Health Services Consultative Committee

Annual Report

1 January 2013 to 31 March 2014

To: The Department of Health and Members of Tynwald

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CHAIRMAN'S PREFACE

This is the first Annual Report of the reconstituted Health Services Consultative Committee (HSCC) and covers a period of 15 months as the first few months were used to familiarize ourselves with the Department.

The year for the Department of Health has been an extremely challenging one. The HSCC would stress that much good work goes on within the Department, shown by the large percentage of satisfied patients. This must not be overlooked when taking into account any areas of concern raised in this report. This is particularly important to remember when considering the past year with senior staff involved in several in-depth reviews, reports and studies into the Isle of Man Health Service and ongoing pressure on departmental budgets.

HSCC members wish to acknowledge:

- The acceptance by the Department and various committees of HSCC members attending, contributing and scrutinising those committee meetings.
- The financial constraints and recruitment difficulties and limitations imposed on the Department whilst attempting to maintain services to all patients.
- That praise is due to the Department and the staff for the maintenance of high satisfaction levels of patient care. It is the role, however, of HSCC to make comment and constructive criticism about what we have observed and perceived during this reporting period.
- That much is changing and will change in the year and years to come as the high service levels received cannot be afforded in past ways ad infinitum. HSCC look forward to working with the Department, the new Minister and senior staff as we represent non-governmental interests and independent ideas to secure a sustainable future for the Health Service of the Isle of Man.

The Future

In 2014/2015 HSCC needs to give extended study to focus on priorities, indicated to be:

- Health Strategy Goals
- Transfer of services to Community (with resources)
- Promotion of good health and well-being
- Culture of compassion
- Staffing - management, support, training, absences
- Information to patients and staff
- Co-ordination of all departments to a more integrated health service care.

The Chairman thanks the members for their involvement and contribution and Ms Nikki Sharpe, our long-serving and knowledgeable secretary.

EXECUTIVE SUMMARY

This report covers the activities, experiences and observations of the publicly appointed Health Services Consultative Committee (HSCC) since its reconstitution to a body made up entirely of Lay Members in January 2013. The report describes what the HSCC is and who we are and then moves on to summarise the current position on the Isle of Man Health Strategy. The main body of this Annual Report contains reports from the HSCC representatives on some 14 various Department of Health committees where significant activity has occurred in most areas during this reporting period. Members attended over 100 working sessions apart from HSCC. The report concludes with a summary of the HSCC's activities during the year. This indicates the HSCC members' efforts and commitment to the task at hand.

Where possible we have tried to identify and highlight in our input the HSCC priorities chosen at our mid-year review in October 2013. These five priorities are as follows:

- Strategy for Health
- Human Resources
- Francis Report (noting Beamans and West Midlands Quality Review Team work, too)
- Access to Health Services (particularly transfer of services from Noble's Hospital to the community)
- Communications

All of the above areas have been regularly commented on in our bi-monthly Escalation Reports to the Department Management and we note that some feature quite significantly in the external reviews carried out during the period. The HSCC can give an 'independent insiders' view on these issues and have done so in the specialist sub-reports contained within this Annual Report. Whereas as indicated in the Chair's preface there is a good deal of professionalism and commitment to continuous improvement within the Health Services the HSCC consider that as a "critical friend " to the Department it can make a positive contribution by pointing out areas which concern it. The key themes that have emerged are as follows:

- The problems (often of poor communication) caused as a result of the split or gaps between Noble's Hospital and other services provided by the Department.
- The potential inefficiencies generated by a 'silo mentality' within the Department.
- The internal and external distrust apparent by the limited openness and transparency across the Department.

Some of these issues and behaviours are understandable given the internal and external pressures on, and scrutiny of, the Department during this exceptional reporting period; however, the HSCC believe that these are the fundamental areas that must be addressed by Senior Management without delay. The opportunity for a far more integrated approach to the maintenance of health and well-being on the Island should be grasped by the new leadership and management teams within the new Department of Health and Social Care (DHSC). Both within the old Department and new Department, the sum can be much greater than the parts. If efficiencies and quality improvements are to be made a joint purpose and conscientiously working together, with greater transparency and openness to constructive criticism will better prepare our Health Service to the challenges facing it now and into the future.

The themes and highlights from this Annual Report and its specialist sub-reports are summarised below:

Health Strategy and Public Health

The HSCC welcomes the comprehensive long term Health Strategy and its recent review but is concerned that it is not clear how much progress has been made on its central goals.

Particularly HSCC feel that the attention being given to the treatment of the results of poor health is at the expense of the intended promotion of well-being, and that the anticipated rebalancing of health care between Noble's Hospital and the community is not evident.

Community Health and Primary Care

More could be achieved within the Community if appropriate funds were made available by formal reallocation within the departmental budget. This would release facilities at Noble's Hospital and potentially give greater patient satisfaction as they would be able to receive a service at, or close to, their home.

Mental Health

Many of the working relationships within Noble's Hospital and the Primary Care sector are being redeveloped after the Mental Health Service returned from being outside of the Department for some time. These linkages, once fully made, will allow greater understanding by all parties of the importance of mental well-being in the prevention of and recovery from illness and how they can work more effectively together.

Nursing and Midwifery

It is pleasing to see the importance given to action on the Francis Report by Nursing and Midwifery Advisory Council. However lessons identified must not be forgotten in restructuring.

Learning from incidents

Whereas some areas of the organisation learn well and speedily from incidents e.g. Community Health), others are much slower. Reluctance to share publicly can however be liable to misinterpretation. Public confidence depends on continuous improvement rather than no mistakes. Greater promotion of learning from such matters is considered crucial. Greatest safety improvements are evident where staff is empowered to make the changes.

Patient Safety and Satisfaction

Patient safety issues arise where there is a shortage of fully trained staff working. HSCC consider that the staff recruitment process should be expedited.

When services are privatised or the contracting process is centralized, the lack of involvement of local health specialists clearly leads to problems. Health specific rather than generic services are important to quality and to patient safety and satisfaction.

HSCC note that Ramsey and District Cottage Hospital (R&DCH) appears to have worked well over the years and held in high regard by patients and is concerned that the local nature of this facility be made available to a wider community or replicated elsewhere but its under use must be remedied.

