – Safe, Effective, Caring, Responsive and Well-led. It will provide 13-month time-series data to aid the Board's evaluation of the quality of care and improvement or deterioration over time, enabling 'ward to Board' visibility on key indicators. This maintenance of the Quality Dashboard enables the Board and senior leaders to demonstrate the standard of care provided to the CQC and DHSC, and allows meaningful evaluation of quality at the point of inspection.

6.3 In 2023/24, led by the Executive Director of Nursing and Governance, Manx Care will develop improvement plans to address the recommendations resulting from the 2022/23 Care Quality Commission (CQC) baseline inspections (<https://www.gov.im/about-the-government/departments/health-and-social-care/external-quality-regulation/cqc-inspection-reports/>). This will be a phased approach, with the areas of most impact prioritised first in the improvement plans.

6.4 Manx Care recognises the risk posed following the CQC baseline inspections and will utilise existing risk management systems within the organisation to address, monitor and control the risks presented. Once approved, the improvement plans span four distinct sectors – Primary Care (GPs and Dentistry), Acute and Community services, Mental Health Services and Adult Social Care – and include all recommendations for improvement arising from all of the CQC inspections.



The improvement programme actions will be enacted using the PDSA Cycle (Plan-Do-Study-Act) which is a systematic process for gaining valuable learning and knowledge for the continual improvement of a service or process. The plans will be delivered over a 12 to 14-month period through a focused project, with active monitoring of implementation and assurance reporting through the Performance and Improvement Service.

6.5 Through analysis of strategic risk and through the Board Assurance Framework, Manx Care has identified its top three risks, which are:

- **Competition for staff leading to critical shortages**

The staffing complement in a number of service areas is under-resourced, for example ED, ICU, Theatre & Anaesthetics, the Diagnostic Breast Service, Endoscopy and Ramsey Theatres administrative support. There is also insufficient access to attractive accommodation for lower-paid colleagues.

- **Failure to achieve financial sustainability**

Significant cost and operational pressures risk overspend against budget – particularly agency spend to cover high vacancy rates, and tertiary care spend.

- **Failure to implement robust Information Governance (IG) across Manx Care**

There is unsatisfactory remediation across processes and systems to minimise the risk of ongoing data breaches, as the team established to oversee the IG function and support Manx Care is currently not sufficient enough, and requires further development, in order to fulfil legislative activity. As a result of the large number of systems managed on a day-to-day basis, there are challenges in securing data transfer between service areas.

The Manx Care Board receives updates against assurances and action plan progress at each Board meeting.





7. workforce planning

Over the past two years, Manx Care has taken significant strides forward in the development of its Workforce and Culture activities. Whilst we recognise that, in order to serve the needs of the population and to maintain resilience across the workforce, there is still work to do, our recent CARE Awards was an excellent example of where we have celebrated the accomplishments of our colleagues.



- 7.1 Manx Care is committed to the ongoing development of its culture, building on the foundations established during its first two years of operation. Continuing to develop a positive and inclusive working culture will not only support colleagues in being able to deliver exceptional and safe patient-focused care, but in supporting colleagues to achieve their own personal career aspirations. This will include further work with individual Care Groups and teams to embed the recently refreshed Care Values.
- 7.2 Manx Care continues to experience a high vacancy rate across the organisation, and particularly for front-line nursing roles. Progress was made in 2022/23 with recruitment to substantive Consultant roles. Manx Care is committed to reducing the vacancy rate across the organisation, and will continue to progress a number of initiatives to achieve this including increasing the number of international recruitment places for registered Nurses and Doctors, and expanding the number of on-Island training places available.
- 7.3 Manx Care requires a workforce with the knowledge and skills to be able to deliver safe and exceptional patient-focused care now, alongside the need to support the development of its workforce to meet the future healthcare challenges of its population. The organisation is committed to supporting the ongoing development of colleagues from both a personal and an organisational perspective, with a further commitment to enhance the training opportunities and skillsets available on-Island. Developing and encouraging home-grown talent is essential. Manx Care will undertake a skills gap analysis in 2023/24 to better understand the development needs of its colleagues to meet future service needs.



- 7.4 Manx Care will continue to develop its people management infrastructure to enable support for the consistent management of its people. This will be done through better data capture and analysis, and ongoing updates to policies and procedures to ensure these are fit for purpose.
- 7.5 Manx Care will develop a detailed workforce plan in 2023/24, as well as further developing its Equality, Diversity and Inclusion (EDI) programme which commenced in 2022/23.
- 7.6 Manx Care will develop its medical management structure and capability, including embedding the job planning process to reflect service and individual needs. Manx Care will implement guidance on the appointment of Consultants and review developments in UK contractual provision in relation to the employment of Doctors, to assess applicability to the local medical workforce.
- 7.7 Manx Care will develop its health and safety management infrastructure to ensure appropriate reporting, monitoring and compliance with legislation and best practice, to ensure the health and safety of its people and members of the public.





8. financial planning

- 8.1 Manx Care's budget allocation for 2023/24 is £302.9m which represents an increase of 7% from the 2022/23 budget allocation. This £20m increase is consistent with the agreed funding formula of Growth (£8.5m) plus Inflation (£15.7m) less CIP – Cost Improvement Programme (£4.2m). However, despite the increase, Manx Care will begin the 2023/24 service year with a very challenging financial position. This is due to identified funding pressures such as rising staff costs, high-cost placements, digital and system upgrades, responding to the CQC inspections, and ensuring Manx Care meets its statutory and compliance obligations regarding safety, training, staffing and Information Governance. In addition, funding will be required for the ongoing costs of the Covid vaccination programme (which had previously been funded directly from Treasury) and supporting the investment required to deliver on Manx Care's objectives.
- 8.2 Manx Care continues to work with the DHSC to develop a sustainable funding mechanism for the future so that it can respond to the medium to longer-term funding challenges and continue to support the ongoing costs of growth, improvement and transformation.
- 8.3 During 2023/24 Manx Care will continue to develop robust systems of financial control and oversight in order to control spend, and identify and manage significant risks.
- 8.4 Manx Care will continue to embed its Cost Improvement Programme (CIP) throughout 2023/24 with a specific focus on longer-term, sustainable, invest-to-save programmes to support delivery against its set efficiency target of 1.5% (£4.2m).



9. digital and data

- 9.1 Aligned to Sir Jonathan Michael's Independent Review into the future provision of health and care services on the Isle of Man, when funding has been secured and procurement completed by the Transformation Team in Cabinet Office, Manx Care will drive progression and implementation of the Manx Care Record throughout 2023/24. Patients are currently being treated by a range of NHS healthcare professionals in a variety of locations across the Island without an integrated clinical information system. In addition to duplicating patient records, and consequently time and cost, this situation has potential implications for patient safety as clinicians may not have full awareness of the interventions, treatments and medications being delivered to an individual. An overarching system is an essential part of enabling the provision of higher quality services as Manx Care moves forward.
- 9.2 For the provision of high quality health and care services, access to accurate data is essential. During the 2023/24 service year, Manx Care will continue to improve the systematic and accurate capture of data and develop reliable reporting, building on the delivery of the first iteration of the core dataset. Supported by the Transformation Programme, Manx Care will build a 'data warehouse' to bring together and house the data required for the core dataset into one single repository. The warehouse will enable a transparent and robust view of activity, quality, safety and a range of other essential outcomes and measures.
- 9.3 The development of the Information Governance framework will continue throughout 2023/24, seeing the implementation of more robust policies and procedures to support colleagues in the use of Manx Care systems and the delivery of patient care.
- 9.4 Manx Care will continue to ensure the digital landscape provides tools to support colleagues in the delivery of patient care, and that the appropriate measures are in place to guarantee security of patient information and systems in all areas including data security and backups, and proactive management of applications and infrastructure.
- 9.5 Since its establishment, Manx Care has begun the process of coding all finished Consultant episodes of care. A review into coding policies and procedures was completed in 2021/22, setting out a number of key recommendations. During 2023/24, Manx Care will continue to implement these recommendations in order to establish a fully comprehensive and successful clinical coding function. This will include the use of coded data to provide reporting for healthcare planning. The work to date has ensured more efficient and timely capture, recording and output of clinical coding data for admitted patient care activity.



