Health Services Consultative Committee

Annual Report

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1 April 2019 to 31 March 2020

Chairperson Preface: April 2019-March 2020

Before commenting in detail about a mixed year in terms of performance the HSCC would like to applaud the Health Service on its initial Covid-19 response. The Minister, Interim CEO, COO and Medical Director, together with an experienced Director of Public Health, all supported by an excellent clinical and administrative team have demonstrated leadership, clear executive decision making, and shown a capability to adopt and implement timely changes. In time of crisis, silo mentality and rigid working have been replaced with skill, imagination and flexibility. Covid-19 Communications have been clear, regular and transparent.

Sadly, the HSCC is disappointed to be reporting limited progress in the majority of its members' areas of health scrutiny. There are strong common themes in members' annual reports and key recommendations: slow progress in clearly identified actions (Cancer, Comms, Legislation, HR, P4G, Transformation), insufficient strategic and admin support (Cancer, Care Quality and Informatics), and single point of failure staffing (Cancer, Nobles Patient Safety, and Community). A lack of timely Treasury decision-making in business cases in general and asset replacement in particular leads to unnecessary duplication of effort, additional expense and intense frustration amongst many frontline staff who already have a difficult time juggling patient care and organisational functions.

The DHSC Minister continues to bring significant stability and structure to communications with good public engagement, but such matters require a Department-wide effort and a clear DHSC Communications plan which remains unachieved. Political Members are less visible, with largely unachieved specific P4G Actions. The DHSC management structure seems even less discernible to the public in general, and hospital staff in particular.

The appointments of an experienced ICEO and a qualified Medical Director in January were welcome after a long period of interim post holders across senior management positions. This has inevitably slowed decision-making and progress on achieving many stated DHSC objectives for the past year, as evident in the just published Year 3: Q4 Programme for Government (P4G) and Q4 performance re Service Delivery Plan (SDP).

Transformation progress towards Manx Care has also been slower than expected. After a prompt final Independent Health Report (IHR) in May 2019 and a strong start to forming the political and operational structures and identifying projects in Q2, the departure of the new Director in Q3 was followed by an admitted lack of Transformation website updates and stakeholder engagement. A devoted PR resource is yet to be visible.

The IHR workshops raised the issue that demand led services are no longer a sustainable model for the long term but yet the New Funding methods project has not been progressed. Public Health programmes and funding for Needs Assessments (JSNA's) also need political support. The HSCC acknowledge the recent move of Public Health to Cabinet Office (CABO). The pan government delivery of this important function has proven timely. Evidenced observation of the success of the Community Care Division amalgamation, would suggest that capable leadership and engaged staffing can bring benefits, improve VFM and benefit service users. Nobles planned consolidation into Scheduled and Unscheduled Care groups has been through several iterations. Clear definition of essential health services and understanding of on/off Island clinical activity, are long overdue P4G actions. These have now been transferred to Transformation which has resulted in further delays on tough decisions and a lack of clear communication; both with the public and internally with staff.

Good transparent governance is still lacking across the estate despite the welcome return of the Care Quality and Nursing Committees and some consistency in the Informatics and Nobles Patient Safety Quality Committees. The Executive Leadership Team (ELT) mechanism has not resulted in robust debate nor ensures essential governance issues are regularly reviewed through standing agenda items. Years of firefighting and management churn have resulted in a lack of calm consistent reflection, analysis and actions. The absence of core data sets contributes to a lack of timely and sound decision-making. Overworked senior leads manually analysing data whilst already having management and frontline facing roles, is an unproductive distraction for hard-working employees. Morale has not been observed as improving during our scrutiny interactions over the past year.

The HSCC remains concerned at the lack of middle management training, and the loss of corporate memory through poor retention within many parts of the organisation. Service level Agreements with shared services such as OHR are 5 years overdue. PiP has had poor engagement and adoption within Health in particular and, as with Jobtrain, is seen by many as an additional burden to an already complex workload.

Integrated Care (IC) has had long overdue progress with the Western well-being centre opened in February. Whilst recognising the underlying cost pressures, IC is a supporting pillar of the 2015 DHSC strategy. The lack of timely funding to this well organised project plan has caused significant delay. This is a common theme across many other scrutiny areas including digital projects and asset replacement, where good money is thrown after bad to maintain deteriorating inventory. Updated equipment can bring medium term cost savings, cheaper renewables and improved patient safety. Following the 'no new money' mantra can be false economy with a lack of focus on patient impact assessments in financial decision-making.

The HSCC applauds those Health service areas that have introduced transformational changes or made service enhancements and those areas that managed to keep within budget in such a challenging environment. However, Nobles as a unit continues to fail financially, ending the year £10m above budget and a £5.5m increase in actual costs. Much of the overspend in employee costs remain out with Nobles direct control. There have been pockets of success in substantive posts replacing locum and agency costs. Tertiary spend to the UK is also £6m above budget.

Without the political, financial and leadership action to modernise and streamline services, significant progress on VFM is unlikely. Whilst not underestimating the enormity of the task set, management failure to harness the existing staff talent and expertise, to lift morale, and to obtain genuine engagement of patients and staff, continues. The last WMQRS update report to Tynwald in January 2019 identified 579 achievable standards were still unmet. The reporting action was removed from the P4G in April 2019. The HSCC disagree with this decision and also recommend that reviews are vital to ensure that ongoing compliance with achieved standards, is also monitored.

The HSCC members have observed, interacted, advised and listened, across the health estate. This has resulted in over 100 internal member reports, from which this Annual report is compiled. The HSCC members have been dedicated in their role as critical friends. The newer HSCC members have reinvigorated scrutiny areas with longer serving members providing useful long-term overviews of the 5-yr DHSC, Mental Health and Digital Strategy documents, all of which are due for renewal in September 2020. The HSCC thanks DHSC officers and staff for the open access to information and their largely candid and patient approach to challenge.

Member continuity has given the HSCC strength and depth to its work for nearly 8 years. In this time, 4 Ministers, 4 CEO's and a plethora of executive managers have been employed respectively to legislate, lay out strategic direction and lead a largely dedicated and hardworking workforce into updated ways of working, with patients at the centre of the process. Despite best intentions and effort, insufficient progress has been made and composing this Annual Report has had many Groundhog Day moments.

The future will require tough decisions, well communicated actions and a more transformative approach to service delivery. The Independent Health Review and consequent Transformation team has already spent nearly £1.7m from the Transformation Fund in the 2 years since being commissioned. Visible results for this investment are essential and the first Transformation update report to Tynwald is now due. Politicians have staked the future health of the nation on this scheme. Failure is not an option, despite the difficulty and complexity of the 14 individual Critical and Enduring projects. Clear plans for separation of DHSC strategy from Manx Care operational responsibility, are only at a preliminary stage.