Human Resources

High levels of staff absence within Noble's Hospital are said to be due to stress and poor morale and therefore outside the control of management. The HSCC do not fully agree as evidenced by mechanisms already put in place to encourage reduction of staff absence that are working to a limited degree. Lessons need to be learnt from Community Health where staff survey results are positive.

The introduction of "values based recruitment" is welcomed but our concern is that its planned introduction may be too slow.

Management Information & Technology and Data Analysis

Information Technology provision and the costs involved for the future are of concern. An updated strategy may be required. The update of Medway (patient records computer system) is overdue.

Though iHub (the Department's management information tool) has developed well and is a useful management tool, until trends are more clearly identified and information interpreted its use will be limited. To extend its services greater resources for costing and trend analysis are required.

Media

The way that media matters have been handled has been poor (e.g. colorectal report) It is evident that all sections of the Department do not follow the same procedures on Social Media; perhaps with centralized operation now in operation a more unified approach and positive pro-active involvement with social media will take place throughout the Department.

Internal communications

Divisions working in their own way do not appear to adequately relate their activities to one another. Public Health, Community Health and Mental Health must all liaise adequately with Noble's Hospital and each other to provide the joined-up serviced that is essential for the well-being of patients and their relatives. Improved communication within the Department is essential.

Departmental meetings

HSCC are concerned at the overlap of content of meetings and the repetitive meeting attendance required by senior staff. Remits of committees are unclear or not followed and the overall reporting structure within the Department is therefore unclear. Both the local Francis Report and the Beamans Report comment upon this and we believe it is a matter of urgency to resolve this within the future structure of the Department. Quality of meetings varies with some agendas not including all relevant overall matters, preferring to concentrate on day-to-day operational issues rather than strategic ones.

Consultations on Legislation

The main areas of consultation on new and revised Legislation that the HSCC were used for in this period were the Health Professionals Bill and the new Drugs Policy, which addressed responses to drug use, where HSCC welcomed the better balance between a health, as well as law and order, approach.

General

HSCC wish to have a greater impact as a "critical friend" to the Department to help to ensure the delivery of health and healthcare to the people of the Isle of Man that is accessible, equitable, safe and effective within the limited resources available and are continually assessing their best approach for this. The present lack of issues the Committee is being consulted about, unless raised by the Committee is of concern. The Committee of lay people are available to give independent advice and views and wish to be used.

ROLE OF THE HEALTH SERVICES CONSULTATIVE COMMITTEE (HSCC)

Formed under the National Health Services Act 2001, and re-constituted under the Health Service Consultative Regulations 2012 came into operation in August 2012. The HSCC is required to produce an Annual Report to the Department and to members of Tynwald on the discharge of its functions under the Act and under the regulations.

The HSCC is a body of nine lay people appointed by the Appointments Commission to support the Isle of Man Health Service by providing independent scrutiny and advice on the operations, performance and effectiveness of the Service. Vacancies on the Committee are advertised and following interviews, successful members are elected for a maximum period of five years. Initial problems on recruitment to the Committee and the extensive delays which occurred have now hopefully been overcome.

Members take responsibility for looking at specific areas of Health Services activity, attending appropriate Health Service meetings, reviewing documents, offering advice and highlighting problem areas. Members report to the HSCC and, through the HSCC to the senior officers and Minister.

The website for the Committee is found at:
http://www.gov.im/about-the-government/departments/health-and-social-care/committees-and-groups/health-services-consultative-committee/

MEMBERSHIP

The following have served as members of HSCC in the past 15 months:

- Derek Legg, Chairman
- John Whitehouse, Vice-Chairman
- Liz Godby
- Sue Gowing
- Diane Kelsey (appointed November 2013)
- Dawn Kinnish
- Dawn Mayor
- Malcolm Norris (appointed October 2013)
- Michael Speers (resigned in June 2013)
- Andrew Swithinbank
- Chris Thomas (resigned in July 2013)

DEPARTMENT OF HEALTH COMMITTEE REPRESENTATION

DEPARTMENT COMMITTEE	HSCC representative	Alternate representative
Performance and Delivery Group	Derek Legg	Sue Gowing
Noble's Executive Team	Sue Gowing	Andrew Swithinbank
Patient Safety and Quality Committee	Dawn Mayor	Dawn Kinnish
Primary Care Patient Safety and Governance Committee	Andrew Swithinbank	Sue Gowing
Clinical Recommendations Committee	Diane Kelsey	John Whitehouse
Community Health Executive Team	Dawn Mayor	Derek Legg
Mental Health Services	Liz Godby	
Steering Group for Strategy for future of Health Services	Andrew Swithinbank	Sue Gowing
Nursing and midwifery Advisory Council	Dawn Kinnish	Dawn Mayor
Public Health	Malcolm Norris	
Department Audit Committee	John Whitehouse	Diane Kelsey
West Midlands Quality Review Service	John Whitehouse	Derek Legg
Oral Health Stakeholder Group	John Whitehouse	
Clinical Information and Governance Board	Derek Legg	

Alternate representatives would normally attend the meeting if the main representative was unable to attend. Changes have been made already during the year to some committees and are made to suit requirements and available time of HSCC members. Committees also may change and representation of HSCC on any Committee may cease.

Members of the Department used to attend part of the meetings which were held in alternate months. Since monthly meetings have been commenced, alternate meetings are held as HSCC internal meetings or with invited guests, as in August and October. Whereas HSCC have been principally concerned with direct Departmental responsibilities, it is suggested that we would like to be involved with other health-related organisations.

HSCC have made representations to the Department about the need for a review of Committees because of duplication and overlap and because of extended attendance by senior management at these meetings, some of which were not considered adequately beneficial. These representations have also been endorsed by both the Francis Committee and more recently the Beamans Report. Action to speed the review now seems inevitable because of the re-organisation of the Department.

MID YEAR REVIEW

At our workshop meeting in October 2013 and drawing upon the breadth and depth of its members' diverse knowledge and experience in business, public services and the community, HSCC members reviewed the processes and redefined our scope as:

1. The HSCC will provide independent scrutiny of the performance of the management of the Department of Health.
2. The HSCC will provide the management of the Department of Health support, challenge and advice in the effective management of the Department.
3. The HSCC will represent the view of people of their community
4. The HSCC will hold the organisation to account for decisions that the Department makes.