10. estates and infrastructure

- 10.1 The DHSC holds a vast portfolio of assets, both in buildings and equipment, which are available to Manx Care to support the provision of service delivery. An essential partner in supporting Manx Care's delivery of services is the Public Estates and Housing Division of the Department of Infrastructure (DoI). To reflect this partnership, a Service Level Agreement will be established to ensure the management and upkeep of existing facilities within the property portfolio. This agreement also supports the development and delivery of improvements and the joint working required for minor capital works. Manx Care will continue to work with the DoI Project Management Unit on capital schemes to enable projects which meet the needs of Manx Care.
- 10.2 Manx Care will develop, in partnership with the DHSC, a coherent and robust Estates and Infrastructure strategy in 2023/24 to support and enhance the delivery of high quality care in accordance with Manx Care's corporate policies and strategies.
- 10.3 Manx Care will maximise the use of its assets to reflect value for money and opportunities for change to support the delivery of its objectives, ensuring funding to secure asset replacement is planned and provided to meet its objectives.
- 10.4 Manx Care will work with other Government departments to deliver the required Climate Change Plan 2022-2027, which outlines the actions Government must take to cut emissions over the next five years so the Island remains on track to be Net Zero by 2050. The plan assigns a percentage emission reduction target to six policy areas including energy, transport and agriculture that must be met. Manx Care will work with other Government departments to develop appropriate climate policies and procedures.
- 10.5 The Health and Safety at Work Inspectorate enforces a number of pieces of primary and secondary legislation throughout the Isle of Man. During 2023/24, with support through shared service agreement arrangements, Manx Care will seek to develop reporting mechanisms to aid transparency around adherence to health and safety at work requirements throughout the organisation. Alongside this, Manx Care will review the structure of its Infrastructure team in terms of both soft and hard facilities management.



Appendix A

Appendix A describes how Manx Care will endeavour to deliver against each individual objective listed in the Mandate for 2023-24, and its intentions for Mandate objectives for 2024 and beyond subject to available funding (as applicable).

Mandate	Objective number	Objective	Manx Care Response	Timeframe
Objective 1 – Value and Sustainability				
2023-24	1 a.	Complete all currently approved activity under the agreed elective restoration and recovery programme (Phase 1 and 2), with reporting to the Department no less than quarterly on progress, associated waiting list figures and plans to maintain the position for future years including effective waiting list management, taking into account the need to balance capacity against any anticipated increase in demand.	Phase 1 elective restoration and recovery programme complete, phase 2 on track. Reporting via Department to Tynwald takes place quarterly. In 2023/24, Manx Care will refresh its Patient Access Policy and publish an initial RTT Rule Suite. Implementation of the Enhanced Waiting List Management Programme will continue throughout 2023-24.	April 2024.
2023-24	1 b.	Prepare a Business Case detailing options, indicative timelines and required funding for the next phase of restoration and recovery work (Phase 3), to be shared with the Department by 30 September 2023. This should make clear any areas where productivity and efficiency efforts alone cannot create a sustainable position.	Phase 3 indicative activity, timeline and estimated funding requirement initially socialised with Department. Detailed plans for phase 3 to tackle the remaining outpatient, inpatient and day case speciality waiting list backlogs are in development.	To be shared with Department by no later than 30 September 2023.
2023-24	2 a.	Review and update the frameworks used to regularly monitor contracts with service providers, including Primary Care, to ensure that all contracts have robust risk management, performance measures, audit and quality standards, in line with all associated registration regulations where appropriate, providing copies of the updated frameworks to the Department.	A contract framework for Manx Care covering all commissioning areas will be developed in 2023-24. Copy to be provided to the Department.	By the end of the service year.
2023-24	2 b.	Document the timeline for reviewing all contracts, addressing the most high-risk contracts first and providing the Department with a copy of the plan.	The majority of the recovery contract compliance work has been completed in 2022-23 and reported via Manx Care's Finance, Performance and Commissioning Committee who have oversight of this work. Summary reports to be shared with Department for assurance purposes.	By the end of the service year.
2023-24	2 c.	Begin contract reviews in line with the agreed timeline, providing the Department with documented updates no less than quarterly.	Contract compliance is reported quarterly and overseen by the Finance, Performance and Commissioning Committee. Moving forward, Department will receive papers from all of Manx Care's Committees for assurance purposes.	By the end of the service year.
2023-24	3.	Make steps towards full workforce modelling by documenting and sharing a plan to conduct a skills analysis across all staff, and commence the same across the Nursing workforce and Allied Health Professionals.	Manx Care will undertake a skills analysis gap in 2023-24 to better understand the development needs of its colleagues to meet future service needs.	By the end of the service year.
2023-24	4.	Produce a timeline of actions required to consistently achieve 'standards met' against the NHS Data Security and Protection toolkit (DSPT), in order to make incremental steps towards more mature data sharing and security governance.	DSPT action plan in progress and reported and assured via the Information Governance Assurance Board (IGAB).	Ongoing.
2023-24	5.	Support the work of the Department in creating a collaborative Estates Strategy due for publication during the service year, using these interactions to begin longer-term planning for Manx Care's capital projects, taking into account other projects and future needs assessments.	Manx Care will develop in partnership with the Department, a coherent and robust Estates and Infrastructure strategy in 2023-24 to support and enhance the delivery of high quality care in accordance with Manx Care's corporate policies and strategies.	By the end of the service year.



2023-24	6.	In respect of Objective 6 of the Mandate to Manx Care 2022-23, establish a phased implementation plan and funding model for NICE Technology Appraisals (TAs), to be shared with the Department for discussion and agreed no later than 30 September 2023.	NICE TA Implementation Steering Group in place with a limited term appointment NICE TA Pharmacist developing the implementation plan and required funding model in 2023-24.	To be shared with Department by no later than 30 September 2023.
April 2024 and beyond	1.	Following completion of the agreed restoration and recovery activity, agree with the Department sustainable, fair and consistent 'referral to treatment' targets for all elective activity including consultation, diagnosis and treatment. Work with the Department to identify longer-term gaps to ensure that waitlist productivity is sustainable for the future, including any legislative change that may be beneficial.	Given the immediate limitations in managing and reporting waiting times across the full Referral to Treatment (RTT) pathway (until such time as the required RTT systems and methodologies are fully implemented), the initial RTT standard will need to be monitored by the individual stages of the RTT pathway. Manx Care is committed to working with the Department to identify longer-term gaps to ensure increased productivity and agreed, consistent waiting time targets moving forward.	Ongoing.
April 2024 and beyond	2.	Implement the identified changes to the framework for contracting and monitoring to ensure quality standards are maintained. Continue contract reviews in line with the timeline provided to the Department, providing updates no less than quarterly. Provide contract reporting to the Department in line with section 3.3 of this Mandate.	Following the development of the contract framework in 2023-24, Manx Care will implement the framework and monitor compliance via the Finance, Performance and Commissioning Committee on a quarterly basis.	Ongoing.
April 2024 and beyond	3.	Complete the skills analysis in all remaining areas. Using the information gathered as part of the analysis, devise and share with the Department: a. A Learning Pathway for all staff, beginning with assurance of a safe workforce and mandatory training compliance reporting (supported by Shared Service Agreements); and b. A Recruitment and Retention plan, including succession planning, to drive a stable and sustainable workforce.	Manx Care will develop a detailed workforce plan in 2023-24 incorporating skills gap analysis, learning pathways, assurance of a safe workforce, mandatory training compliance and recruitment and retention plans.	Ongoing.
April 2024 and beyond	4.	Complete any remaining actions and achieve 'standards met' in a majority of months against DSPT. Assess where there are barriers to sharing information and what support is required to overcome these.	Objective ongoing, to be reported and assured via IGAB.	Ongoing.
April 2024 and beyond	5.	By 31 March 2024, publish the five-year plan for Manx Care's capital projects. Continue to support the Department in implementation of the Health and Social Care Estates Strategy, making recommendations as to the best use of all the assets available.	Manx Care will publish its Estates and Infrastructure Strategy in 2023-24 and work with the Department to maximise the use of all of its available assets to reflect value for money and opportunities for change to support the delivery of its objectives, ensuring funding to secure asset replacement is planned and provided to meet its objectives.	Ongoing.
April 2024 and beyond	6.	Effect the agreed implementation plan associated with NICE TAs.	Implementation plan to be enacted subject to affordability and alignment with the Department.	Ongoing.
Objective 2 – Safe and Consistent Care				
2023-24	1.	In relation to the baseline inspections undertaken by the Care Quality Commission (CQC): a. By 30 April 2023, produce and share with the Department an initial response, detailing the areas of highest risk and immediate associated actions; b. By 30 June 2023, expand the action plan at 1a to include any other external inspections carried out during the preceding service year and producing a costed, comprehensive improvement plan, supported by outcome-based measures and organised by sector and theme. Share the plan with the Department, in order to jointly assess the order of priority, need and cost effectiveness.	The improvement plan spans four distinct sectors – Primary Care (GPs and Dentistry), Acute and Community Services, Mental Health Services and Adult Social Care – and includes all recommendations for improvement arising from all of the CQC inspections. The improvement plan will be enacted using the PDSA Cycle (Plan-Do-Study-Act). The plans will be delivered with active monitoring of implementation and assurance reporting through the Performance Management and Improvement Service.	To be shared with Department by no later than 30 June 2023.



