



Isle of Man
Government
Reiltys Ellan Vannin



UPDATE ON THE DELIVERY OF THE RECOMMENDATIONS OF THE FRANCIS WORKING GROUP REPORT

Department of Health and Social Care
Rheynn Slaynt as Kiarail y Theay

January 2018

CONTENTS

Foreword	...	...	...	...	...	...	3
1. Introduction	...	...	...	...	...	...	4
2. Fundamental Standards of Behaviour	...	...	...	...	...	...	4
3. Regulation of Healthcare Standards	...	...	...	...	...	...	5
4. Patient Safety & Risk	...	...	...	...	...	...	6
5. Leadership	...	...	...	...	...	...	7
6. Complaints Handling	..	...	...	...	...	...	8
7. Patient, Public and Local Scrutiny	...	...	...	...	...	...	8
8. Information	...	...	...	...	...	...	9
9. Commissioning	...	...	...	...	...	...	10
10. Nursing & Midwifery	...	...	...	...	...	...	10
11. Caring for the Elderly	...	...	...	...	...	...	11
12. Coroner's Inquests	...	...	...	...	...	...	12

Foreword by the Minister for Health and Social Care

To The Hon. Stephen Rodan, MLC, President of Tynwald, and the Hon. Council and Keys in Tynwald assembled.

The 2013 report by Robert Francis QC on the Public Inquiry into the failures of care at the Mid-Staffordshire NHS Foundation Trust was a very important document, and it was essential that its conclusions and recommendations were thoroughly considered in the context of the delivery of the National Health and Care Service in the Isle of Man.

The Isle of Man Francis Working Group, which was led by Michael Coleman, MLC, reviewed the Francis report and made determinations as to how the recommendations should be applied in respect of the Isle of Man. The Working Group reported in early 2014.

Since 2014 a considerable amount of external review has taken place which has resulted in contemporaneous recommendations which have overtaken those set down by the Francis Working Group.

Accordingly, after this update, the Department intends to report to Tynwald members on progress against the more recent recommendations only.



Hon. David Ashford, MHK
Minister for Health and
Social Care

1. Introduction

- 1.1 This report provides a further update for Tynwald Members on the progress made by the Department of Health and Social Care (DHSC) on implementing, where appropriate, the Francis recommendations on the Island.
- 1.2 The same major themes set out in last year's update report are used. Items which were reported on last year and have not changed have not been included in this report.
- 1.3 Since the time of the Working Group Report, the Department has instigated extensive external reviews. The West Midlands Quality Review Service (WMQRS) was commissioned to conduct a programme of independent quality assurance reviews to improve the quality of clinical services. WMQRS has completed seven reviews since the programme started in 2013. The eighth review is scheduled to commence in March 2018.
- 1.4 Other service areas in health have also been subject to independent external review including rheumatology, colorectal surgery and breast surgery.

2. Fundamental Standards of Behaviour

- 2.1 The over-riding recommendation, that a patient-centred shared culture should be adopted based on common core values and standards, has been accepted.
- 2.2 A recommendation about the DHSC leading the development of an easily accessible structure for developing and implementing values and standards, with consensus from the public and healthcare professionals, was accepted. Following a series of public meetings, the DHSC published a five year strategy for health and social care which was approved in Tynwald in October 2015.
- 2.3 The CARE values (committed, appreciative, respectful and excellent) were launched in summer 2017 and are consistently presented to all new DHSC members of staff by members of the Executive Leadership Team.
- 2.4 A programme of engagement to further encourage the adoption of these values throughout the DHSC was started in December 2017. It includes a series of workshops for staff and leaders. Leadership workshops support managers to embed, encourage and develop CARE within their teams.
- 2.5 Work is underway to include CARE in job descriptions and the recruitment process across the DHSC. A CARE qualities framework has been developed to allow consistent reference to values. This framework is an integral part of the DHSC's performance and development review (PDR) process.
- 2.6 The DHSC, in collaboration with the Office of Human Resources Learning and Development team, has embarked on a dedicated organisational development programme. The initial focus is on leadership development.
- 2.7 A recommendation that there should be a Code of Conduct for NHS managers (as in the UK NHS Constitution) has not been progressed. However, elements will be addressed through the Isle of Man National Health and Care Service Charter which, in accordance with the National Health and Care Service Act 2016, will be published and laid before Tynwald in 2018.