The HSCC will focus on WHAT the Department of Health does and WHY it chooses strategic priorities and HOW the Department achieves this.

It is not within our scope to:

1. Become involved in matters of detail, in complaints, in staff matters, or in matters for which lay members of other organisations already provide a service – for example, the Patient Quality Forum or patient representatives.
2. Look to measure the performance of the clinical effectiveness of the Department as it is not qualified to do so.

Meetings and communication

Initially the Committee, after each of its bi-monthly meetings provided the Department with a report of its activities, concerns and requested information. After experience, the HSCC re-considered its method of working to become more effective, believing that Committees need to be reviewed and adjusted to suit current changing circumstances – something which has not always been apparent in some Department committees.

Part of our remit is to be consulted by the Department on proposed legislation and other matters. The HSCC made detailed comments on the Health Care Professionals Bill which was amended in light of our comments before it passed through the legislature.

Escalation Report

Our current practice of working is to issue to the Department an Escalation Report which highlights areas which the HSCC finds concerning and seeks clarity and/or further explanation at senior level. Whereas this was initially sent to the Director of Health Care Delivery, it is now sent to the Chief Executive and has been circulated by him to all senior leadership team staff including the member for Health.

This has opened the communication channels with the Department of Health but greater discussion is required between HSCC and the Department to ensure that advice can be provided by HSCC in addition to comments and questions.

The HSCC has established a good foundation of working with the Department of Health but must develop this further to ensure enhanced effectiveness. To this end the HSCC set out for the Department of Heath a number of expectations:

- Department to respond to the HSCC escalation report within a specified calendar window.
- Department to ensure that sufficient 'Hand Over' is completed before Department officials attend HSCC meetings.
- Department to ensure that Department officials joining HSCC meetings are empowered and able to discuss the matters raised by the HSCC within its Escalation Report.

A revised meeting schedule has been proposed whereby there is a rolling programme of meetings, Escalation Reports and responses with the Department.

The notification by the Department to HSCC of on-going matters and consultation on proposals appears to have been lacking and needs greater attention if we are to perform our activities acceptably.

HEALTH STRATEGY

1. The HSCC has welcomed the Strategy and is pleased that it is deliberately ambitious and far reaching in outlining the future shape of health services over a 10 year period. The HSCC believes it is right that it is being reviewed after three years operation in the light of changed demands and resources.

2. The HSCC has applauded the Strategy's two key messages on the direction of travel:
   a) from an illness treatment service to the promotion of good health;
   b) from hospital based to community delivered services.

   The HSCC has made it clear that these two overall strategic objectives are considered very high priority to the HSCC and raised concern that we saw and heard frustration around the lack of progress particularly on the transfer of resources from Noble's Hospital to care at ,or close to, the patients home.

3. An HSCC representative has attended the strategy steering group and noted members are sponsoring some priority projects. The reporting on these does not fully indicate how far they contribute to achieving the strategies priorities a) and b) at 2 above. The HSCC considers the topics chosen for top management attention should be those which make greatest impact in turning the vision into reality.

4. The HSCC representative has observed the Department's review of progress and helped the Department to ensure that the review material is collated in a readily understandable manner and relates to the original objectives and particularly to the key messages a) and b) at 2 above.

5. The HSCC has emphasised the importance of keeping the public informed of the considerable progress on implementing the strategy and that the public deserve an explanation where intentions have been stalled. The HSCC has provided insight into what lay people want/need to know about progress on the intended changes, or the reasons for the lack of it and has encouraged the Department to make the results of the review of the Strategy available in an accessible form.

6. The HSCC has fulfilled an important role in helping, as a critical friend, the Department senior management to see that the level of awareness and understanding of the strategy and recognition of its progress amongst frontline services, patients and the public appears limited.

The HSCC will work to encourage the new Department's Minister, CEO and Directors to ensure that the overall direction of the strategy is maintained and that progress is accelerated as its implementation is to the benefit of the health of the nation.

HSCC REPRESENTATIVE REPORTS FROM DEPARTMENT COMMITTEES

COMMUNITY HEALTH EXECUTIVE TEAM (CHET)

The team endeavours to deliver community health services that are congruent with the 'Strategy for the Future of Health Services', delivering high quality integrated care, closer to home, which meets individual need, is innovative, flexible, sustainable and value for money.

Membership encompasses assorted Community Service Leads, HR Advisor, Public Health Consultant, Community Nursing and GP representative. An HSCC representative both attends and contributes.

The overall impression of CHET is one of openness and transparency with members being encouraged to voice their opinions and concerns without trepidation. Department staff and stakeholders are permitted to attend the CHET meetings for observation or specific cause.

The arrangements for Community Health Services have only been operational for a short time and formulation and implementation of strategic developments across the sector are on-going with the CHET Terms of Reference recently finalised. An underlying ethos of integrated care appears central to the service and the outlook remains positive.

Issues/topics which have arisen:

a) **Prison Healthcare** - the procurement process for the Prison GP contract is progressing and expressions of interest are being sought. Contracting-out the service and reducing the hours currently provided are options being considered in identifying savings.
b) **GPs** - the relationship and communication between CH and external contractors, e.g. GP practises, appear robust with focus on a more integrated working relationship. Discussions regarding GP contracts are currently underway.
c) **HR -** overall Staff Survey results were positive. There was a 41% response rate and a satisfaction rate of 76.2% (UK 64%). Managers were pleased with the positive results which

showed a high staff morale and were indicative of high patient safety standards. The survey will be circulated and will be repeated annually to monitor morale. A breakdown in absence statistics is provided, by service area. CHET Members had attended a 'value-based' recruitment workshop which had proved constructive. The long-term plan was to use the identified values in the recruitment process which had been shown in the UK to reduce patient complaints and improve patient safety. This process is on-going. E-recruitment has been operational since the beginning of April.

d) **Manx Emergency Doctor Service (MEDS)** - there had been a problem filling shifts due to GP indemnity insurance issues which have now been resolved. It is intended that a MEDS bank of workers will be developed.
e) **Patient stories** - are regularly examined at CHET meetings, which promote discussion, root cause analysis and action planning between professionals and departments.
f) **Ramsey District Cottage Hospital (RDCH)** - is seen as a positive role model in the provision of intermediate care, in that it provides an integrated pathway of services between primary and secondary care. Ramsey laundry is to be absorbed into Noble's Hospital and the Housekeeping and Domestic Services across the Health Services are to be developed into a single team. It is noted that the recently outsourced cleaning services are now back under the service remit due to sub standard performance.
g) **West Midlands Quality Review** - the 2nd report of the WMQR concerns Long Term Conditions, which are primarily managed within the community though resources to do so are extremely limited. This may provide an opportunity to look at future health models.