2023-24	2.	Review the procedures in place to ensure that those being discharged from a hospital setting (both elective and emergency) are done so in the most effective way and to the most appropriate onward care, regardless of circumstance. Produce a documented action plan for any identified changes, to be shared with the Department.	<p>From 01 February 2023, the Hospital Social Work Team and Access & Capacity Team merged to become the Integrated Access, Capacity and Discharge Team. This merger has facilitated a closer working relationship between the Discharge, Complex Discharge and Social Work functions to ensure earlier identification of patients who may require additional care on discharge compared to what was required on admission so that extended length of stay after being medically optimised can be minimised. All Hospital Social Workers now have a link ward where they undertake the majority of their work so that they can become an embedded member of the MDT.</p> <p>Quarterly briefings are now in place between Noble's Hospital and the public and private care sector so feedback in both directions can be delivered and shared improvements in the discharge process discussed and agreed collectively.</p>	By the end of the service year.
2023-24	3.	Provide evidence that there is governance, associated procedures and reporting in place to ensure that medication reviews are carried out in a regular, timely and efficient way, with an initial focus on those with an identified learning disability and those living in a residential care setting.	<p>The Care Home Assessment & Review Team (CHART) Phase 2, which comprises a Community Geriatrician, Frailty Pharmacist and GPs, has been conducting medication reviews (as well as comprehensive geriatric assessment and treatment escalation plans) for six months within the CHART pilot phase – this has seen medication reviews take place in three care homes to date whilst the processes are refined as part of the pilot prior to being rolled out as part of the Community Frailty Service.</p> <p>Incorporated in the CQC improvement plan.</p>	Ongoing.
2023-24	4.	Design a comprehensive community integrated sexual health service which acts as a single point of access, offering a range of services. A Service Specification is to be developed jointly with Public Health and the Department, and will include the need for health promotion and prevention.	Integrated Sexual Health Service joint working group established. Service specification under development.	By the end of the service year.
2023-24	5.	Following completion of Objective 7 of the Mandate to Manx Care 2022-23 and by 01 May 2023, provide the Department with a baseline position of waiting times across all services, including Primary Care, as at 01 April 2023. Make demonstrable improvements in waiting times across all services, with an initial focus on waiting times for diagnosis and treatment of all types of Cancer, using the Faster Diagnosis Standard (FDS), and be able to regularly report on the same with targets defined under existing frameworks (subject to funding and approval of associated Business Cases).	The baseline position of waiting times across speciality services will be included within the Integrated Performance Report (IPR) and shared with Department from May 2023. Primary Care validation and automation will not commence until the second half of 2023-24 at the earliest and is estimated to take three to four months to complete as per the Business Intelligence Validation Plan. Improvements in waiting times will be monitored via agreed Key Performance Indicators and reported via the IPR.	May 2023.
2023-24	6.	Further to objective 2 of the Mandate to Manx Care 2022-23, design an Independent Advocacy Service, through a phased approach and in line with a specification to be provided by the Department, procuring any elements which are affordable within the current envelope and identifying a longer-term plan to cover all relevant services.	Advocacy support is currently spot purchasing for individuals where this is indicated as necessary to ensure they are supported during particular processes/decisions, on a case by case basis using the current funding envelope available. Manx Care will work collaboratively with the Department to identify a longer-term plan for relevant services.	By the end of the service year.
April 2024 and beyond	1.	Continue to jointly share and assess progress against the improvement plan associated with recommendations made through external inspection (no less than quarterly) demonstrating an ability to be flexible where emerging risks change the need or priority.	The plans will be delivered with active monitoring of implementation and assurance reporting through the Performance Management and Improvement Service.	Ongoing.



April 2024 and beyond	2.	Continue to implement the action plan associated with discharge pathways from hospital care. Use the results of the Joint Strategic Needs Assessment for Aging Well to drive a 'step up, step down' model of intermediate care (supported by an associated approved Business Case), embedded through a frailty index led in primary care. Drive a reduction in length of stay in secondary care (towards the agreed 21-day target) through proactive pathways, enabling early discharge planning and activation to promote efficient patient flow.	<p>Recent approval of the Intermediate Care business case will result in the development of a Step Up/Step Down model of care, with RDCH Martin Ward initially functioning as the step up unit, and an expanded Reablement Service providing home-based care and rehabilitation on a temporary basis, supported by Advanced Clinical Practitioners working in the community.</p> <p>Integration of Hospital Social Work and Access & Capacity Teams will see reductions in length of stay of patients requiring post-discharge care thanks to improved proactive management.</p> <p>Community Frailty Service will be starting to deliver a community clinic within Ramsey in summer 2023 as part of the Northern Primary Care Home pilot – this clinic will see patients referred from the local GP practice as well as providing follow up of those patients discharged from RDCH Martin Ward who have an ongoing comprehensive geriatric assessment and action plan.</p>	Ongoing.
April 2024 and beyond	3.	Expand the assurance of medication reviews to include anyone being prescribed a medication for more than 12 months.	To be progressed by the Primary Care and Community Services Care Group.	Ongoing.
April 2024 and beyond	4.	Deliver the agreed model for community sexual health services through an incremental plan.	Manx Care will deliver the agreed model for community sexual health services through an incremental plan subject to affordability and alignment with Department.	Ongoing.
April 2024 and beyond	5.	<p>Consistently meet the following key targets:</p> <p>a. The 28-day FDS – people who have been urgently referred for suspected cancer, have breast symptoms, or have been picked up through cancer screening, have cancer ruled out or receive a diagnosis within 28 days;</p> <p>b. The 62-day referral to treatment standard – patients who receive a cancer diagnosis after an urgent suspected cancer referral, referral for breast cancer symptoms, or via cancer screening should start treatment within 62 days of that initial referral; and</p> <p>c. A 31-day decision to treat to treatment standard – patients, regardless of how they came to be diagnosed with cancer, should receive their treatment within a month of deciding to treat their cancer.</p>	Manx Care will continue with a strong focus on cancer care by implementing the Faster Diagnostic Standard pathways and best practice timed pathways, which will ultimately speed up cancer diagnosis and improve patient experience. Manx Care will aim to improve delivery against all of the cancer waiting time standards for the 2023/24 service year.	Ongoing.
April 2024 and beyond	6.	Review the existing mechanisms to provide ongoing practical and emotional support to those receiving a life-changing diagnosis to establish whether they are fit for purpose. Identify and share with the Department any recommendations for change, commencing with terminal cancer diagnosis and vision loss.	<p>Provision of emotional support for those with cancer is provided jointly between Isle Listen (Minds Matter) and the Macmillan Cancer Support Team employed by Manx Care.</p> <p>Current Health Liaison Psychology services are provided single-handedly by a Consultant Clinical Psychologist, however a business case outlining a potential expansion of this service is being considered.</p> <p>Support for those with Vision Loss is predominantly provided by Sight Matters (formerly Manx Blind Welfare) however provision of an Eye Care Liaison Officer (ECLLO) is an aspiration as part of the Eye Care Transformation work.</p>	Ongoing.
April 2024 and beyond	7.	Implement the agreed plan for an Independent Advocacy Service.	Manx Care will implement the agreed plan for an Independent Advocacy Service subject to affordability and alignment with the Department.	Ongoing.