We hope to continue the role of critical friend to the Department in the future whilst recognising the frustration by all parties, that the period between Health services establishing what should be done in 2015 and any significant progress on transforming those services in a meaningful way for the patient, has been too long and remains far from complete.

Any comments on the Annual report can be sent to hscc@manx.net.

THE HEALTH SERVICES CONSULTATIVE COMMITTEE JUNE 2020

Executive Summary: April 2019 – March 2020

The Health Services Consultative Committee (HSCC) Annual Report provides Tynwald Members and the Department with independent scrutiny and advice on the performance and effectiveness of Health Services.
Evidence for the HSCC view is based on approaching 100 member reports from 15 scrutiny areas to the end of March 2020 with annual summaries provided on pages 20-26. Main Body A-E overviews, previous HSCC recommendations, Governance, P4G, Integrated Care and Manx Care sections with corresponding Appendices A-E providing further detail.

It has been yet another year of churn for DHSC. Tynwald adopted in full the 26 recommendations by Sir Jonathan Michael following his Independent Health Review. The CEO and DCEO resigned in May 2019 and a seven-month period of interim posts followed. Eventually a new structure of four accountable Deputy CEO's replaced the Interim Director of Hospitals and Nobles reorganised five Divisions into Scheduled and Unscheduled Care. In January 2020 a new Interim CEO, Chief Operating Officer and Medical Director took up their respective posts.

Loss of experience from numerous interim appointments and high locum turnover has caused further negative impact upon an already fragile morale in many Nobles Care Groups. Staff are our most valued asset and must be engaged in the process of change, fully motivated and given all necessary training. HSCC is optimistic that the new Senior Management team will drive positive action. In CABO, the Health Care Transformation Team was formed with Critical Restructuring Projects and Enduring Projects devised, albeit with many Project lead posts unfilled and the Director remaining in post for only three months. The Manx Care Bill consultation has closed with Statutory regulations expected in June 2020 but now delayed.

Waiting Lists must be more accessible and transparent; evidence shows many lists are lengthening with ongoing and repeated staffing issues, leading to single point failure risks in several Care groups. The future of the Private Patient Unit which closed in January 2019 remains unclear. Patient Transfer remains unstable with the demise of FlyBe and concern re the viability of Logan Air services.

Key Recommendations HSCC Key Recommendations by scrutiny area can be found on page 7 and the previous years' recommendations on page 10.

Governance In earlier years HSCC highlighted inadequate governance across DHSC with Nobles SMT particularly poor in frequency and transparency. This concern remains, though a verbal weekly Nobles SMT is now held. Governance must be broad, active and visible across all levels of DHSC: ranging through Nobles Quality Committees, Patient Safety, Staffing, Finance etc. Poor preparation, late agendas, poor attendance without planned substitution and cancelled meetings all imply a lack of Governance engagement. Individual observations of these important meetings are reported in Appendix B on page 40.

Programme for Government (P4G) The Quarterly Programme for Government (P4G) "We live, longer healthier lives" and Service Delivery Plan (SDP) report on DHSC website is over complicated. It needs simplifying and an index. Too many targets continue to be rated Red or Amber. The West Midlands Quality Review Service WMQRC Annual report to Tynwald should be reinstated and updates continued until a replacement regulatory body is in place.

Integrated Care Western Pilot recruitment was delayed 6 months until November 2019 awaiting funding. The Western Wellbeing Centre opened in Peel in February 2020 with an Admin/Referral Coordinator to run the centre. The HSCC welcomes Treasury's request to monitor Integrated Care project outcomes based on recommended international indicators. The Western pilot is a first step towards whole Island integration. Next area identified is South with discussions underway. There are no plans for East but the Ramsey Hub is already an adaptive model.

Cancer Strategy Cancer Strategy Group Chaired by Director of Public Health is producing a new evidence-based Cancer Strategy and delivery plan referencing our close association with UK North West Cancer Alliance. The overall 93% 2WW compliance appointment target is unmet, Breast cancer 2WW regularly fails target. Radiologist capacity is a reoccurring concern. A single point of failure risk. Day Ward 5 for Cancer patients opened, but requires additional resource for full operational capacity. Two CT Scanners are due provided by charitable donation.

Communications HSCC is unaware of any Board Level Executive accountable for DHSC operational Communications or a simple plan of how this is structured and managed. Sir Jonathan Michael's Review highlighted Communications as a problem area. It is fragmented into four areas: Service Delivery; Transformation; Public Health and Corporate Communications. The latter, based in CABO, manages PR and media communications and during Covid-19 has performed well.

Care Quality and Safety Committee (CQSC) HSCC supports reinstatement of CQSC with a remit to escalate relevant risks to DHSC Board. CQSC is well chaired, balanced and conscious of need to streamline data collection. Dashboards with relevant narrative, well-defined baselines and shared data with NHS England require fast track of trained staff. Lack of compliance in some mandatory staff training areas is a concern.

Commissioning QC Commissioning is much broader than selecting and paying a service provider to deliver a specific service. It requires clarity on where Commissioning resides between DHSC and Manx Care within the IHR recommendations. The Executive Steering Group for Commissioning has convened, chaired by ICEO with new TOR's, are meeting regularly and including collaborative work to develop the Manx Care commissioning framework.

Informatics QC (IQC) GTS lacks resource to deliver strategic projects, provide resource to clinical strategists and fulfil BAU requests. Software and hardware upgrades running behind schedule impact on efficiency. PiP is only partially implemented. Planned hardware provision must have capacity and capability for approved software updates. The Integrated Care Record outline business case has been approved. Progress is on track for RiO, EMIS GP overnight updates and discharge charts. IQC perform monthly reviews, efficiently process project requests and undertake rigorous data protection impact assessments DPIA.

Legislation Tynwald & House of Keys Manx Care consultation was launched in March; the Manx Care Bill is due at Tynwald in June 2020. The HSCC recognises and supports the swift decisive action taken by Tynwald to implement Emergency Powers to manage the Covid-19 changes to facilities and services to anticipate demand. Wide ranging Political scrutiny included SAPRC and PAC with February attendances by Minister and ICEO. However, Legislation is further delayed including progress on the Medicines Bill and the Health and Social Care Bill.

Mental Health Directorate (MHD) Closer co-operation between MHS and Nobles in 2019 has been driven by the Mental Health Director's move to ICEO and subsequently COO. Funding remains a serious problem as MHS demand grows. Increased load has put DAT (Drug and Alcohol Team) and CAMHS under intense pressure. Issues include staff recruitment, retention, mandatory training and increased waiting times across MHS.