HSCC member concerns/observations

The current upheavals in government and within the Health Service itself have led to an indeterminate state for CH. Health provision appears to be Noble's Hospital centric with CH seen as a 'Cinderella' service. A redirection of services, Primary Care priorities coupled with a need to determine the transition of these services, commensurate resources and coordination will avoid CH being further pushed to the margins of Health service provision and thus encourage the move to integrated rather than fragmented health service care.

Infrastructure of Primary Care is not sufficiently resourced or robust enough to meet the demands of the Strategy for Health Services. Expectations have been raised for Health professionals and other primary care bodies to deliver services for which they are not resourced and which have not been formally agreed or planned.

PRIMARY CARE

A Primary Care Executive meeting used to take place monthly. Since the segregation of Primary Care from Community Health, HSCC have only attended Community Health monthly meetings, gaining further information on GP surgeries, etc. from other meetings, e.g. Primary Care Patient Safety and Governance Committee, PDG, Community Health.

PRIMARY CARE PATIENT SAFETY AND GOVERNANCE COMMITTEE

This is a bi-monthly meeting of managers of front line services and senior practitioners in Primary Care. It covers all community based health services i.e. those not provided at Noble's Hospital, including Ramsey and District Cottage Hospital and Ambulance Services. It focuses on the safety of patients whilst they are in receipt of these services. It has 18 members all of whom seem enthused

and engaged by the work of the group. It is ably chaired by the Head of Community Health Care Service and supported by the Clinical Governance Facilitator. The group has clear and comprehensive terms of reference which state "The primary purpose of the Patient Safety and Governance Committee is to ensure that patients, clients, carers and users of Primary Health Care services receive the safest high-quality care possible by overseeing the organisation's systems and processes for monitoring and improving the quality of services**."**

The Committee is a sub-group of the Primary Health Care Executive Team. It aims to ensure there is effective infrastructure for the delivery of the Standards for Better Health in seven domains: Safety, Clinical and Cost Effectiveness, Governance, Patient Focus, Accessible and Responsive Care, Care Environment Amenities and Public Health.

The meetings largely consist of members providing reports, concerning patient safety and governance in their service area to this Committee. These reports are on:

- Risks and Incidents.
- Developments within the service areas e.g. Dental, Ambulance, Podiatry, Ramsey Cottage Hospital, Speech and Language Therapy, Community Nursing.
- Audits e.g. nursing training needs in swallow screen, waiting times in Minor Injuries Unit, Infection Control, R&DCH, Dementia Plan.
- Policies for ratification e.g. social networking; texting/emailing patients; escalating concerns;
- Feedback from other committees.

<u>HSCC member observations, issues and actions</u>

1. This group appears to be effective in leading their service's patient safety and governance. All members appear committed to promoting and raising awareness of safety issues including safe organisational and clinical practise. However there does not appear to be an explicit simple definition of governance to which everybody subscribes. The term seems to have very expansive parameters in its subject matter.

2. The HSCC is impressed by the active use of a risk register which identifies and ranks key risks to patient safety an actions for mitigation. The HSCC advised it was difficult to use to drive action, and to monitor change and progress and considered what is most important is whether a risk is increasing or decreasing. HSCC suggested traffic light coding so it is now clearer to alert attention to where things are getting worse.

3. The HSCC welcomed that incidents and complaints are collated and ranked and there is a positive attitude to learning from them and improving practice. The HSCC was concerned that there was some reluctance to share publicly as this could be misinterpreted. The HSCC has advised the Health Services generally to have a more open and positive approach to learning from incidents. HSCC feels community health services should have the confidence to present their learning approach to the public rather than fear the too many complaints, too many incidents headline. Public confidence depends upon continuous improvement rather than no mistakes.

4. HSCC expressed concern that a very robust audit of infection control identified some non compliance with expected standards considered to be due to inferior service by private cleaning contractors. HSCC has noted that when services are privatised and the contracting process is centralized there is a lack of involvement of specialists in determining specification. Health specific rather than generic services are important to quality.

5. The HSCC welcomes the new policy and practise guidelines on the management of patients at the end of life following the withdrawal of the Liverpool pathway and the introduction of individual care plans with consultation with families that is less of a standardized “tick box” process. The HSCC representative has urged that the explanation of the full procedure be confidently positive as the poor application of the Liverpool pathway elsewhere has seriously tainted end of life, and indeed other vital, Care pathways in the public’s eyes.

6. Whereas it is a good idea for the PS&GC members to report on the other groups they attend HSCC raised the concern that as this is happening in many of the committees we attend and elsewhere then complex a web is being woven involving considerable duplication. HSCC has sought to ascertain if anybody was mapping it to provide an overall big picture of the decision making and reporting matrix to provide clarity of accountability.

7. This group is very committed to continuous service and safety improvement. Its modus operandi for this is: identify risk – mitigate risk by a “standard operating procedure policy” or other tool – audit compliance. HSCC applauds this attention to detail but does question whether it could over bureaucratize rather than focus on common sense, care and compassion as per Francis Report which is more a cultural than procedural issue.

8. HSCC has advised the group to look for cross service area patterns and spread good practice and promote and share its achievements with colleagues in the acute sector, and that this should be supported by Health Department Senior Management. HSCC believes this is crucial to promoting a learning environment.

9. Patient safety issues arise when there is a shortage of fully trained professionals particularly in nursing. HSCC has encouraged the Department in its efforts to develop more on island recruitment and training of existing staff in order to “grow its own “.HSCC is concerned about the reportedly slow process in recruitment.