Objective 3 – Prevention and Integration

2023-24	1.	Following approval of the Strategic Business Case and subsequent development of the detailed design work and agreement of the necessary funding, Manx Care will deliver year one (2023/24) of Primary Care at Scale rollout to the agreed plan. Immediate focus in primary care should be to build resilience and capacity across General Practitioner services and improve access for patients through the introduction of First Contact Practitioners, reporting monthly on waiting times through a redeveloped and publicly available Primary Care dataset to be agreed with the Department. Consider the work of the Wellbeing Partnerships, reviewing the need and model for the Eastern Hub.	Manx Care will commence Primary Care at Scale which will focus initially on building infrastructure to deliver the right care by the most appropriate person, nearer to the patient with the introduction of primary care hubs in geographical areas of the Isle of Man.	By the end of the service year.
2023-24	2.	Take a leading role to support the Department in preparing multi-agency implementation plans to deliver the visions set out in the following strategies (to be published by the Department): a. National Autism Strategy; b. Children's Mental Health Strategy; and c. Carers and Young Carers (supported by Crossroads and endorsed by the Department).	Manx Care will work collaboratively with the Department to prepare implementation plans for the three strategies in focus in 2023-24.	By the end of the service year.
2023-24	3.	Participate in the necessary work to secure and then lead on the implementation of the Manx Care Record, subject to approval and contract award in line with the (to be agreed) plan. On completion of the procurement of the solution to deliver the Manx Care Record and associated contract negotiations with any other parties subject to the procurement, such as other NHS Trusts, produce an action plan (to include standardising processes, training users, replacing/upgrading IT equipment, record migration and enabling secure access for users) and supporting timeline for this to be implemented, both being shared with the Department. Throughout the project, explore ways to enhance how data sharing across services and systems supports practitioners to deliver care.	Subject to securing funding, Manx Care will drive and progress the implementation plan of the Manx Care Record throughout 2023-24.	By the end of the service year.
2023-24	4.	In respect of Objective 8 of the Mandate to Manx Care 2022-23, identify the capital funding that would be required to implement any remaining digital options for supporting patients with long-term conditions to manage elements of their care from home.	Initial scoping work being undertaken around development of Telehealth solutions to reduce the requirement for people to travel off-Island for appointments where a physical examination is not required. Business Change Services support secured for initial business analysis. Intermediate Care project implementation group reviewing options for use of technology as a pre-cursor to development of Virtual Wards – this technology is designed to provide support for independent living in the home environment.	By the end of the service year.



2023-24	5.	<p>In respect of Objective 11 of the Mandate to Manx Care 2022-23:</p> <p>i. Through the work of the Immunisations Committee and an agreed service specification, ensure that all vaccinations and immunisations are delivered in line with the guidance of the Joint Committee on Vaccination and Immunisation (JCVI), with reporting against national indicators as defined in the Public Health Outcomes Framework (PHOF);</p> <p>ii. Through the work of the Screening Board, prepare gap analysis against UK standards for breast, bowel, cervical, antenatal and newborn screening programmes, with any remediation plan where applicable;</p> <p>iii. Ensure that plans are in place to take over the National Naloxone Programme, to be running in full by July 2024;</p> <p>iv. Participate in the action plan associated with the Council of Ministers Response to the Social Affairs Policy review Committee Report on Oral Health in Children, co-ordinated jointly by Public Health and the Department; and</p> <p>v. Establish a mechanism to routinely provide child measurement data for Reception and Year 6 children to Public Health, as defined in the PHOF.</p>	<p>i. Manx Care is committed to delivering a comprehensive Vaccination and Immunisation offer and has recently launched a substantive vaccine service which is currently delivering the spring Covid vaccine service as well as supporting the school vaccination service. There is Manx Care representation on the committee.</p> <p>ii. Work is ongoing via the Screening Board to mitigate any risks in relation to the current screening programmes.</p> <p>iii. The Drug and Alcohol Team will work collaboratively with Public Health to ensure transition of the National Naloxone Programme to Manx Care by July 2024.</p> <p>iv. Manx Care has contributed to the development of a single Oral Health strategy and action plan and remains committed to delivering it alongside Public Health.</p> <p>v. Manx Care is developing this mechanism currently alongside Public Health intelligence colleagues.</p>	July 2024.
April 2024 and beyond	1.	Continue to implement and embed the target operating model for primary care, continuing to explore ways to build capacity and resilience across the system, reviewing the services provided through the Wellbeing Partnerships and their efficacy throughout the four geographies of the Island.	Manx Care will continue to implement Primary Care at Scale and Wellbeing Hubs in line with agreed transformation plans and funding aligned to Department.	Ongoing.
April 2024 and beyond	2.	Implement Manx Care's activities within the agreed plans to deliver against the Department's Autism Strategy, Carers and Young Carers Strategy and Children's Mental Health Strategy.	Following the development of agreed plans, timescales and funding, Manx Care will implement the requirements of the respective strategies.	Ongoing.
April 2024 and beyond	3.	Ensure momentum is maintained against the agreed delivery plan associated with the Manx Care Record. Seek feedback from each group of users at regular intervals to assess success against the expected outcomes within the strategic business case (such as benefits to patients, efficiencies realised, and improved patient experience). Use this information to assess future opportunities for more integrated digital platforms.	Manx Care will continue momentum against the agreed delivery plan for the Manx Care Record subject to funding and aligned to the Department.	Ongoing.



Appendix B – key performance indicators (KPIs) for the Manx Care operating plan, 2023/26

Key for Care Groups:

- CG1 – Surgery, Theatres, Critical Care and Anaesthetics
- CG2 – Medicine, Urgent & Emergency Care and Ambulance
- CQS – Care Quality and Safety
- IG – Information Governance
- IPCC – Integrated Primary and Community Care
- W&C – Integrated Women's, Children's and Families