Nursing and Midwifery Advisory Council (NMAC) The Deputy CEO/Director of Nursing post was re-established in June 2019. NMAC reconvened in August 2019 with relevant standing agenda items. The HSCC concern is the transfer of Nurse Higher Education to Department of Education, Sport and Culture DESC under control of UCM. The post of Head of Nurse Higher Education has not been re-filled. UCM funding reductions to Keyll Darree Library impact upon DHSC ability to comply with the contractual agreements with the General Medical Council and the Nursing and Midwifery Council.

Office of Human Resources QC OHR concerns include: staff vacancies, recruitment, cover arrangements (agency and locums), low attendance at mandatory development and training events. Staff sickness absence is substantially higher than UK. Consultant contracts are being consolidated and clinical staff validation and registration procedures changed; wider use of staff self-access areas on PiP improved data quality but PiP is still not fully implemented. Nobles restructured into Scheduled and Unscheduled Care. Staff consultation on Manx Care has commenced.

Patient Safety and Quality Committee (PSQC Nobles) Business case refusals impacting patient safety are a serious concern. The 1997 Pager system failures can contribute to incidents and a replacement Tracker App is delayed by budget timing. Faster asset replacement pathways must be implemented to avoid system breakdowns. Risk management across the DHSC and Datix incident reporting system have improved. Patient encounters and incidents are reported by Monthly Quality dashboards. Risk Registers are reviewed bi-monthly and sent to ELT. Focus is on electronic processes; but removal of paper is an uphill battle.

Public Health PH Directorate / Health Protection Committee HPC Clear reporting lines are needed because of transfer of PH to the Cabinet Office. DHSC/Manx Care must provide assurance that PH programmes meet quality standards and defined outcomes based on demand and drivers. IHR Enduring Transformation Project JSNAs for service design will provide baseline data for health and care needs capacity. A lack of robust data leads to subjective rather than objective priorities. PH and HPC monthly team meetings are well-structured with engaged staff. HPC audits on hospital wards identified breaches in infection control around basic principles of good practice and common sense.

It is evident that the recent challenge of Covid-19 has demonstrated the leadership abilities of recent appointments and the willingness of staff at all levels to adapt. These experiences must not be squandered and should now be built upon. One example is the increase in patient consultations being done remotely.

Last year this Executive Summary drew attention to the many and numerous forms of independent health reviews over recent years, from which recommendations and conclusions "gather dust on a shelf" for want of a clear and costed implementation plan. The HSCC hopes that the same fate will not befall the latest Independent Health Review.

HSCC Key Recommendations 2019-2020: The HSCC recommends that:

R1 2019-20	Cancer Strategy	Long awaited agreements and pathways are finalised with Cheshire & Merseyside Cancer Alliance, including Service Level Agreements.
R2 2019-20	Communications	Communication about the Transformation programme and further public engagement about health services, must be given urgent priority.
R3 2019-20	Care Quality and Safety Committee (CQSC)	Sufficient trained strategic support is available to provide CQSC members with timely data, narratives and information to enable assurance to the DHSC Board that patients are safe.
R4 2019-20	Executive Steering Group for Commissioning	The Executive Steering Group continues work to identify different future commissioning roles for DHSC and Manx Care and also Public Health's commissioning role.
R5 2019-20	Informatics QC (IQC)	Capacity is released to enable the application of existing approved software updates by ensuring that hardware capability is always sufficient, appropriate and ready to run them.
R6 2019-20	Legislation and Political Activity	The Manx Care Regulations and the long-awaited Health & Social Care Bill be prioritised so that legislation can be passed during 2020.
R7 2019-20	Mental Health Directorate (MHD)	Further efforts are made with cross department initiatives to eliminate silo working and put the patient at the centre of the process.
R8 2019-20	Nobles Senior Management Team	The current Nobles weekly Operational meeting is minuted and transparent operational decision making is disseminated throughout hospital services.
R9 2019-20	Nursing and Midwifery Advisory Council (NMAC)	The Department should urgently review Nurse Education to ensure it has the influence it requires as the accountable Department for Nurse Higher Education.
R10 2019-20	Office of Human Resources QC	Attendance at mandatory and developmental training events, in particular mandatory training, must improve to enable the Department to fulfil regulatory and CPD requirements.
R11 2019-20	Patient Safety and Quality Committee (PSQC Nobles)	Faster pathways to asset replacement are found. The current 3-5-year timeframe via FD8 waivers, system breakdowns and business case refusals that discount impact assessments, is a concern.
R12 2019-20	Public Health and Health Protection	DHSC provide assurance that Public Health programmes delivered by DHSC/Manx Care are meeting quality standards and defined outcomes. The relationship needs clear reporting lines, accountability and assurance via robust Service Level Agreements.
R13 2019-20	WMQRS Recommendations	The Annual WMQRS update report to Tynwald be reinstated until a replacement regulatory body is in place, to ensure remaining achievable standards are met and reviews of service areas continue.

HSCC Engagement – Current and Future Ways of Working 2019-2020

HSCC Scope –

Drawing upon the breadth and depth of its members' diverse knowledge and experience in business, public services and the community:

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

The HSCC focuses upon WHAT the Department does, WHY it chooses strategic priorities and HOW the Department achieves this.
The HSCC does not:

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, e.g. the Patient Experience Committee, Mental Health Commission, Independent Review Body.
2. Look to measure the performance of the clinical effectiveness of the Department as it is not qualified to do so.

HSCC meeting format:

- Bi-monthly Full meetings to scrutinize Health Service activity.
- Itemised agenda with each member tasked to reports and actions.
- Bi-monthly meetings of Core Services & Resource Sub Teams (CSST & RSST)- more intensive scrutiny of reports
- Exception reporting and debate of current issues.
- Bullet point summary of interests and concerns circulated to DHSC.
- Individual DHSC officers invited to address meetings every other month.
- Regular email correspondence to/from DHSC.

Monitoring:

- DHSC related debates and questions in Tynwald.
- Written and verbal Health related questions in House of Keys/Tynwald.
- Consultations, Strategies, Policies and Legislation.
- Contract Management.
- Service Delivery Plans, Health PR and News Releases
- Regular 1:1 meeting with Link Officers
- Annual Meet the Minister Q&A session.
- Quarterly CEO meetings – with membership or Chair & Vice Chair.
- Bi-annual meeting with Minister and Department Members.