- 2.8 This will go some way to achieving the recommendation set out in paragraph 2.1 but, in the absence of a formal regulator (see section 3 below), the DHSC will continue to seek appropriate independent audit of performance to ensure standards are being met; with an emphasis on patient safety.
- 2.9 It is anticipated that, once the Charter is in place, employment contracts will include a requirement for staff to abide by the DHSC's values set out in the NHCS Charter and will reflect the principles of CARE. Service provision contracts will also ensure that contractors are aware of the responsibilities set down in the Charter.
- 2.10 All doctors who are either employed or contracted by the DHSC have to undertake local annual appraisal in order to get revalidated and maintain their registration with the General Medical Council (this takes place every five years). The DHSC has an appointed Suitable Person and Responsible Officer who maintains links with the GMC and recommends doctors for revalidation to the GMC.
- 2.11 The code of conduct for health and care support workers is well embedded within the DHSC and the wider caring community in the private sector. The Care Certificate Programme provides training and education in the 15 fundamental care standards to the unregistered workforce. 189 members of staff have attended the programme; and 87 have so far completed it.
- 2.12 The DHSC encourages evidence-based practice and all staff (including healthcare professionals) are required to follow guidance and to comply with standards, including, where appropriate, those set by UK regulators such as the National Institute for Health and Clinical Excellence (NICE) and the Care Quality Commission (CQC). Staff competencies are reviewed regularly and the DHSC actively seeks opportunities for staff to raise concerns.
- 2.13 The DHSC will ensure that monitoring and audit does not place undue pressure on staff and that direct interaction with patients, carers and care providers takes priority.

3. Regulation of Healthcare Standards

- 3.1 The Francis report discusses the development of regulation and legislation to govern standards in the NHS, and the Francis Working Group recommended that the Island should adopt the same standards as the UK.
- 3.2 The Isle of Man has existing legislation in this area. For example the Health Care Professionals Act 2014 is in force, and robust links are in place with a number of UK regulators. Under the Regulation of Care Act 2013, the provision of adult social care is regulated by the DHSC's Registrations and Inspections Unit.
- 3.3 Under the Programme for Government, the DHSC has been tasked with identifying options for the introduction of an independent health regulator no later than March 2018. The former Minister made it a priority to review a recommendation that a single regulator (such as the Care Quality Commission) should have responsibility for corporate governance, financial competence, viability and patient safety and quality in the Isle of Man.
- 3.4 Should this go ahead it will affect a number of regulatory and inspection functions currently delivered either by external providers or internally by DHSC teams.

- 3.5 The DHSC is committed to ensuring that the provision of care is regularly and independently monitored and peer reviewed, with active regulatory oversight where applicable. This review work continues to be undertaken by the West Midlands Quality Review Service (WMQRS) with a further inspection scheduled for March 2018.
- 3.6 Work continues on the joint inspection of children & young people's services (in collaboration with the Department of Education, Sport and Culture) by the Care Inspectorate of Scotland. A progress review report was published by the Care Inspectorate in June 2016. A copy of the report is available using the following link:
- www.tynwald.org.im/business/opqp/sittings/Tynwald%2020162018/2017-GD-0056.pdf