10. The HSCC representative has done three Patient Safety Walkabouts. These visit the various services in rotation pairing managers (from another service) with lay people. This look and listen approach is helpfully complementary to the paper driven meetings. In visiting Community nursing and health visitor services in Peel , the prison health service in Jurby and the cottage hospital in Ramsey some common themes emerged:
    - Frontline staffs are encouraged to identify report and learn from incidents and complaints and feel well supported by managers through the process even if they made mistakes.
    - Staff seek to make improvements in the services they provide and propose changes.
    - Greatest safety improvements take place where staff are empowered to make changes.
    - Communication is crucial to the smooth transfer of patients from one service to another at a time when they are particularly vulnerable – risks occur when this communication is poor.
    - The morale of dedicated staff dives when the government appears to make their job harder and their commitment unappreciated e.g. by public criticism, by reducing mileage rates.
    - Safety improves with the retention of talented staff through professional development opportunities.
    - Ramsey and District Cottage Hospital seems advanced in its customer focused approach to patient safety and care improvement but seems under-utilized as an island wide health facility e.g. the operating theatre, out patients specialist treatments , waiting list back log reduction.

The HSCC representative has also done a Patient Satisfaction Walk interviewing patients at R&DCH. Key findings were:

- patients generally feel safe, cared for , listened to and looked after professional staff;
- standards in the above deteriorate when wards/units are short staffed;
- patients like the ward rounds by their regular GPs who know their medical history;
- more could be done to understand the whole person including their mental as well as physical health;
- patients are alarmed by the prospect of meals being prepared off site and choice restricted because hot, fresh and appetising food is crucial to health;
- patients appreciate a local service which is better for retaining their community support;
- patients come from Douglas in preference to Noble's Hospital as an environment more conducive to recovery.

Looking forward

For the future HSCC consider that participation in the Patient Safety and Patient Satisfaction walkabouts are probably more beneficial than continuing to attend the regular PS&GC meetings now that the essence of that group is understood and the HSCC is assured it is working effectively. The Walkabouts give the HSCC insight into the thoughts, feelings, concerns and ideas of both patients and staff at the front line and enable the HSCC to see whether the processes and plans of the Committee have impact on the ground.

In doing so the HSCC will be able to focus on its priorities for 2014 particularly to ascertain if the primary goals of the Health Strategy to transfer services from Noble's Hospital to the community and from illness treatment to promotion of good health and well being are being achieved; whether the culture of compassion encouraged by the Francis report is being further developed; whether staff feel well managed, supported, trained and appropriately deployed ; and whether patients and staff are informed and engaged in decisions on prioritizing within limited resources .This will enable the HSCC to have greater impact as a critical friend to the Department to help ensure the delivery of health care to the people of the Isle of Man is accessible, equitable, safe and effective.

MENTAL HEALTH

For the Mental Health Service, liaison with the HSCC has been fragmented with the initial HSCC Representative resigning a short way in to his appointment.

Unlike the other services with an established contact point for HSCC, time has been taken to look at the whole service and establish contacts within the wide spectrum of services offered. A clear point of contact which allows an insight into all the areas of the service has still to be established; however, contact is maintained with the Mental Health senior management team. It is vital for the HSCC not to overlap with other lay groups working with the service.

In general terms, it is clear that, as a result of being outside of the Department of Health for some time, many of the working relationships within the Hospital and Primary Care need to be more fully developed to allow greater understanding on all sides. This will encourage referrals of individuals exhibiting early signs of mental issues.

It is also clear that raising the profile of Mental Health also raises the demand, and the service does have a robust screening system of referrals allowing those at greatest risk to be seen quickly. Equally,

the resourcing of the service needs to match the demand. This is hampered by a restriction of staff numbers and the ability to fill vacancies with the necessary qualified individuals.

The HSCC have received a presentation from Mental Health which has improved their understanding of the issues facing the service. The HSCC will be keen to establish that the relationships with other areas of the Health Service are given priority and are seen to be developing. The HSCC will be evidencing this through contact with Mental Health through other committees.

The HSCC will be keen to see key management information which will give a high level view of the performance of every aspect of the service.

The HSCC will be looking to see that the Strategy and Goals of the service are being progressed in a timely manner.

NURSING AND MIDWIFERY ADVISORY COUNCIL

The Nursing and Midwifery Council (NMAC) leads strategic and professional development of the Island's nurses in relation to education, training and development and practice development across all sectors of healthcare on the Island.

Whilst NMAC is not a statutory body, it maintains a register of approximately 1000 nurses that wish to practice on the Island who must work within standards set by NMAC, similar to the UK's Nursing and Midwifery Council.

NMAC meets on a monthly basis and consists of representation from midwifery, prison services, community nursing, hospice, practice nursing, higher education, nursing homes, mental health, occupational health and Ramsey Cottage Hospital, with meetings led by the Chief Nurse. NMAC have welcomed lay representation from the HSCC since March 2013.

The main topics of agenda have predominantly been in relation to the Francis Group action plan, values based recruitment, contract services, DNR (do not resuscitate) forms, incident reporting system in addition to ongoing practice matters.

NMAC have been fully committed to developing an action plan to tackle the issues raised by the UK Francis Report which is very much ongoing at present. The plan is presently being allocated responsibility and this will be followed up by NMAC to ensure the plan is implemented and to later assess its effectiveness.

Values based recruitment is a new recruitment initiative currently being rolled out to certain bands of staff. The ethos behind the process has been successfully showcased by York NHS Trust who has demonstrated both its effectiveness in recruitment but also its reduction in staff sickness levels. The Island will be slowly introducing this method of recruitment across all health service posts.

NMAC conduct themselves professionally and diligently with an open forum around the table at regular intervals where matters are addressed expeditiously in order to support and improve the nursing profession locally. The existence of this body will ensure support for the forthcoming changes in the nursing profession.

PUBLIC HEALTH

The Director of Public Health has attended two meetings of the HSCC. On 22 January 2014, he invited the HSCC to have a representative present at Public Health Directorate meetings. An HSCC representative has now been allotted to that task.

During a recent telephone conversation, the Director of Public Health welcomed the appointment. A meeting with the HSCC representative has been arranged, when more knowledge of the Directorate's work will be known.

It is notable that the Public Health Directorate has, within the Department's website, its own pages directly accessible to the public. It also has Facebook and Twitter accounts, using all three to help inform the public of its activities.
The details are:

- Website www.gov.im/publichealth
- Facebook Public Health (Isle of Man)
- Twitter @PublicHealthIOM

The Directorate works to a plan for Campaigns/Events and Promotions. This is produced at the beginning of each year. THE HSCC look forward to greater involvement in this important area, considered at present to be receiving inadequate attention with greater emphasis made on correction of health problems rather than on promotion of good health and well-being.