Care Group / Service Area	Metric Name	Care Group(s) / Area(s)	Standard	Primary Source	Manx Care Operating Plan 2023/26		
					Monthly Standard (2023/24)	Monthly Standard (2024/25)	Monthly Standard (2025/26)
Care Quality	Number of Serious Incidents	CQS	< 3 (36 PA)	Mandate (2023/24)	< 3 (36 PA)	< 3 (36 PA)	< 3 (36 PA)
Care Quality	Number of Never Events	CQS	0	Mandate (2023/24)	0	0	0
Care Quality	Number of Inpatient Falls with harm (per 1000 bed days)	CQS	< 2	Mandate (2023/24)	< 2	< 2	< 2
Care Quality	Number of incidents of Harm from errors involving high risk drugs (Opioids, Hypoglycaemic, Antipsychotics Anticoagulants)	CQS	2 (25 PA)	Mandate (2023/24)	2 (25 PA)	2 (25 PA)	2 (25 PA)
Care Quality	Number of Grade 2 or above Hospital acquired pressure ulcers per 1000 bed days	CQS	< 5 (60 PA)	Mandate (2023/24)	< 5 (60 PA)	< 5 (60 PA)	< 5 (60 PA)
Care Quality	MRSA - Total number of acquired infections	CQS	0	Mandate (2023/24)	0	0	0
Care Quality	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	W&C	Monitor	Mandate (2023/24)	Monitor	Monitor	Monitor
Care Quality	Duty of Candour - application within 10 days (%)	CQS	98%	Quality Dashboard	98%	98%	98%
Care Quality	% Eligible patients having VTE risk assessment within 12 hours of decision to admit	CQS	95%	Quality Dashboard	95%	95%	95%
Care Quality	% Adult Patients (within general hospital) with VTE prophylaxis prescribed	CQS	95%	Quality Dashboard	95%	95%	95%
Care Quality	Clostridium Difficile - Total number of acquired infections	CQS	< 30 PA	Quality Dashboard	< 30 PA	< 30 PA	< 30 PA
Care Quality	E-Coli - Total number of acquired infections	CQS	< 72 PA	Quality Dashboard	< 72 PA	< 72 PA	< 72 PA
Care Quality	Number of confirmed cases of Klebsiella spp	CQS	Monitor	Quality Dashboard	Monitor	Monitor	Monitor
Care Quality	Number of confirmed cases of Pseudomonas aeruginosa	CQS	Monitor	Quality Dashboard	Monitor	Monitor	Monitor
Care Quality	Harm Free Care Score (Safety Thermometer) - Adult	CQS	95%	Quality Dashboard	95%	95%	95%
Care Quality	Harm Free Care Score (Safety Thermometer) - Maternity	W&C	95%	Quality Dashboard	95%	95%	95%
Care Quality	Harm Free Care Score (Safety Thermometer) - Children	W&C	95%	Quality Dashboard	95%	95%	95%
Care Quality	Hand Hygiene Compliance	CQS	96%	Quality Dashboard	96%	96%	96%
Care Quality	48-72 hr review of antibiotic prescription complete	CQS	98%	Quality Dashboard	98%	98%	98%
Care Quality	Nutrition and Hydration - complete at 7 days (Acute Hospitals and Mental Health)	CQS	95%	Quality Dashboard	95%	95%	95%
Care Quality	Number of Mixed Sex Accommodation Breaches	CQS	0	Quality Dashboard	0	0	0
Care Quality	Mortality - Hospitals LFD (Learning from Death reviews)	CQS	80%	Quality Dashboard	80%	80%	80%
Care Quality	FFT - How was your experience? No. of responses	CQS	Monitor	Quality Dashboard	Monitor	Monitor	Monitor
Care Quality	FFT - Experience was Very Good or Good	CQS	80%	Quality Dashboard	80%	80%	80%



Care Quality	FFT - Experience was neither Good or Poor	CQS	10%	Quality Dashboard	10%	10%	10%
Care Quality	FFT - Experience was Poor or Very Poor	CQS	<10%	Quality Dashboard	<10%	<10%	<10%
Care Quality	Manx Care Advice and Liaison Service contacts	CQS	Monitor	Quality Dashboard	Monitor	Monitor	Monitor
Care Quality	Manx Care Advice and Liaison Service same day response	CQS	80%	Quality Dashboard	80%	80%	80%
Elective Care	Number of patients with a length of stay - 0 days (Hospital)	CG1, CG2, W&C	Monitor	Mandate (2023/24)	Monitor	< 2023/24 Baseline	< 2024/25 Baseline
Elective Care	Number of patients with a length of stay - > 7 days (Hospital)	CG1, CG2, W&C	Monitor	Mandate (2023/24)	Monitor	< 2023/24 Baseline	< 2024/25 Baseline
Elective Care	Number of patients with a length of stay - > 21 days (Hospital)	CG1, CG2, W&C	Monitor	Mandate (2023/24)	Monitor	< 2023/24 Baseline	< 2024/25 Baseline
Elective Care	RTT - Number of patients waiting for first Consultant Led Outpatient appointment	CG1, CG2, W&C	< 2022/23 Baseline	Mandate (2023/24)	< 2022/23 Baseline	< 2023/24 Baseline	< 2024/25 Baseline
Elective Care	RTT - Number of patients waiting for Daycase procedure	CG1, CG2, W&C	< 2022/23 Baseline	Operating Plan (2023/26)	< 2022/23 Baseline	< 2023/24 Baseline	< 2024/25 Baseline
Elective Care	RTT - Number of patients waiting for Inpatient procedure	CG1, CG2, W&C	< 2022/23 Baseline	Operating Plan (2023/26)	< 2022/23 Baseline	< 2023/24 Baseline	< 2024/25 Baseline
Elective Care	RTT - Patients waiting more than 52 weeks to start consultant-led treatment	CG1, CG2, W&C	0	Mandate (2023/24)	< 2022/23 Baseline	< 2023/24 Baseline	0
Elective Care	RTT - % of urgent GP referrals seen for first appointment within 6 weeks	CG1, CG2, W&C	85%	Mandate (2023/24)	> 2022/23 Baseline	> 2023/24 Baseline	85%
Elective Care	RTT - Number of patients waiting > 65 weeks from Referral to Definitive Treatment (assuming further funding for R&R programme and WLI capacity available)	CG1, CG2, W&C	0	Operating Plan (2023/26)	0	0	0
Elective Care	RTT - Number of patients waiting > 22 weeks from Referral to First Outpatient Attendance (assuming further funding for R&R programme and WLI capacity available)	CG1, CG2, W&C	0	Operating Plan (2023/26)	0	0	0
Elective Care	RTT - Number of patients waiting > 22 weeks from Decision to Treat to Definitive Treatment (Daycase/Inpatient) (assuming further funding for R&R programme and WLI capacity available)	CG1, CG2, W&C	0	Operating Plan (2023/26)	0	0	0
Elective Care	Avg. Waiting Time < 49 weeks from Referral to First Outpatient Attendance (if no funding for R&R programme or WLI capacity available)	CG1, CG2, W&C	< 49 weeks	Operating Plan (2023/26)	< 49 weeks	< 2023/24 Baseline	< 2024/25 Baseline
Elective Care	Avg. Waiting Time < 40 weeks from Decision to Treat to Definitive Treatment (Daycase/ Inpatient) (if no funding for R&R programme or WLI capacity available)	CG1, CG2, W&C	< 40 weeks	Operating Plan (2023/26)	< 40 weeks	< 2023/24 Baseline	< 2024/25 Baseline
Elective Care	Number of Theatre Cancellations on the Day	CG1, W&C	Monitor	Mandate (2023/24)	Monitor	< 2023/24 Baseline	< 2024/25 Baseline
Elective Care	Theatre Utilisation	CG1, W&C	85%	Mandate (2023/24)	85%	85%	85%
Elective Care	Daycase Utilisation	CG1, W&C	85%	Operating Plan (2023/26)	85%	85%	85%
Elective Care	Did Not Attend rate (Hospital Outpatient)	CG1, CG2, W&C	5%	Mandate (2023/24)	5%	5%	5%
Elective Care	Number of discharges - pre 10:00	CG1, CG2, W&C	Monitor	Mandate (2023/24)	Monitor	< 2023/24 Baseline	< 2024/25 Baseline
Elective Care	Number of discharges - pre 16:00	CG1, CG2, W&C	Monitor	Mandate (2023/24)	Monitor	< 2023/24 Baseline	< 2024/25 Baseline
Elective Care	Number of discharges - weekend	CG1, CG2, W&C	Monitor	Mandate (2023/24)	Monitor	< 2023/24 Baseline	< 2024/25 Baseline
Elective Care	Delayed transfers of care (Hospital)	CG1, CG2, W&C	Monitor	Mandate (2023/24)	Monitor	< 2023/24 Baseline	< 2024/25 Baseline
Elective Care	Reduction to Number of patients waiting for Outpatient Follow Up (assuming further funding for R&R programme and WLI capacity available)	CG1, CG2, W&C	25% reduction on 2019/20 Baseline	Operating Plan (2023/26)	25% reduction on 2019/20 Baseline	< 2023/24 Baseline	< 2024/25 Baseline