Member attendance:

- Quality Committees: Commissioning Informatics and OHR
- Cancer Strategy Group
- Care Community Directorate
- Community partnerships (regional)
- Health Protection Committee
- Integrated Care Workshops
- Independent Health Review Panel and workshops
- Mental Health Management Board
- Nobles Senior Management Team
- Public Health Staff Meetings

Submissions:

- Public Accounts Committee
- Social Affairs Policy Review Committee
- Draft General Scheme and Charges

Annual Report:

- To Tynwald. Available to the public via Government **website**

STRATEGIC PATHWAYS – The HSCC view of the journey towards a better health care system				
Acute priority provision	Set clear TFR priorities Objectives in line with 5-year Strategy	Identify what services are provided on and off Island	Front load budgets to ensure services are transferred with budget	Appropriate community centred provision
10-year health strategy	Revised 2013 Reviewed Dec 2013	Replaced with 5-yr Strategy in Oct 2015	Review due Autumn 2018 completed April 2019	Rolling programme of strategic thinking
Treatment by *SILO* approach	Barriers between different part of the system	Reorganise health structure to reflect changing priorities	Develop Care groups to meet co-morbidity challenges	Multi-disciplinary teams
Unlimited demand-led Health Service	Sole provider health service	Work towards shared service delivery	Patient focused approach	Mixed economy, public, private and 3rd sector
Peer to Peer Reviews FRWG MIAA WMQRS	Consult on individual issues – reactive not proactive	Support pro-active approach MIAA	Francis Report WMQRS	Regular external audit Continuous peer audit
Engaging patient voice	Complaints Defensive approach	Widen engagement through	Consult re evidence based planned service changes	Patient designed services
Mental Illness	Mental illness	Step up, step down system	MECC – make every contact count	Mental well-being
Public Health	Piecemeal campaigns	Numerous strategies No prioritisation	JSNA Review of screening services	Evidenced improvement in the health of the nation / well being
Organisational Culture	Demoralised workforce Blame culture	Clearly communicate planned organisational change to all staff groups	Implement Recruitment and Retention Strategy	Empowered staff Low turnover
Scrutiny	Via committee attendances and escalation to CEO	Governance groups that challenge communicate and provide risk assurance	Fully transparent scrutiny access from Board to coal face encounters	Stable governance system

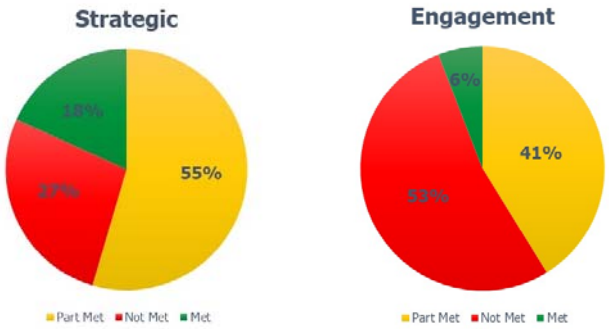
A: Review of Past HSCC Key Recommendations

The HSCC has combined its previous 5 years of key recommendations and assigned them to three categories:
Strategic **Engagement** **Finance/Commissioning**.

We had previously reported progress to April 2018 and April 2019 within our last two annual reports. However, the HSCC has now further reviewed 2014-18 recommendations with those of 2018-19 and assessed progress against the same based on the evidence it has available and observations made during the past year by individual HSCC members.

As is evident throughout our previous annual reporting, the HSCC feels that many of its recommendations are supported by the Department. We are pleased to report an improvement in Part Met RAG rating in both the Strategic and Finance/Commissioning based recommendations.

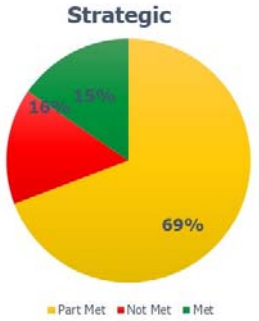
2017-2018:

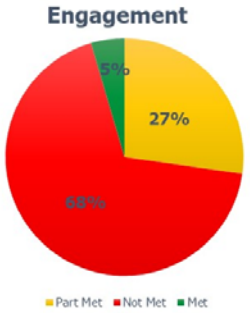


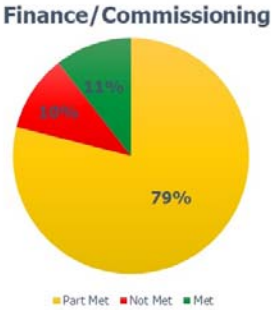
However a number of individual HSCC Strategic and Engagement recommendations have seen a backslide. Increasingly we find that areas of complexity and poor performance have now been passed in remit to the Transformation Team, thus progress since 2018 has slowed or even stalled in vital areas such as legislation, service by service reviews and governance frameworks.
The issue remains that it is the pace rather than the direction of change where the HSCC is most critical. Urgent legislative change, more timely resources, accurate data and statistics,more frequent stakeholdeer engagement are examples of part met recommendations.

The HSCC assessment on delivery against its recommendations is set out in detail in Appendix A and is demonstrated in the charts below, with the 2017-18 charts alongside to enable year on year comparison:

2018-19:







B: Governance: Quality Committees (QC's) & Management structure changes - HSCC 19-20 review

As previously reported, DHSC introduced in April 2016 a Governance structure based around a monthly full Board meeting to address the key business of the Department – looking at Finance, Strategic Delivery, Performance and key operational decisions. Below the Board sat 7 Quality Committees (QC's) chaired by the relevant directors, to provide the overview needed by the Board on the activity and risk across each of the key areas of business in the Department. These QC's were reduced to 5 in April 2017 but a Programme Board, now a Programme Management Office (PMO) was eventually introduced. In April 2018 a further 2 QC's were suspended. In 2019-20 the HSCC has collected evidence of a mixed performance at governance meetings.