NOBLE'S EXECUTIVE TEAM (NET)

Purpose of the Group

This is a monthly meeting of the Executive Officers of Noble's Hospital including the Hospital Manager, Director of Midwifery, the Medical Director, Clinical Directors and Divisional Managers such as ICT, HR and Finance. With a rigid Agenda, this group should attend to both operational and strategic matters. The Terms of Reference (TOR) are:

- To support the Hospital Manager in their role
- Review operations and direct strategy to provide corporate leadership
- Make executive decisions, information sharing, ratification of decisions
- Planning developments, monitoring progress and evaluating decisions made
- To agree Corporate and Directorate Business Plans
- To provide Hospital wide Team Brief

With a rigid format and content:

- Monthly meeting – dates issued in advance each year. Pre-circulated agenda, previous minutes and papers.
- Items for 'Any Other Business' to be notified in advance of the start of the meeting.
- All divisional reports to be submitted to Hospital Manager one week prior to meeting.
- Guests invited by the Hospital Manager

NET follows on from Noble's Hospital Divisional meetings, and verbal reports are made from Patient Safety and Governance and CRC. A shared HSCC concern is about duplication of meeting attendances by certain senior individuals. NET aims are as stated above, although in practice the meeting content and quality varies widely. Due to the November 2013 Beamans review of the Hospital management

structure there has been no TOR revision, despite acknowledgement, from start of HSCC attendance in March 2013 that this is urgently required.

In addition to the formal monthly meeting, the HSCC representative has quarterly one-to-one meetings with the Hospital Manager, allowing more direct discussion of the issues of the period. These have been a good opportunity to relay HSCC observations; our views appeared welcome and no major areas of disagreement have been noted, though the absence of any feedback from the Department to Noble's regarding HSCC observations is apparent.

Reports

On average the NET membership receives 15-20 reports to assimilate prior to the meeting. Attendees still bring reports in paper format despite promised iPads for Clinical Directors. The Divisional reports follow identical formats, supplemented by quarterly UK contract finances, business cases, previous meeting minutes and the action plan. Ad hoc presentations paperwork lightens what is otherwise, an operational/data heavy, strategy/trend light experience.

Hospital Managers Report - verbal only; this forms the body of Team brief that is distributed hospital wide. HSCC observes that this opportunity is often squandered on mundane operational rather than inspirational content.

Human Resources - verbal report; largely regarding staff absence stats. Firm rebuff is made of any suggestions of delays in recruitment but observing responses indicates frustration with recruiting speed and process.

Management Information and Technology - although MI&T produce a concise single page update, they are also producers of an excessive amount of data; however there is little interpretation or trend analysis (even the recent I-Hub data is very much data dump rather than interpretative) rendering all, including the HSCC member, powerless to focus in on the essentials, even after full immersion in nomenclature to understand the issues.

Financial Information - the trends of year end overspends in the Acute Hospital, but under spend in Primary Health Care continues, with the only concern appearing to be the balancing of the whole Health Department's budget. Usage of the corporate financial system, AXAPTA, does seem to keep the Divisions very cost aware, although the loss of access to this system since February might prove to be significant. Overspend in Locum and Bank staffing costs predominate.

Diagnostic and Professional Services - there is good progress, with willing and flexible staffing, on the introduction of seven day working, despite a recent set back with the rejection of the Business Case – despite clear successes.

Medical Division - nursing recruitment, bed-flow issues (blockages), and consultants not being tied to Wards leading to a lack of continuity in patient care. Significant overspend using Locum and bank staff to maintain safe staffing levels.
Operations Division - this area includes the air ambulance, food services and the laundry. It is perhaps the most positive of the Divisional reports and has evolved during the year. Issues have been identified and the area is solution focussed. Nevertheless there are concerns with the air ambulance, obsolete laundry equipment. There has however been success with Thie Bee and related services.

Surgical Division - A&E staffing issues, the handling of the Colorectal Report, including its publication.

Women Children and Outpatients – Paediatrics recruitment.

Observations and issues

- From first HSCC attendance in March 2013, NET has experienced a torrid year of internal and external examination with concerns being voiced about the quality of services provided at Noble's Hospital. An apparent "bunker" mentality is unsurprising with such unremitting criticism. In this atmosphere maintaining a positive forward momentum has been difficult. This could explain the focus on operational matters in the short term, to the detriment of longer-term strategic planning, on which HSCC have expressed concern. A lack of focus to some meetings has been frustrating, although identified action points are followed up. Whilst the structure of the meeting is fixed, the direction varies widely. HSCC considers this is a group which should be setting out the direction of travel for health care at the hospital.
- HSCC has been pleased to see that during the year NET has become more open and transparent, as HSCC believes this is crucial to senior management creating a learning environment. HSCC would expect the Noble's Hospital Team to be almost exclusively focused on strategic rather than day-to-day Divisional matters, which could be handled in a different forum. Instead HSCC detect a 'can't do' culture where a lack of resources, or a lack of understanding by the Department or Government are blamed for an inability to change things. HSCC consider this to be due to a current lack of clarity over responsibilities within and between the political, clinical and management arenas.

- There is a distinct impression that the NET feels helpless most of the time; awaiting decisions and edicts from the Department and/or their political representatives. As the meeting is often focused on criticisms and complaints it feels defensive and reactive with little sign of pro-active action or review of performance against the overarching Health Strategy.

- The degree of frustration amongst staff leaks through in the reports of the Divisional Heads (ICT, Accounts and HR), and the Clinical Directors, and the overarching message is inflexible headcount and insufficient resources. Despite this, key messages to the public are not considered. Staff resentment has leaked via social media with upsetting personal vindictiveness an unintended result. A refusal to accept the constant presence of such communication by the Department and the "knee jerk" response of some of these inside Noble's Hospital does no one any credit.

This meeting varies in effectiveness, with repeated subject matters which have taken the whole, or most, of the year to progress include:

- Doctor's revalidation;
- Investigation/conclusion to the eventually published Colorectal Review;
- Poor quality Wi-Fi (public, patients and staff);
- Vital upgrade to the MEDWAY computer system; and
- Staff sickness/absenteeism.