Elective Care	Average Length of Stay (Hospital)	CG1, CG2, W&C	Monitor	Performance & Accountability (IPR)	Monitor	< 2023/24 Baseline	< 2024/25 Baseline
Elective Care	Elective Care - Total Number of Cancelled Operations	CG1	Monitor	Performance & Accountability (IPR)	Monitor	< 2023/24 Baseline	< 2024/25 Baseline
Urgent & Emergency Care	Category 1 Mean Response Time	Ambulance	7 mins	Mandate (2023/24)	< 2022/23 Baseline	7 mins	7 mins
Urgent & Emergency Care	Category 1 Response Time at 90th Percentile	Ambulance	15 mins	Mandate (2023/24)	< 2022/23 Baseline	15 mins	15 mins
Urgent & emergency Care	Category 2 Mean Response Time	Ambulance	18 mins	Performance & Accountability (IPR)	18 mins	18 mins	18 mins
Urgent & emergency Care	Category 2 Response Time at 90th Percentile	Ambulance	40 mins	Performance & Accountability (IPR)	40 mins	40 mins	40 mins
Urgent & emergency Care	Category 3 Mean Response Time	Ambulance	Monitor	Performance & Accountability (IPR)	Monitor	< 2023/24 Baseline	< 2024/25 Baseline
Urgent & emergency Care	Category 3 Response Time at 90th Percentile	Ambulance	120 mins	Performance & Accountability (IPR)	120 mins	120 mins	120 mins
Urgent & emergency Care	Category 4 Mean Response Time	Ambulance	Monitor	Performance & Accountability (IPR)	Monitor	< 2023/24 Baseline	< 2024/25 Baseline
Urgent & emergency Care	Category 4 Response Time at 90th Percentile	Ambulance	180 mins	Performance & Accountability (IPR)	180 mins	180 mins	180 mins
Urgent & emergency Care	Category 5 Mean Response Time	Ambulance	Monitor	Performance & Accountability (IPR)	Monitor	< 2023/24 Baseline	< 2024/25 Baseline
Urgent & emergency Care	Category 5 Response Time at 90th Percentile	Ambulance	180 mins	Performance & Accountability (IPR)	180 mins	180 mins	180 mins
Urgent & Emergency Care	% of ED attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at ED (Nobles and RDCH)	CG2	95%	Mandate (2023/24)	76%	> 2023/24 Baseline	95%
Urgent & Emergency Care	ED admission rate	CG2	Monitor	Mandate (2023/24)	Monitor	Monitor	Monitor
Urgent & Emergency Care	Number of patients spending more than 12 hours in ED	CG2	0	Mandate (2023/24)	< 2022/23 Baseline	< 2023/24 Baseline	0
Urgent & Emergency Care	Average number of minutes between Arrival and Triage (Noble's/RDCH)	CG2	15 minutes	Mandate (2023/24)	15 minutes	15 minutes	15 minutes
Urgent & Emergency Care	Emergency Care Time (Average Number of minutes between arrival and referral to speciality OR discharge)	CG2	< 3 hours	Mandate (2023/24)	< 3 hours	< 3 hours	< 3 hours
Urgent & Emergency Care	Emergency re-admissions within 7 days of discharge from hospital	CG1, CG2, W&C	Monitor	Mandate (2023/24)	Monitor	< 2023/24 Baseline	< 2024/25 Baseline
Urgent & Emergency Care	Emergency re-admissions within 30 days of discharge from hospital	CG1, CG2, W&C	Monitor	Mandate (2023/24)	Monitor	< 2023/24 Baseline	< 2024/25 Baseline
Urgent & Emergency Care	Patients Waiting Over 12 Hours From Decision to Admit to Admission to a Ward (12 Hour Trolley Waits)	CG2	0	Operating Plan (2023/26)	< 2022/23 Baseline	< 2023/24 Baseline	0
Urgent & Emergency Care	Adult General and Acute (G&A) bed occupancy at 92 % or below	CG1, CG2, W&C	92%	Operating Plan (2023/26)	92%	92%	92%
Urgent & Emergency Care	ED - % 4 Hour Performance (Non Admitted)	CG2	95%	Performance & Accountability (IPR)	76%	> 2023/24 Baseline	95%
Urgent & Emergency Care	ED - % 4 Hour Performance (Admitted)	CG2	95%	Performance & Accountability (IPR)	76%	> 2023/24 Baseline	95%
Urgent & Emergency Care	Average Total time spent in ED	CG2	360 minutes	Performance & Accountability (IPR)	360 minutes	360 minutes	360 minutes



Urgent & Emergency Care	Ambulance crew turnaround times from arrival to clear should be no longer than 30 minutes.	Ambulance	0	Operating Plan (2023/26)	< 2022/23 Baseline	< 2023/24 Baseline	0
Urgent & Emergency Care	Ambulance crew turnaround times from arrival to clear should be no longer than 60 minutes.	Ambulance	0	Operating Plan (2023/26)	< 2022/23 Baseline	< 2023/24 Baseline	0
Cancer Services	Maximum two week wait from urgent referral of suspected cancer to first outpatient appointment	Cancer & Diagnostics	93%	Mandate (2023/24)	> 2022/23 Baseline	> 2023/24 Baseline	93%
Cancer Services	Maximum two week wait from referral of any patient with breast symptoms (where cancer is not suspected) to first hospital assessment.	Cancer & Diagnostics	93%	Mandate (2023/24)	> 2022/23 Baseline	> 2023/24 Baseline	93%
Cancer Services	Maximum 28 days from referral for suspected cancer (via 2WW or Cancer Screening) to date of diagnosis	Cancer & Diagnostics	75%	Mandate (2023/24)	75%	75%	75%
Cancer Services	Maximum 31 days from decision to treat or other appropriate date to start of second or subsequent treatment - Surgery	Cancer & Diagnostics	94%	Mandate (2023/24)	94%	94%	94%
Cancer Services	Maximum 31 days from decision to treat or other appropriate date to start of second or subsequent treatment - Drug treatment	Cancer & Diagnostics	98%	Mandate (2023/24)	98%	98%	98%
Cancer Services	Maximum 31 days from decision to treat or other appropriate date to start of second or subsequent treatment - Radiotherapy	Cancer & Diagnostics	94%	Mandate (2023/24)	94%	94%	94%
Cancer Services	Maximum 62 days from referral for suspected cancer to first treatment	Cancer & Diagnostics	85%	Mandate (2023/24)	> 2022/23 Baseline	> 2023/24 Baseline	85%
Cancer Services	Maximum 62 days from urgent referral from a Cancer Screening Programme to first treatment	Cancer & Diagnostics	90%	Mandate (2023/24)	> 2022/23 Baseline	> 2023/24 Baseline	90%
Cancer Services	Maximum 31 days from decision to treat to first definitive treatment	Cancer & Diagnostics	96%	Mandate (2023/24)	> 2022/23 Baseline	> 2023/24 Baseline	96%
Cancer Services	Number of Cancer patients waiting over 62 days	Cancer & Diagnostics	< 2022/23 Baseline	Operating Plan (2023/26)	< 2022/23 Baseline	< 2023/24 baseline	< 2024/25 baseline
Cancer Services	Earlier Detection of Cancer: % Patients receiving a diagnosis at stages 1 or 2, rather than later stages	Cancer & Diagnostics	75%	Operating Plan (2023/26)	Monitor	> 2023/24 Baseline	75%
Diagnostics	Number of patients waiting more than 2 weeks for diagnostic tests on an urgent or cancer pathway	Cancer & Diagnostics	Monitor	Mandate (2023/24)	Monitor	< 2023/24 baseline	< 2024/25 baseline
Diagnostics	% of patients waiting 6 weeks or less for a diagnostics test	Cancer & Diagnostics	99%	Mandate (2023/24)	-	90%	99%
Diagnostics	% of patients waiting 26 weeks or less for a diagnostics test (assuming further funding for R&R programme and WLI capacity available)	Cancer & Diagnostics	99%	Operating Plan (2023/26)	99%	-	-
Social Services	Average caseload per Social Worker - Adult Social Care	Social Care	18 to 20	Mandate (2023/24)	16 to 18	16 to 18	16 to 18
Social Services	Average caseload per Social Worker - Children & Families	Social Care	16 to 18	Mandate (2023/24)	16 to 18	16 to 18	16 to 18
Social Services	Number of referrals - Adult Social Care	Social Care	Monitor	Mandate (2023/24)	Monitor	Monitor	Monitor
Social Services	% of re-referrals in total referrals - Adult Social Care	Social Care	< 15%	Mandate (2023/24)	< 15%	< 15%	< 15%
Social Services	Number of referrals - Children & Families	Social Care	Monitor	Mandate (2023/24)	Monitor	Monitor	Monitor
Social Services	% of re-referrals in total referrals - Children & Families	Social Care	< 20%	Mandate (2023/24)	< 20%	< 20%	< 20%
Social Services	Wellbeing Assessments completed in agreed timescales.	Social Care	80%	Mandate (2023/24)	> 2022/23 Baseline	> 2023/24 Baseline	80%
Social Services	Copy of Wellbeing Assessment received by Patient or Carer	Social Care	100%	Mandate (2023/24)	> 2022/23 Baseline	> 2023/24 Baseline	100%
Social Services	Residential bed occupancy	Social Care	>= 85%	Mandate (2023/24)	>= 85%	>= 85%	>= 85%
Social Services	Respite bed occupancy	Social Care	>= 90%	Mandate (2023/24)	>= 90%	>= 90%	>= 90%
Social Services	Service Users with a Person-Centred Plan in place (PCP)	Social Care	95%	Mandate (2023/24)	95%	95%	95%
Social Services	Complex Needs Reviews held on time	Social Care, W&C	85%	Mandate (2023/24)	85%	85%	85%