4. Patient Safety and Risk

- 4.1 Francis recommended that the leadership framework should be improved by increasing the emphasis given to patient safety in the thinking of all in the health service. This could be done by, for example, creating a separate domain for managing safety, or by defining the service to be delivered as a safe and effective service
- 4.2 The Francis Working Group added that this recommendation should be given effect in the Isle of Man by the DHSC initially examining scope for augmenting the composition and role of existing Patient Safety and Quality Forum and attendant activities. It was also recognised that it would be useful to monitor the response to this recommendation by the English NHS.
- 4.3 Patient safety clearly remains a key commitment of the DHSC. This is evidenced by the fact that a Care Quality & Safety Committee is one of the DHSC's five strategic quality committees.
- 4.4 The Care Quality & Safety Committee, led by the Medical Director, provides essential governance and is responsible for oversight of the quality of health and care services provided and commissioned by the DHSC. Its work is conducted using internationally recognised care quality principles.
- 4.5 The Care Quality & Safety Committee is accountable for the delivery of the DHSC's Care Quality Strategy, and provides assurance that there are robust policies, processes and accountabilities in place for identifying and managing significant care quality risks. In addition, it monitors and reports on the actual incidence and management of significant care quality risks.
- 4.6 Francis also talks about the publication of 'Quality Accounts', which provider organisations in the UK are required to produce about their compliance with standards, mortality statistics and other outcomes, so that comparisons can be made. Francis suggested that commissioners and scrutiny committees should be able to contribute to the 'Quality Accounts' and recommended that they should be independently audited.
- 4.7 The DHSC does not publish Quality Accounts but compliance with infection control standards is monitored throughout the DHSC. This year the first Infection Control Annual Report has been published.
- 4.8 Many clinical areas are part of peer networks where safety and quality is reviewed by another UK care provider.
- 4.9 All policies which may have an impact on patient safety must have a clinical risk assessment by the Medical Director and the Chief Nurse.

- 4.10 All divisions maintain a risk register which is reviewed regularly at divisional level by the senior management teams.
- 4.11 Themes, trends, learning and actions are all reported and reviewed and risks are escalated to DHSC level where high level strategic and operational risks are discussed and actions are taken forward.
- 4.12 A corporate risk register is submitted to the departmental meeting for discussion and review on a monthly basis.
- 4.13 The DHSC completes a Statement of Internal Control on an annual basis which forms part of the Government's assurance process and risk mitigation programme.
- 4.14 As part of the DHSC Digital Strategy, new patient safety and risk management software is being introduced across the DHSC, which will improve incident reporting.
- 4.15 The Francis Working Group proposed that a formal agreement should be created to clarify roles between health care and the health and safety executive.
- 4.16 The Department of Environment, Food and Agriculture's Safety and Health Directorate reports to the DHSC's Care Quality and Safety Committee and has powers to issue improvement notices to the DHSC. All health and safety related incidents are reported using the Isle of Man Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) framework.
- 4.17 The Care Quality and Safety Committee monitors and reports on accidents and the incidence and management of significant health and safety risks. It also has oversight of health and safety and care quality enforcement notices.
- 4.18 A risk-based approach is used when risks are identified or anticipated and the National Patient Safety Agency (NPSA) risk assessment framework approach is followed.
- 4.19 For the first time this year, the Public Health Directorate has produced a report which looks at population wide health outcomes and gives comparators with the United Kingdom.

5. Leadership

- 5.1 The Francis Working Group stated that the chapter in the Francis Report on leadership was a discursive narrative which addresses, at some points almost theoretically, leadership principles but it does try to tie those issues to leadership in the NHS. It compares and contrasts the availability of leadership training and exposure across a number of jurisdictions and public sector organisations but also considers the "fit and proper person" tests often applied in the commercial environment and further reflects upon sanctions against individuals who might not be considered fit to hold office. It also speaks about accreditation in leadership skills and regulation thereof.
- 5.2 The DHSC's organisational development plan places significant focus on the promotion of effective leadership within the director level leadership team.
- 5.3 The CARE qualities framework incorporates behaviours and expectations for all levels of staff including directors and the chief executive.
- 5.4 A continued professional development programme for leaders to develop strategic skills aligned to the CARE values has also been developed and is in the final phases of approval.

- 5.5 A clinical directors' development programme is also in place with a focus on leadership to improve patient safety, including through the Noble's Hospital Patient Safety & Quality Committee.
- 5.6 Members of the Executive Leadership Team regularly invite staff members to attend roadshow events. This provides staff with an opportunity to hear about current and future developments, and also allows staff to ask questions and provide their views.

6. Complaints Handling

- 6.1 The Francis Working Group Report included recommendations for improving the DHSC complaints process.
- 6.2 As part of the implementation of the National Health and Care Service Act 2016, the DHSC has undertaken to review all of its regulation and processes under that Act and as part of that has committed to standardising all of the existing complaints processes into one, including social care complaints.
- 6.3 All health complaints are analysed against agreed standards by the Care Quality and Safety Committee and may be referred for independent investigation by, for example, the Royal Colleges. Information about more serious complaints is also made available to the Minister and senior DHSC managers for review and action where appropriate.
- 6.4 As part of the DHSC's digital strategy, a procurement exercise has recently been concluded to implement a new department-wide risk management software system to incorporate incident reporting and alerts. The new system will replace the existing system, which is no longer fit for purpose.
- 6.5 Complaints and concerns, including from Members of Tynwald and their constituents, are all carefully considered and where they may relate to adverse or serious incidents can be referred for further arms-length investigation.
- 6.6 The DHSC publishes an annual report to Tynwald on complaint patterns, trends and outcomes.