Governance Committee	Status	Observation
Care Quality & Safety Committee	Reinstated late 19 - improving	Suspended in December 17 on departure of Medical Director, it carried out vital cross department risk register checks. CEO reconvened April 19, now chaired well by re-installed Nursing DCEO since Sept 19.
Commissioning QC now includes Finance	Quarterly Exec - improving	Commissioning is now split into an Executive steering group and divisional subs. Regular meetings with good collaborative work on developing a framework. Sharing staff resources with Transformation team.
Executive Leadership team (ELT)	Lacks breadth of coverage	ELT is now twice monthly, split into operational and corporate based service reporting. However, the minutes show reactive content rather than consistent attention to the governance fundamentals e.g. staff absence, service delivery, patient safety, cost improvement plans, reviews re SDP and P4G actions etc.
Human Resources QC	Falling short	HR committee frequently cancelled or not quorate. Poor progress on Service Level Agreement. Concerns re low uptake in mandatory and developmental training. OHR more widely represented across DHSC.
Informatics QC	Regular but Needs Finance	The IQC is well attended and administered effectively. It provides a communication forum and most importantly provides a clear prioritisation of technology enabled change in Health.
Stakeholder Engagement QC	Abolished	Merged into Transformation 04/17. No regular Comms shared service attendance, no assurance or plan.
Transformation QC	Transformed	Programme Management Office well established since 2018-collates P4G info, tracks Business case progress.
Health Protection Committee	Continues	Important pan government structure for existing and emerging public health issues. Some patchy attendance.
Nobles SMT - now CGB	Failing	Post departure of Nobles Hospitals' Director 01/19 SMT meetings redesigned into a Clinical Gov board (CGB) but none held since October 2019. No actions, report provision, consultation nor quality of debate.
Nursing & Midwifery Council NMAC	Reinstated 08/19	Roles and responsibilities of Chief Nurse re-instated under Director of Nursing post 06/19. NMAC meetings recommenced on 08/19, sponsored Work Streams being developed, Nursing Framework implemented.
Nobles PSQC	Thriving	Good forum for clinical concerns at Nobles. Good attendance, clear work plan expectations and action logs.
Primary Care	Merged	Now represented within the Clinical Care Directorate (CCD) and Integrated Care Exec Steering group
PH Staff meeting	Continues	Well attended bi-monthly meeting. Open communication, the opportunity to keep well informed on issues.
MH Board (PS&QC)	Continues	MHPS&QC meets regularly; retains valuable oversight of Mental Health Patient Safety & Quality standards.
Community Care Directorate (CCD)	Combined Recent hiatus	Combined in April 18, this quarterly meeting started well with good processes and open discussion. However consecutive cancellations in 2019 impacted upon its performance. Merger planned 04/20 into DHSC Board.

The quality of any committee relies upon clear Terms of Reference (TOR) and the motivation of the membership. In this period some QC's have met frequently (CQSC, IQC and PSQC). Some other Committees such as Public Health Staff and Commissioning sub-committees have performed well. The Informatics QC methodology has been supportive to project-based performance within the aims of the Digital Strategy within DHSC, although a lack of financing has held back some essential projects. However, too many DHSC governance meetings have not met regularly and/or have had a number of meetings cancelled due to member unavailability. Nobles CGB has had 8 cancelled governance meetings though Nobles Patient Safety Quality Committee has kept good frequency and standards. The HSCC has repeatedly drawn attention to the breakdown of the governance structures over the past three years, providing regular observations and evidence to the CEO and the Minister and making submissions to the Public Accounts Committee.

Following the departure of the CEO in May 2019, a temporary interim CEO was internally appointed from Mental Health. This led to some continuity in 2019, albeit with many high-level posts throughout Health services being held on an interim basis. This has resulted in closer co-operation between Acute and Community which has been forged in the past 9 months using the DCEO structure of Operations, Nursing, People and Governance. The monthly Executive Leadership Team (ELT) has continued, adding extended ELT meetings fortnightly as required to involve relevant areas such as Programme Management Office. The temporary CEO revived the monthly Board that met only on a quarterly basis since 2017-18. The management structure remains grouped into two reporting areas to ELT – operational services for Acute, Community and Social Care services and all Corporate services. Public Health and Informatics continue to report directly to CEO. Yet another change to the top-level management structure of the Department commenced in January 2020 with substantive Medical Director and Interim CEO appointments made; the latter to work with the transition to Manx Care in April 2021.

Comment: The HSCC welcomed the return of monthly DHSC Board meetings, but the removal of three Director level posts in 2018, combined with the lack of attendance of Senior leads with clinical experience, has reduced challenge for long periods. The partial re-instatement in July 2019 of ELT has yet to perform with a comprehensive agenda. Increased transparency through production and distribution of ELT minutes, as recommended by the HSCC, is welcome but these notes reveal the lack of regular coverage of some fundamentals of governance. Communication to and from the Board and the wider staffing remains limited, with insufficient standing agenda items to ensure a circle of communication between the top-level governance and Quality Committees and the other governance structures as itemised above. The influence of the new ICEO has been observed with more challenge in recent months.

The HSCC are disappointed to report yet another period of instability in the management and governance structures**.** Repeated Departmental restructures are confusing, time consuming and distracting for all. It does nothing to combat public perception that focus should be on actions, service prioritisation and customer engagement, rather than repeated management reorganisation. The allegation of poor performance of DHSC governance structures was refuted by the CEO during his appearance at the PAC in February 2019 prior to his departure. However, the findings of both the PAC report and the Independent Health Review in May 2019 would support the last two years findings of the HSCC in this matter.

Tynwald's gave full support for the one-year long Independent Health Review (IHR) in July 2019, but this has inevitably caused a large amount of stasis in both business as usual and the Departments strategic priorities. The move to Transformation and an Arm's Length Body (ALB) is complex, already spreading across 2 years from the commission of the IHR to Manx Care, which is due to run in shadow from October 2020 and be fully functional by April 2021. The Manx Care Bill following public consultation is expected at Keys on 23 June 2020 for approval, with Manx Care being formed within the Statutory Boards Act.

C: Programme for Government – Government Progress Rating vs HSCC Progress rating										
We live longer, healthier lives by MHK responsibility	**Responsible MHK**	**P4G RAG rating**						**HSCC comment**	**HSCC RAG rating**		
		17-18	18-19	**2019-20**							
		Q4	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**		**17-18**	**18-19**	**19-20**
Continue external peer review process (WMQRS) of health services and implement recommendations **Withdrawn in 019/20 amendments as "activity will be complete"**	Clare Barber	G	G					This action was removed in the April 2019 P4G Amendments List as 'the action would be completed'. However, over 500 outstanding actions remained to be addressed. The annual Tynwald progress report on WMQRS recommendations was not published. There is no published evidence of any progress this year. There is no update on CQC external regulator scoping exercise in Autumn 2019.	A	A	R
Move more services from the hospital into the community so care is provided closer to peoples' homes	Ann Corlett	G	A	A	A	A	A	HSCC acknowledges the Western Integrated Care Pilot is underway but the indications are that the program has stalled in many respects, with cases for required funding having been rejected or delayed. The lack of an overarching plan with regard to moving further services into the community is disappointing. Care pathways have not progressed at a reasonable pace, the GP contract is delayed by Covid-19 and the Eye care strategy is not published. All are key to the development of Integrated Care.	A	R	R
Define the essential services always provided in health and social care and be clear about those that aren't	Jason Moorhouse	A						Removed when Independent Health Review was commissioned in April 17. It now lies within the Transformation project as part of the service by service review. The HSCC view is that this needed to be dealt with prior to moving to Transformation. To decide upon Island services, goes to the heart of what the NHS provides, rather than where delivered.	A	R	R