Social Services	Total Initial Child Protection Conferences held on time	Social Care	90%	Mandate (2023/24)	90%	90%	90%
Social Services	Child Protection Reviews held on time	Social Care, W&C	90%	Mandate (2023/24)	90%	90%	90%
Social Services	Looked After Children reviews held on time	Social Care, W&C	90%	Mandate (2023/24)	90%	90%	90%
Social Services	Pathway Plan in place	Social Care, W&C	100%	Mandate (2023/24)	100%	100%	100%
Social Services	Children (of age) participating in, or contributing to, their Child Protection review	Social Care, W&C	90%	Mandate (2023/24)	90%	90%	90%
Social Services	Children (of age) participating in, or contributing to, their Looked After Child review	Social Care, W&C	90%	Mandate (2023/24)	90%	90%	90%
Social Services	Children (of age) participating in, or contributing to, their Complex Review	Social Care, W&C	79%	Mandate (2023/24)	79%	79%	79%
Social Services	Occupancy at Ramsey – overnight stays	Social Care	<= 80%	Mandate (2023/24)	<= 80%	<= 80%	<= 80%
Social Services	Number of Safeguarding inquiries to Adult Social Care	Social Care	Monitor	Mandate (2023/24)	Monitor	Monitor	Monitor
Social Services	Number of reported Safeguarding alerts in care homes	Social Care	Monitor	Mandate (2023/24)	Monitor	Monitor	Monitor
Social Services	Western Wellbeing Contribution to reduction in ED attendance	Social Care	10% per 12 months	Mandate (2023/24)	10% per 12 months	10% per 12 months	10% per 12 months
Social Services	Western Wellbeing Reduction in admission to hospital from locality	Social Care	5% per 12 months	Mandate (2023/24)	5% per 12 months	5% per 12 months	5% per 12 months
Integrated Primary & Community Care	Response by Community Nursing to Urgent / Non routine	IPCC	24 Hours	Mandate (2023/24)	24 Hours	24 Hours	24 Hours
Integrated Primary & Community Care	Community Nursing Service response target met - Routine	IPCC	7 days	Mandate (2023/24)	7 days	7 days	7 days
Integrated Primary & Community Care	Clinical Assessment and Treatment Service waiting time from Urgent 1 (3 WD) referral	IPCC	80%	Mandate (2023/24)	80%	80%	80%
Integrated Primary & Community Care	Clinical Assessment and Treatment Service waiting time from Urgent 2 (5 WD) referral	IPCC	80%	Mandate (2023/24)	80%	80%	80%
Integrated Primary & Community Care	Clinical Assessment and Treatment Service waiting time from Soon 1 (15 WD) referral	IPCC	80%	Mandate (2023/24)	80%	80%	80%
Integrated Primary & Community Care	Clinical Assessment and Treatment Service waiting time from Soon 2 (30 WD) referral	IPCC	80%	Mandate (2023/24)	80%	80%	80%
Integrated Primary & Community Care	Clinical Assessment and Treatment Service waiting time from routine referral within 12 Wks	IPCC	80%	Mandate (2023/24)	80%	80%	80%
Integrated Primary & Community Care	Number of days until next free GP Appointment - by Practice	IPCC	Monitor	Mandate (2023/24)	Monitor	< 2023/24 Baseline	< 2024/25 Baseline
Integrated Primary & Community Care	Average wait time for allocation to a Dentist	IPCC	Monitor	Mandate (2023/24)	Monitor	< 2023/24 Baseline	< 2024/25 Baseline
Integrated Primary & Community Care	Wait for patients to receive a first appointment for Consultant-level Orthodontic services, where required, is less than 8 weeks	IPCC	8 Weeks	Operating Plan (2023/26)	< 2022/23 Baseline	< 2023/24 baseline	8 Weeks
Integrated Primary & Community Care	% Referrals transferred for initial Index of Orthodontic Treatment Need (IOTN) assessment, and priority established within 8 weeks.	IPCC	Monitor	Operating Plan (2023/26)	Monitor	> 2023/24 Baseline	> 2024/25 Baseline
Integrated Primary & Community Care	% Waiting for Paediatric Special Care Dentistry general anaesthetic treatment within 8 weeks	IPCC	Monitor	Operating Plan (2023/26)	Monitor	> 2023/24 Baseline	> 2024/25 Baseline