Despite the above, there are definite pockets where a more positive approach can be observed, but this in turn is a worry as progress is made in spite of the structure, rather than within agreed protocols. Progress in certain areas such as Patient Safety structures should not be forgotten. Whilst well intentioned political interference at the highest level has led to a feeling of powerlessness,

hopefully the new structure, if backed with sufficient resources, will lead to a more positive 2014 report.

Looking Forward

Noble's Hospital Executive Team is facing an uncertain future with little indication of how the Beamans recommendations re the formation of a Management Board structure are to be implemented. With the West Midlands Quality Review Service (WMQRS) initial report widely expected to validate concerns about some areas of poor performance or outdated service provision, HSCC need to remain closely attached to the imminent structure changes and continuous scrutiny of NET performance is essential. Beamans recommendations to separate Noble's Hospital into an Acute Trust status within the next six months, may ensure that some attempt is made to separate the political from strategic and operational matters. There are good brains, good hearts and some willingness to change within the NET attendees. Inspirational leadership support is much needed to secure more positive outcomes in the short, medium and long term.

WEST MIDLANDS QUALITY REVIEW BOARD

Initially this group was set up to confirm programme of coverage within the Department, commencing with areas of biggest concern within Noble's Hospital and working through the Department over a period of 3 years. The programme will be reviewed at intervals. There are known to be areas where overlap will occur. HSCC would express their concerns and surprise at the time taken to issue reports, but are pleased at the Department's willingness to make all reports public.

NOBLE'S HOSPITAL PATIENT SAFETY AND QUALITY COMMITTEE (PS&QC)

The remit of the PS&QC is that of patient safety and clinical governance within Noble's Hospital. The committee is a framework through which the National Health Service is accountable for improving services and safeguarding standards by creating an environment in which clinical care excellence will flourish. Patient Safety and Governance Reports are presented monthly by the Clinical Governance leads and Divisional heads.

The area has been under scrutiny recently with interest from MHKs, social media, West Midlands Quality Review and the Beamans Report, nevertheless staff and divisional managers have remained proactive in the light of this analysis.

A number of significant issues have arisen and been discussed within the parameters of the PS&QC, a summary of which follows:

a) **Complaints/IRB** - the number of complaints made has now levelled out following a peak in the latter part of 2013. Rising public expectations and knowledge along with an increasing use of the Internet and social media can be seen to have contributed to this rise. Complaints are now presented in a new format seeking to highlight trends and theme outcomes. Approximately half of complaints are passed onto the Independent Review Body (IRB).

   PS&QC responds to the recommendations of the IRB. It is observed that the progressing of a complaint often appears protracted in some cases, with the complainant often waiting a considerable time for feedback.

b) **Work streams** - work is continuing to progress within each of the five work streams, that were developed out of organisation focus groups. The streams encompass the following areas – Emergency Admissions pathway via AED, Compromised Patient work stream, seven day Working, Communication, Patient Safety and Quality systems and structures. The appointment of the new PS&QC Manager has been a significant feature.

c) **Patient Risk Management Systems (PRISM)** - due to on-going problems with the PRISM system alternative systems are being looked at. A demonstration of the two potential systems will be undertaken in June/July and the PS&QC Manager has requested feedback and invited comments from members regarding the system requirements prior to the discussion meeting in April.

d) **Patient Safety walks** - Director of Health, Director of Nursing and a public representative visit a clinical area once a month to inspect general organisation and cleanliness. Twenty minutes notice is given prior to the walk. Participants talk to front-line staff, patients and relatives about their experiences. The HSCC representative was fortunate to attend a walk in April which was beneficial and informative.

e) **Revalidation of doctors** - the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise. Revalidation aims to give extra confidence to patients that their doctor is being regularly checked by their employer and the GMC. Licensed doctors have to revalidate, usually every five years, by having regular appraisals with their employer that are based on our core guidance for doctors. Patients can help their doctors improve their practice by providing them with regular feedback about the care they have received. The Medical Director is the officer responsible for undertaking the revalidation of the Island's 200 doctors.

f) **Infection prevention and control** - The Infection Control Committee is pro-active and adopting an action based approach to infection control. Rates of C.Difficile are to be reduced by 50% by 2016. MRSA policy has been developed, ratified and is currently 'policy of the month'.

g) **A&E contingency policy** - the TT/MGP surgical contingency plan for ICU overflow to recovery to be adopted year round.

h) **Other matters**:
- Oncology department has noted a 35% increase in patient numbers which has led to an increased pressure on service.
- The need for a specialist 'eating disorders' dietician was highlighted and a business case submitted.
- A promotion on Organ Donation has taken place.
- Withdrawal/suspension of the Relative Support Service (Bereavement) has occurred due to time constraints and loss of office space.
- Concern has been expressed regarding bed movement, an increase in the average bed stay within the hospital and the need to trim the increasing emergency admissions (high in comparison to the UK). This coupled with delayed discharge of some patients into the 'community' due to lack of service provision, appears concerning. The scale of the problem is currently being assessed.
- The merger with the Dept of Social Care, along with the proposed revised structure within the hospital as a result of Beamans will have an impact on the operation of Noble's Hospital.

- In line with the requirements of the strategy for health document the operation of the PS&QC is compliant in consistently achieving safe, high quality care delivered in a professional way and within specified financial constraints. However, there has been a major shortfall in funds allocated, resulting in trepidation regarding the impact on future PS&QC services and the ability to meet the recommendations of the WMQR without the required funding. It was felt that the IOM would lag further behind the UK in terms of health service investment.

PERFORMANCE AND DELIVERY GROUP (PDG)

This is a monthly meeting with membership to reflect the organisational chain of command responsible for delivery of day to day service and performance and key senior managers who attend in an advisory role. The group was formed to develop a system of reporting out-turn against predetermined measures or indicators, usually expressed in numerical or other quantifiable terms to give clear indication of organisational performance linked to service delivery plans, budgets and service improvements and enhancements. It also considers policies and financial decisions.

The agenda follows a standard format:

1. **Matters arising**: many actions are long term and are on-going.