Continue to digitally transform the hospital and health care services more generally	David Ashford	A	A	A	A	A	A	HSCC acknowledges that some progress has been made on data collection and reporting, especially by CQSC and Public health but inadequate resources are in place to support this. Lack of useful data remains an issue across many areas of DHSC. HSCC would like to see a cross Government responsible lead to coordinate resource provision plans from all departments. HSCC believes that it remains inappropriate for DHSC to rate this as Amber status without significantly greater achievement of objectives.	A	R	A
Define the services which will be provided on-Island and those which will be provided off-Island	Jason Moorhouse	A	A	A	A	A	A	HSCC is concerned that progress stalled in 2019 and progress on the Transformation project is slow, with the PID still at early draft stage. Unlikely to meet the current timescales set out in IHR and no visible progress.	R	R	R
Reduce waiting times for operations	17-18 Clare Barber 18-19 David Ashcroft	R	R	R	R	R	R	Waiting times communication has failed this year, waiting times are no longer regularly published. The HSCC believe that times in many specialties have deteriorated, even prior to Covid-19.	R	R	R
Publish hospital waiting times April 2017	Clare Barber	A						This was announced as complete in 2017. In the HSCC AR 2018-2019 we advised that it should be an ongoing exercise as part of performance monitoring. It seems this recommendation continues to be ignored.	R	R	R
Implement the Mental Health Wellbeing Strategy	Ann Corlett	G	G	G	G	G	G	CAMHS Service spec, Autism, Forensic Pathways and Core Recovery Service have all been delayed for several quarters due to resources not being allocated. The P4G action requires completion by Dec 20 which seems unlikely.	A	A	A

C: Programme for Government – Government Progress Rating vs HSCC Progress rating											
We live longer, healthier lives by MHK responsibility	**Responsible MHK**	**P4G RAG rating**						**HSCC comment**	**HSCC RAG rating**		
		17-18	18-19	**2019-20**							
		Q4	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**		**17-18**	**18-19**	**19-20**
Improve the way we communicate with the public about the way our health and care services are provided **Action withdrawn to be shown elsewhere?**	Jason Moorhouse	A	A					HSCC strongly disagrees with the removal of this action. Good communication is essential for the efficient and safe delivery of health services and is one of the pillars of achieving better public awareness that supports 'living healthier lives'. The positive impact of public engagement by Transformation in early 2019 has not been followed up, apart from web site creation July 19.	R	R	R
Improve Governance and accountability in the way we provide health and care services	Jason Moorhouse	A	A	A	A	A	A	DHSC admit that no significant progress has been made during Q4. A governance Transformation project was established in March 2020.	R	R	R
Develop and implement the Integrated Care Strategy	Ann Corlett			G	G	G	G	HSCC recognise that this is a very difficult program to deliver. Some progress is evident; however, the HSCC feel that the apparent slowing of support/rejection of the business cases that would allow the Western Pilot to achieve its objectives in full and provide sufficient statistical and operational data to support the overall strategy is worrying. That rescoping is required so early in the delivery is also troubling. A further delay to the Integrated Digital Care Record is a concern.			A
Introduce overhauled and sustainable private medical services	David Ashford				A	A	A	Upon the closure of the unit in January 19 an externally managed PPU was promised for June 20. Even prior to Covid-19 no fundamental works had been achieved. PPU has been temporarily repurposed for Covid-19.			R

Become an employer of choice in health care **Withdrawn in April 19 amendments as "to be consumed within People Strategy"**	David Ashford	R	R					There is little evidence of promotion of the effort to recruit excellent health professionals in the People Strategy or the update. By removing focus to outside the Department, DHSC feel that focus is probably lost and health recruitment has been reset to the common government recruiting baseline. The HSCC recommend this item should remain in P4G.	R	R	R
Design and deliver a suite of core data sets to underpin the core work streams	David Ashford			A	A	G	G	Little progress reported to date. No indication that this has been started in earnest. No base set publicly identified. Without solid progress on core data sets, it is hard to see how integrated care can be fully implemented.			A
Achieve maximum waiting times after referral for non-urgent consultant led treatments of 18 weeks	David Ashford							The scoping exercise is incomplete and is now with Transformation as part of Service Review. Another action that has been devised and then responsibility to achieve it, transferred elsewhere.			R
Introduce a unitary complaints process in the DHSC	David Ashford			A	A	G	G	Progress reported to date appears to rely on "streamlining" each complaint body's process. However, process is largely a matter for the bodies themselves, as set in the originating legislation and regulation. Further progress is linked to Manx Care implementation and delayed legislative changes.			A

Main D: Integrated Care

Integrated Care Western Well-being Project

The HSCC has monitored the work of the western pilot with regular meetings being held to update on progress. There have been setbacks during the year which included

- secondment of senior key management to other parts of the DHSC
- delay in securing essential funding for key project posts
- business case for such funding repeatedly turned down resulting in significant delay
- difficulties in getting approval for information sharing protocols from the Information Commissioners Office

Despite these setbacks the project team and the practitioners remained positive with regular weekly meetings and case conferences being held. Positive outcomes from the work of the pilot has seen the ongoing development of and use of:

- A common consent form
- Single point referral form
- Single assessment tool

In 2018 members of the Executive Steering Group for the Integrated Care project attended the Foundation for Integrated Care Conference in Santander. The focus was on achieving integrated care in a small island setting. Following on from this it was agreed that IoM would host a Small Islands Conference in 2019; this work was undertaken in partnership with Hospice. This conference was held in September 2019 with delegates from across the globe attending. There were positive comments regarding the conference, however it was felt by some that the conference was held too soon after last year missing out on an opportunity to attract delegates from more countries.

Integrated Care Western Wellbeing Project (continued)

The business case for additional funding as recognised in the 42 recommendations was finally given approval in November 2019, thus causing a setback on progress of the project by at least 6 months. Treasury have caveated the approved funding with the request that progress must be monitored through bi-annual updates with KPI's being developed to produce a recognizable outcome.

The HSCC had previously expressed concerns as to the lack of tangible measurements as it was clear from the Vision paper that there was lack of baseline numbers. The HSCC welcomes Treasury's request for monitoring of meaningful indicators. The project team has developed an outcomes measurement tool based on recommended international indicators.

Following the approval of funding some of the actions identified within the 42 recommendations have been recognised as being wider scope than the Western Pilot. In particular the integrated Out of Hours service and Digital information Sharing. Discussions have been held with the PMO regarding moving theses out of the scope of the project to be led by the transformation work streams.