Integrated Primary & Community Care	% Referral to treatment for Adult special care and phobic patients no more than 8 weeks	IPCC	Monitor	Operating Plan (2023/26)	Monitor	> 2023/24 Baseline	> 2024/25 Baseline
Integrated Primary & Community Care	% GP medical registrations and amendments processed within two working days	IPCC	Monitor	Operating Plan (2023/26)	Monitor	> 2023/24 Baseline	> 2024/25 Baseline
Integrated Primary & Community Care	GP registered population will be cleansed to within no more than a % 'inflation' figure using the Isle of Man census data.	IPCC	4%	Operating Plan (2023/26)	5%	4%	Baseline based on Census Data
Integrated Primary & Community Care	Community Nursing services, the Continence Service % patients receiving first appointment with Continence Advisor for a continence assessment within four weeks.	IPCC	Monitor	Operating Plan (2023/26)	Monitor	> 2023/24 Baseline	> 2024/25 Baseline
Integrated Primary & Community Care	Community Nursing services, % Adult outpatients seen/treated within 12 weeks of referral.	IPCC	Monitor	Operating Plan (2023/26)	Monitor	> 2023/24 Baseline	> 2024/25 Baseline
Integrated Primary & Community Care	Community Nursing services, % Adult inpatients seen/treated within 24 hours.	IPCC	Monitor	Operating Plan (2023/26)	Monitor	> 2023/24 Baseline	> 2024/25 Baseline
Integrated Primary & Community Care	Community Nursing services, % Telephone requests for specialist advice within 24 hours	IPCC	Monitor	Operating Plan (2023/26)	Monitor	> 2023/24 Baseline	> 2024/25 Baseline
Integrated Primary & Community Care	Community Nursing services, % emails for specialist advice within 72 hours.	IPCC	Monitor	Operating Plan (2023/26)	Monitor	> 2023/24 Baseline	> 2024/25 Baseline
Integrated Primary & Community Care	% referrals for specialist tissues viability seen within four weeks.	IPCC	Monitor	Operating Plan (2023/26)	Monitor	> 2023/24 Baseline	> 2024/25 Baseline
Integrated Primary & Community Care	% Newly diagnosed diabetics offered structured education within six to 12 months of being diagnosed	IPCC	Monitor	Operating Plan (2023/26)	Monitor	> 2023/24 Baseline	> 2024/25 Baseline
Integrated Primary & Community Care	No patients waiting for a dentist	IPCC	Monitor	Performance & Accountability (IPR)	Monitor	< 2023/24 baseline	< 2024/25 baseline
Integrated Primary & Community Care	% Dental contractors on target to meet UDAs	IPCC	96%	Performance & Accountability (IPR)	96%	96%	96%
Integrated Primary & Community Care	Number of Units of Dental Activity (UDAs) delivered by Dental contractors	IPCC	Monitor	Performance & Accountability (IPR)	Monitor	Monitor	Monitor
Mental Health Services	Crisis Team one hour response to referral from ED	CG2, Mental Health	75%	Mandate (2023/24)	75%	75%	75%
Mental Health Services	Patients admitted to physical health wards requiring a Mental Health assessment, seen within 24 hours	CG1, CG2, W&C, Mental Health	75%	Mandate (2023/24)	75%	75%	75%
Mental Health Services	Patients with a first episode of psychosis treated with a NICE recommended care package within two weeks of referral	Mental Health	75%	Mandate (2023/24)	75%	75%	75%
Mental Health Services	Patients with Severe Mental Illness (SMI) who received a full physical health check in Primary Care every 12 months	Mental Health, IPCC	100%	Mandate (2023/24)	> 2022/23 Baseline	> 2023/24 Baseline	100%
Mental Health Services	People under adult mental illness specialities on a Care Programme Approach, followed up in 3 days of being discharged from psychiatric inpatient care	Mental Health	90%	Mandate (2023/24)	90%	90%	90%
Mental Health Services	Total Mental Health Current Caseload	Mental Health	4500 - 5500	Mandate (2023/24)	4500 - 5500	4500 - 5500	4500 - 5500
Mental Health Services	Mental Health - % of re-referrals within 6 months	Mental Health	20%	Mandate (2023/24)	20%	20%	20%
Mental Health Services	Number of patients with a length of stay - 0 days (Mental Health)	Mental Health	Monitor	Operating Plan (2023/26)	Monitor	< 2023/24 Baseline	< 2024/25 Baseline



Mental Health Services	Number of patients with a length of stay - > 60 days (Mental Health)	Mental Health	Monitor	Operating Plan (2023/26)	Monitor	< 2023/24 Baseline	< 2024/25 Baseline
Mental Health Services	Number of patients with a length of stay - > 90 days (Mental Health)	Mental Health	Monitor	Operating Plan (2023/26)	Monitor	< 2023/24 Baseline	< 2024/25 Baseline
Mental Health Services	Reduction in Waiting List Volumes for Adults accessing psychological services (Low to Moderate)	Mental Health	< 2022/23 Baseline	Operating Plan (2023/26)	< 2022/23 Baseline	< 2023/24 Baseline	< 2024/25 Baseline
Mental Health Services	Reduction in Waiting List Volumes for Child & Adolescent Mental Health Services (assuming further funding for R&R programme and WLI capacity available)	Mental Health	< 2022/23 Baseline	Operating Plan (2023/26)	< 2022/23 Baseline	< 2023/24 Baseline	< 2024/25 Baseline
Mental Health Services	Delayed transfers of care (Mental Health)	Mental Health	Monitor	Mandate (2023/24)	Monitor	< 2023/24 Baseline	< 2024/25 Baseline
Mental Health Services	Average Length of Stay (Mental Health)	Mental Health	Monitor	Performance & Accountability (IPR)	Monitor	< 2023/24 Baseline	< 2024/25 Baseline
Mental Health Services	Mental Health - Number of Discharges	Mental Health	650-677	Performance & Accountability (IPR)	650-677	650-677	650-677
Women's, Children's & Family Services	% New Birth Visits within timescale	W&C	Monitor	Performance & Accountability (IPR)	Monitor	> 2023/24 Baseline	> 2024/25 Baseline
Leadership & Governance	Number of Data Breaches - by severity level	IG	0	Mandate (2023/24)	0	0	0
Leadership & Governance	Number of Subject Access Requests (SAR)	IG	Monitor	Mandate (2023/24)	Monitor	Monitor	Monitor
Leadership & Governance	Number of Access to Health Record Requests (AHR)	IG	Monitor	Mandate (2023/24)	Monitor	Monitor	Monitor
Leadership & Governance	Number of Freedom of Information (FOI) Requests	IG	Monitor	Mandate (2023/24)	Monitor	Monitor	Monitor
Leadership & Governance	Number of Enforcement Notices from the ICO	IG	0	Mandate (2023/24)	0	0	0
Leadership & Governance	Number of SAR, AHR and FOI's not completed within their target	IG	0	Mandate (2023/24)	0	0	0
Leadership & Governance	Number of complaints received	CQS	Monitor	Mandate (2023/24)	Monitor	Monitor	Monitor
Leadership & Governance	Complaint acknowledged within 5 working days	CQS	98%	Mandate (2023/24)	98%	98%	98%
Leadership & Governance	Written response to complaint within 20 days	CQS	98%	Mandate (2023/24)	98%	98%	98%
Leadership & Governance	Number of complaints exceeding 6 months	CQS	98%	Mandate (2023/24)	98%	98%	98%
People	Hours lost to staff sickness absence	HR	4%	Mandate (2023/24)	4%	4%	4%
People	Staff Turnover rate	HR	10%	Mandate (2023/24)	10%	10%	10%
People	Number of staff leavers	HR	Monitor	Mandate (2023/24)	Monitor	Monitor	Monitor
People	Number of staff on long term sickness	HR	Monitor	Mandate (2023/24)	Monitor	Monitor	Monitor
People	Number of staff on disciplinary measures	HR	Monitor	Mandate (2023/24)	Monitor	Monitor	Monitor
People	Number of suspended staff	HR	Monitor	Mandate (2023/24)	Monitor	Monitor	Monitor
People	Completion of Mandatory Training (%)	HR	90%	Mandate (2023/24)	90%	90%	90%
Finance	Progress towards cost improvement target (% total)	Finance	1.5%	Mandate (2023/24)	1.5%	1.5%	1.5%
Finance	Actual Performance against Budget	Finance	Monitor	Mandate (2023/24)	Monitor	Monitor	Monitor
Finance	Total income (£)	Finance	Monitor	Mandate (2023/24)	Monitor	Monitor	Monitor
Finance	Total staff costs (£)	Finance	Monitor	Mandate (2023/24)	Monitor	Monitor	Monitor
Finance	Total other costs (£)	Finance	Monitor	Mandate (2023/24)	Monitor	Monitor	Monitor
Finance	Agency staff costs (proportion %)	Finance	Monitor	Mandate (2023/24)	Monitor	Monitor	Monitor

Notes:

The list of indicators and standards are subject to change, as new service models and recognised good practice evolves over time.

Any changes to the included indicators or standards will be discussed and agreed with the DHSC as appropriate under the established Single Oversight Framework (SOF).

The list of indicators will be reviewed on an annual basis as a minimum.



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Kiarail Vannin