2. **iHub update**: sections of the iHub are studied each month studying progress and trends. However all of this is dependent on good and timely information flow and adequate resources within MI&T to process it. Although a regular programme of study is carried out, other matters are discussed where information is of concern. Regular studies are carried out of Strategy Node, Efficiency Node, Safety, Performance, Patient experience, Prevention node, Quality Service etc. More information is now available to the public on the Department's web pages but HSCC feel that more could be issued.

3. **Finance:** A monthly finance update is given in very summary format.

4. **MIAA report from Internal Audit**: This is a standing item; however most items are now either concluded or are on-going. Activities on this are considered monthly.

5. **CRC recommendations**: if any these are discussed.

6. **Department absence statistics**: The latest information is studied, discussed and explanations sought or further information requested.

7. **Other matters:** items are included on the agenda for other matters occurring during the course of the year including:
   - Francis Working Group progress.
   - Quality Review Group – the need for this and setting up of it was agreed but is now seemingly dependent on the review of other Committees, their remits, etc.
   - Hospital waiting times.
   - Action instigated on consideration of the MIAA review of Portering Services.
   - Revalidation of doctors – legislation progress and practical procedures.
   - Ambulance service framework.
   - Community Nursing Framework.

Looking Forward

With major changes in restructuring within the Department and senior personnel changes, there is an increasing responsibility on PDG for studying trends and factual information provided. It is a pity that to date, no way has been found for the HSCC members to be able to access the information on iHub. Meetings of PDG are sometimes poorly attended due to other commitments. Suggestions made at meetings are often slow to be acted upon because of other protracted procedural matters. With West Midlands Quality Survey, reports from Francis and Beamans all being carried out and taking substantial time and resources from other matters, away from routine patient care, care must be taken to ensure staff are not too overloaded. HSCC consider the role of Community Care and Mental Health do not feature as predominantly as they should within the structure of the Department, although there have been considerable improvements in this recently.

CLINICAL RECOMMENDATIONS COMMITTEE (CRC)

The role of the CRC is to recommend to the Department which are the most pressing clinical needs that have to be progressed, making recommendation on those clinical interventions that are of low priority and on the prioritisation of services in order of effectiveness, based on the needs of the population of the Isle of Man. The Committee, or part of it, also considers exceptions and individual cases.

In a previous year the Department, unhappy at the procedures being adopted by the Committee and aware of their legal obligations, commissioned an external consultant to report on the Committee. This made various recommendations and a new document showing terms of reference and procedures had been produced but not yet accepted or implemented. This will assist more clarity in the work of the Committee, something that HSCC had been pushing for within the overall review of Committees.

ORAL HEALTH STRATEGY

HSCC were concerned at the low targets set out in the Oral Health Strategy and that implementation plans were agreed without timescales. Dental Hygiene in primary and pre-school children remains a priority, but upon consultation with schools, only 5 had the resources for supervised brushing of teeth. Whereas provision of a toothbrush and toothpaste to all children under age 5 was envisaged, the total cost of postage and the initiative was not considered to be value for money. Business sponsorship was being sought.

AUDIT

Whereas HSCC were prepared to attend and contribute in the Audit Committee, set up to monitor appropriate processes, controls and performance resulting from policies set by the Department, this Committee has not met, even though its remit was to meet not less than four times per year.

Clearly the Review of Meetings, their remits, membership and reporting structure is needed urgently.

CLINICAL INFORMATION AND GOVERNANCE BOARD

The CIGB was primarily established to promote joined up care for the population of the Isle of Man by overseeing governance of data sharing between DHSS (both DH and DSC) , agencies and partner organisations and to act as arbiter in the event of any data sharing issues Though this Committee is due to meet quarterly and is a highly important Committee discussing principles, policy and guidance for major issues of confidentiality and consent, during the past year there have only been two meetings. This has been due to lack of agenda items for discussion and therefore lack of problems with present guidance issued.

At the beginning of the year, the Supervisor of the Office of Data Protection gave advice on the Consent to Share leaflet. Another subject discussed and updated was Caldicott 2 with confidentiality, consent procedures discussed with particular reference to information of Manx patients records being kept off-Island.

Other matters discussed have been the lack of storage facilities for shared information and for certain Health related committees.

HSCC are satisfied that these subjects are adequately studied and taken into consideration for the benefit of all patients. However with frequent changes in staffing at senior management level this matter and this committee needs to be reviewed and its content included somewhere more regularly.

SUMMARY OF HSCC ACTIVITIES

HSCC MEETINGS	10 Jan 2013	14 Mar 2013	16 May 2013	10 Jul 2013	15 Aug 2013	24 Sep 2013	23 Oct 2013	28 Nov 2013	22 Jan 2014	10 Mar 2014	26 Mar 2014
Legg, D	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Whitehouse, J	✓	✓	✓	✓	✓	✓	✓	✓	A	✓	A
Godby, L	✓	✓	✓	A	✓	✓	A	✓	✓	✓	✓
Gowing, S	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kinnish, D	✓	A	✓	A	A	✓	✓	✓	✓	✓	A
Kelsey, D	NA	NA	NA	NA	NA	NA	NA	NA	✓	✓	A
Mayor, D	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Norris, M	NA	NA	NA	NA	NA	NA	NA	✓	✓	✓	✓
Swithinbank, A	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	✓
Speers, M	✓	A	✓	NA	NA	NA	NA	NA	NA	NA	NA
Thomas, C	✓	✓	A	NA	NA	NA	NA	NA	NA	NA	NA

Key: A – Apologies; NA - Not Appointed

In addition to the HSCC meetings shown above, for which attendance allowances are paid, members of the HSCC also attended over 100 other Department meetings in the year. A payment is made by the Department to recompense members for all their time and effort expended. Members are expected to spend time outside of formal meetings considering and commenting on material provided. In December 2013, the HSCC provided comments to the consultation on the Health Professional Bill. We also had our internal mid-year review in October 2013 and Annual Review in preparation for this report in April 2014.

DEPARTMENT MEMBER ATTENDANCE AT HSCC MEETINGS

HSCC MEETING	Jan 13	Mar 13	May 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Jan 14
Jackson, Simon	✓					✓			
Keenan, Lesley		✓							
Killip, David			✓						
Kishore, Parameswaran				✓					✓
Kewley, Iain					✓				
Chell, Steve; Byrne, Tim							✓		
McGregor Edwards, Norman								✓	