February 2020 has seen the opening of the Western Wellbeing Centre in Peel; this was previously the Peel Community centre and it was been redesigned to open as the new well-being hub. Successful appointment of an Administrator and Referral Coordinator to run the centre.

Due to the delay in getting funding approved the project is not as well established as originally projected. As such it is difficult to measure any tangible benefits from the project at this early stage.

Appendix D shows in more detail the timeline of events during the last 12 months.

Appendix E outlines the journey of Integrated Care from the Strategic intent to the opening of the Western Wellbeing Centre.

Further development of Integrated Care

The Western pilot is only one small strand to achieving whole Island integration. The south of the island has been identified as the next area where work will commence to establish an integrated service. Discussion commenced in Jan 2020 with stakeholder groups in the south, including care teams, the Southern Community Hub and GP's. However, all work has now ceased due to the Covid outbreak.

Common administrative processes have already been developed in terms of consent, referral form, etc. However, the team faces different challenges in the south due to the different support services and multiple GP services. The approach will need to be tailored to take account for different requirements

There are still no timelines for development of IC in the North and East of the island and how this will be achieved. A full roll out plan should be implemented as soon as possible.

The western plan identified the appointment of a number of specialist staff including a Local Area coordinator role in the West for 2 years. Also, reablement staff, district nurse and long-term conditions nurse roles. It is too early to say if successful recruitment to theses posts is achievable, and what impact will be seen as a result.

Information systems (EMIS and RIO) are unconnected and need to be reviewed, a more joined up approach to data sharing and access is still required and this is being developed through the Digital Strategy. Issues with data sharing with the third sector are still to be resolved with the ICO.

HSCC Comment

- Combatting the silo mentality – 24 groups from the private, public and third sectors are successfully working together but there is still some work to do in changing mindsets in Acute Services. Actively discussing admissions and discharge planning with Noble's, to ensure message gets across the IC is happening.
- The lack of access to funding which meant that most of the 42 recommendations actions stalled due to funding not being available to continue some strands of the project. This is disappointing as IC has been recognised as a key feature for change in the IHR, yet there was a lack of urgency and commitment to secure funding from Treasury at Department level resulting in delays.
- The changes in senior management have not helped in progress of this project. Going forward it must be championed and driven by strong leadership within the Department so that any potential blockages can be quickly addressed.
- HSCC watch with interest to see how the transfer of all Health and Care service delivery to Manx Care will impact on IC delivery. In particular the development of transformation projects for the design and implementation of Care pathways and the development of Primary Care at Scale.
- A lot of the comments and concerns that have been identified mirror those in last year's report which shows that any progress to move forward integrated care has been slow.
- On a positive note the team has always remained positive and enthusiastic and have progressed the work to achieve the opening of the Western Wellbeing Centre despite the challenges they have faced.
- Finally, at the time of writing, all work currently remains at a standstill due to Covid19. The project team has been reassigned to lead the Bronze Community Contingency planning. Suffice to say the experience of the team and the aims and principles of integrated working which the team have worked so hard to develop and implement are proving very useful and the current situation is putting integrated working at the centre of everything.

HSCC 5 Yr RAG	Main E: The HSCC 5-Year Review: From DHSC 5-yr Strategy to Manx Care 2015-20				
5 pillars of Strategy	**Greater responsibility R**	**Care in Community A**	**Develop Integrated Care A**	**Improve Hospital Services R**	**Value for Money R**
	2015-16	**2016-17**	**2017-18**	**2018-19**	**2019-20**
DHSC 5-yr Strategy	Lack of consistent engagement	Some progress but funding issues	Good plan, slow to progress due to funds	Poor recruitment and retention-impacted progress	CIPs failed – savings opportunistic not replacing staff
Service Delivery Plan		SDP 2016-2017 **A**	SDP 2017-2018 **R**	SDP 2018-2019 **A**	SDP 2019-2020 **R**
Operational planning		Clear measures progress reports and goals **G**	No SDP as P4G dominates Milestone planning done **A**	SDP incorporated into P4G **A**	SDP reporting centralised to PMO **A**
VFM cost saving plans	Acute payroll costs rise **A**	Acute savings unmet **R**	Locum Bank costs **R**	Supplementary vote £10m **R**	Supplementary vote £8m **R**
Comms Engagement	Stakeholder Road Shows	Coms Plan neglected **R**	Hospital Annual Report **G**	Corporate Comms restructure	SDP/P4G quarterly reviews **A**
Cancer	Review UK services **A**	2WW in P4G **A**	Screening in P4G **A**	Outdated Cancer Strategy **R**	Ward 5 reopens 2WW stats drop
Programme for Government P4G DHSC quarterly review			P4G Y1 2017-2018 **A**	P4G YR2:2018-2019 **R** Actions closed & some dates extended 2 years to Mar 21	P4G Yr 3: 2019-2020 **R** Some actions removed. Confused presentation
Responsive legislation & regulation	H & S Care Act 2016 but no schemes enacted **A**	Resource given to legislate- no outcome **R**	H & S Care June 2018 pulled - poor drafting **R**	IHR report reccs will require Legislative change - pause **A**	Manx Care Stat regs in June 2020? Initial CQC scoping **R**
Live longer healthier lives	PH Director confirmed **G** MECC intelligence gateway. **G**	PH Annual Reporting Outcomes framework and data sets **G**	Lack of Govt wide commitment to JSNA's **A**	Audit of Screening by Internal Audit due to concerns **A**	Review of PH Legislation **G** Public Health move to CABO to drive critical TPMT projects **G**
Digital Strategy (DHSC)	Clear Digital Strategy **G**	Specific Funding **G**	Health records digitised **G**	Progress impacted by funds **A**	Outdated hardware blocks approved software **A**
Define off & on island		Identified priority **A**	Slow progress **A**	Stalled due to IHR **A**	Moved to Transformation **R**
Reduce wait times	Some increased activity **A**	Some reductions noted **A**	**R**	**R**	Most times are longer **R**
Implement MH Strat	Strategic Plan for Mental Health and Wellbeing **G**	Stepped Care Programme **G**	Reduction in the numbers referred to the UK **G**	CAMHS tier2 into IAPT service Dedicated Autism pathway **A**	Eliminate silo working and put patient at the centre of process
Governance & account	New CEO/Senior Leads **G**	New structure **G**	Revised structure **A**	Diminished structure **A**	Mixed performance **A**
Core data sets		JSNA's commenced **G**	Dashboards develop **A**	IHR underlines data sets NB **A**	Old software-data sets **A**
Integrated Care	Intent for Community Hubs **R**	Discussions on IC but no firm plan **R**	IC Vision. Focus Groups. CCD formed **A**	Funding issues – delays. Western Pilot Launched **A**	Care Pathways and PC review Commence Southern Hub. **A**
Independent Health Review (IHR)			Sir Jonathan Michael-IHR Stakeholder Engagement **G**	IHR Report Interim Jan 19 **A** Full report May 2019 **G** 26 Recommendations **A**	Transformation Boards **A** Project PIDs **A** No progress in some projects **R**
Transformation Programme				Political & Operational Boards set up July 19 but slow progress poor transparency & communication in this phase. Funding seems available but slow team building apart from PH work. **A**	
Critical Projects	Legislation **R**	Public Health **A**	Governance **R**	New funding methods **R** External Quality Regulation **R**	Manx Care Regulations **A** Manx Care consultation 03/20 **G**
Enduring projects	Needs Assessment **A**	Service Review **R**	Care Pathways **A**	Primary at scale **A**	Data Knowledge **R**