7. Patient, Public and Local Scrutiny

- 7.1 The Francis Report included recommendations in respect of scrutiny committees (such as HealthWatch). In the Isle of Man, the nearest equivalent to those committees has been the Health Services Consultative Committee (HSCC), the Public Accounts Committee (PAC) and the Social Affairs Policy Review Committee (SAPRC).
- 7.2 As part of the formation of a new governance framework for the DHSC, seven quality committees were established in February 2016, reporting to the Board of Directors and the Executive Leadership Team. As part of the scrutiny process, HSCC members sit on each of the committees as lay representatives. Subsequently, following a review process, the number of quality committees was reduced to five to reduce overlap and increase operational effectiveness.
- 7.3 The DHSC held stakeholder engagement events in 2016 and 2017, and in view of their success will consider holding more of them.

- 7.4 A recommendation about DHSC officials connecting with service users and their representatives has been applied. Political figures and DHSC officials regularly visit health and social care facilities and service user representatives are involved in consultative forums.
- 7.5 The DHSC has processes in place for monitoring the media, including social media, for trends and issues affecting the services it provides. The DHSC has also instituted 'sounding board' events to supplement existing methods for gathering 'soft intelligence' and has a range of lay input into relevant committees to provide a 'patient voice'.

8. Information

- 8.1 It is accepted that there is a need for everyone to recognise the principles set out by Francis in respect of common business intelligence practices which will ensure timely, accurate and available information which can be used to improve and inform decisions about service delivery. This will assist with the safe and effective care of patients and with performance monitoring.
- 8.2 In order to achieve this, a high level of systems integration will be required and appropriate resources will need to be allocated to enable the production of the appropriate data and statistics. The DHSC has a digital strategy and implementation is monitored and managed via the Informatics Quality Committee.
- 8.3 Francis recommended that information about performance against standards, quality and risk, compliance and outcomes should be collected and made available, in as near to 'real time' as possible, to providers, commissioners, regulators and the public.
- 8.4 As part of the DHSC's commitment to providing 'real time' information as part of objectives in the Programme for Government, waiting list data are now published on the DHSC website. Further work is needed to ensure that data quality is robust and that waiting list information is timely.
- 8.5 The legal framework governing the use of personal confidential data in the DHSC is complex. It includes the Data Protection Act, the Human Rights Act and the common law duty of confidentiality and adheres to all Caldicott Guardian Principles. Access to personal data is carefully monitored and managed through the DHSC's Information Governance Team and is overseen by the Senior Information Reporting Officer (SIRO).
- 8.6 The law allows personal data to be shared between those offering care directly to patients; but it protects a patient's confidentiality when data about them is used for other purposes. This 'secondary use' of data is essential if we are to run a safe, efficient, and equitable health and social care service and may include:
- reviewing and improving the quality of care provided;
 - researching what treatments work best;
 - commissioning clinical services; and,
 - planning public health services.
- 8.7 Health and social care providers using data for secondary purposes must only use data that does not identify individual people unless they have their consent.
- 8.8 The DHSC is subject to Freedom of Information Act legislation which covers:
- a general right of access to information held by the DHSC subject to certain conditions and exemptions; and,

- a duty to inform any person who requests information whether we hold the information, and to communicate that information to the applicant unless one or more exemptions apply.
- 8.9 The EU General Data Protection Regulation (GDPR) will come into effect in the Isle of Man on 25 May 2018. The DHSC, as guardians of health and care data on the Island, is working to make sure that it will be prepared for the changes and that patient data will carry on being handled securely and in line with the regulations.

9. Commissioning

- 9.1 Most of the recommendations about commissioning and the role of commissioning boards are not directly applicable in the Isle of Man as there is not currently a formal commissioning framework in place and there is only one commissioner, the DHSC. However, the DHSC has signalled an intention to move towards an operating model where the disciplines of commissioning will be used to prioritise the allocation of resources. This will ensure value for money through benchmarking services against delivery and cost, and will also decommission services which do not provide value.

10. Nursing & Midwifery

- 10.1 Francis recommended that there should be an increased focus in nurse training, education and professional development on the practical requirements of delivering compassionate care in addition to the theory.
- 10.2 The Chief Nurse is the Responsible Officer in respect of regulating all nurses and midwives on the Island.
- 10.3 All Isle of Man nurses and midwives are registered with the UK Nursing and Midwifery Council (NMC) and must revalidate every three years to renew their licence to practice. A total of 291 registered nurses revalidated in the Isle of Man between April 2016 and March 2017.
- 10.4 The internal structures of the NMC have improved with new legislation effective from July 2017 in respect of Fitness to Practice procedures. This has resulted in a streamlining of the processes, procedures and decisions for registrants referred to them.
- 10.5 The Chief Nurse continues to work closely with the NMC on any areas of concerns about registrants. Regular contact is made with professional networks such as the Royal College of Nursing and the Executive Nurse Network.
- 10.6 An increasing number of nurses are being trained on the Isle of Man in partnership with Chester University and in accordance with UK standards for pre-registration education. These standards have recently been reviewed by the (NMC) and the results of a consultation are awaited.
- 10.7 The potential for increasing the number of preregistration places is being explored, and implementation of the associate national training and/or apprenticeship training is being considered.
- 10.8 Nurses are recruited using the CARE values and further promotion of the CARE performance framework is to be launched early in 2018 once the training and engagement for nurse managers has commenced.
- 10.9 The DHSC also has a system in place which requires a named key nurse to be identified as having responsibility for coordinating the provision of care to individual patients.

- 10.10 A number of colleagues have also continued their training, education and recognition up to and including QCF level three and have gained the ability to mentor new health and care support workers.

11. Caring for the Elderly

- 11.1 It is important to note that the Francis Recommendations related to the UK NHS system, particularly in respect of hospital practice. The Isle of Man differs from the UK system in that the DHSC also has responsibility for mental health, community health and adult social care.
- 11.2 Given the above: the recommendations on care of the elderly are all applicable and relevant to the Isle of Man and considerable work has been completed during 2016/17 as follows.
- 11.3 Acute mental health inpatient services have relocated from Grianagh Court to Manannan Court; a facility designed to modern, recognised building standards. Capacity has been increased from 20 to 26 beds, with 12 beds designated for acute admission for older patients with organic, degenerative conditions such as dementia and other mental illnesses such as depression where there may be an attendant physical frailty.
- 11.4 A dementia policy has been introduced with improved dementia friendly clinical pathways and care environments.
- 11.5 Alongside the dementia policy a neurocognitive pathway has been developed and implemented to improve the quality of screening, assessment, diagnosis, treatment and care of patients admitted with memory problems.
- 11.6 A dedicated registered nurse is now working with hospital staff to implement and apply the neurocognitive pathway and to develop communication, training and operational links.
- 11.7 The memory service continues to maintain accreditation with the Royal College of Psychiatrists' Memory Service National Accreditation Programme (MSNAP) and is subject to regular peer review to ensure compliance with recognised standards.
- 11.8 In collaboration with Noble's Hospital and the Older Persons Mental Health service, the Alzheimer's Society has recruited two part time dementia support workers to provide support, information and guidance to patients with dementia, and their carers: as part of their plan of care and beyond the point of discharge.
- 11.9 Improved dementia-friendly clinical pathways and care environments have been introduced and there has been significant investment in dementia awareness training for staff at all levels across the DHSC.
- 11.10 A second consultant geriatrician post with lead responsibility for ortho-geriatrics and intermediate care has been established.

12. Coroner's Inquests

- 12.1 There is no change to the position regarding the recommendations about coroner's inquests. They are not directly applicable and the Island has its own legislation in this area (the Coroner of Inquests Act 1987).



The information in this booklet can be provided in large print or audio format upon request.

Department of Health and Social Care
Crookall House, Demesne Road,
Douglas, Isle of Man, IM1 3QA

Tel: 642627
E-mail: colin.brew@gov.im
Web: www.gov.im