HSCC Member Annual Reports 2019-2020

Cancer

New Developments

- Draft one-page Interim Cancer Strategy for the Isle of Man tabled at CSCG Feb20
- Transformation Team took the New Cancer Strategy to inform Transformation
- Director of Public Health leads quarterly CSCG Cancer Services Co-ordination Grp
- Oncology Ward 5 for Day Cancer treatment opened July 2019
- New CT scanners delivered Nobles end March but anticipate delay (Covid-19)
- Progress (slow) for Nobles alliance and branding with Clatterbridge Cancer Care

Evidence of Good Practice

- HSCC attend Quarterly CSCG meetings & have regular update meetings with Cancer Management team
- Patient 2WW week wait standards, 31 & 62 day, all monitored by Macmillan Cancer Management Team
- The New Cancer Strategy informed by Cheshire & Merseyside Cancer Alliance
- The updated CSCG TOR Membership becoming more focused on strategy
- Cancer Alliance UK representatives to be part of CSCG
- CSCG will be named Cancer Services Strategy Group
- Public Health working on Cancer Intelligence to better inform pathways and cancer management

Issues Causing Concern:

- Inability to meet 93% 2WW referral targets with specific cancer types worse than others. Figures in range 50%-60% not usual for breast cancer – note 28-day picture better. Performance across all cancers 82%
- Reasons behind poor breast cancer times known, being addressed, but not solved
- Frequent Nobles Senior Management changes & restructuring result in HSCC being unable to identify with whom to meet for regular Directorate level Cancer management review
- Identity of Lead Cancer Clinician and Lead Cancer Nurse remain unclear.
- Lack of advance agenda & working papers for the CSCG quarterly meetings
- Cancer Management Team in Farmhouse under pressure and under resourced
- Patient Tracking Reports production is slow. UK system is efficient, easier to use, would aid benchmarking
- COVID-19 will significantly impact Cancer appointments & treatment schedules

2019-2020 HSCC Annual Report Recommendations:

1. Long awaited agreements and pathways are finalised with Cheshire & Merseyside Cancer Alliance, including Service Level Agreements;
2. Complete the New Cancer Strategy.

Review of HSCC Annual Report Recommendations
2018-19 recommendation:
The Cancer Services Coordination Group (CSCG) must have strong leadership and senior management support to deliver a new IOM Cancer Strategy and implementation plan **MET**

Communications

New Developments:

- The Communications model for IOM Health Care is perceived as fragmented.
- Corporate Communications PR for IOM Gov is based in The Cabinet Office, to deliver Government messages and positions via the media to the Public.
- A Communications Executive based in CABO manages those for Minister & DHSC
- Operational/Service Delivery Comms is between the complex range of different DHSC divisions, offices, locations, hospitals, running the "day to day business"
- Implementation of the Health and Care Transformation Programme will depend on World Class Communications within DHSC across all Divisions and will require a well thought out Communication Strategy and Plan with an Accountable executive
- The IHR and subsequent reports and planned actions have all highlighted Communications within DHSC and Stakeholders to be a problem.

Evidence of Good Practice:

- Corporate Communications in Government Office delivery of GOV & DHSC messages via various public media is well run, with new systems being adopted.
- 37 News Releases from Corp Comms Vuelio system (which had teething troubles). The Team has performed well with Covid-19.
- PH Comms well planned & resourced, strategy, targets, timetable and review.

Issues Causing Concern:

- There is no named Board Executive accountable for DHSC operational Communications. There should be a simple plan defining how DHSC operational communications are structured and managed – sense of drift?
- DHSC Corp Communications was removed from P4G as being unmeasurable
- DHSC Information Communications Strategy 2019-21 withdrawn, no replacement
- No 2nd Edition of the Hospital Annual report, no Connections Nobles Newsletter
- Pager system is old and unreliable (1997). Serious incidents have had pager failure as contributing factor.

2019-20 HSCC Annual Report Recommendations

1. Communication about the Transformation programme and further public engagement about health services, must be given urgent priority;
2. Clarity and transparency on who is accountable for each aspect of Health Care Communication whether operational communications within DHSC or PR;
3. The Healthcare Transformation Programme PR resource maximises the opportunity to improve Health Care Communications and systems.

Review of HSCC Annual Report Recommendations
2018-19 recommendation:

1. ELT need to be clear how they manage comms both internally and externally on behalf of DHSC as a standing item on the ELT meeting agenda. **NOT MET**
2. Have a clear plan of what "Communications" means to DHSC. Be clear who is accountable for What and Where within DHSC Communications. **NOT MET**
3. Continue to implement leading edge Communications methodologies & ensure outdated Nobles Pager system replaced by a modern comms system. **NOT MET**

Care Quality and Safety Committee (CQSC)

New Developments:

- A key remit is to escalate relevant risks to the DHSC Board
- A renewed focus on prioritising the quality of information available for scrutiny via a number of regularly updated specific 'dashboard' reports

Evidence of Good Practice:

- Re-start of the committee, in line with both good practice and HSCC recommendation
- Efficient and effective chairing of a balanced and engaged group, with good attendance
- Resourced training of 8 admin staff to enable production of meaningful data and dashboards
- Patient Safety & Quality committees report CSQC
- A quarterly Health and Safety committee meeting to be included within CQSC, with relevant additional members invited
- Acknowledgement that narratives are as important as numbers when analysing data such as complaints
- Active management of a serious incident, with a sub group following clearly defined lines of responsibility
- Publication of an annual programme of safety walks resulting from benefits gained by same.
- Re-routing complaints made direct to the Minister into a more appropriate channel, to provide an evidence trail
- TOR's stated intention to publish an Annual CSQC report through the DHSC Board.

Issues Causing Concern:

- CSQC notes a lack of audit completion without penalty in several mandatory training areas, potentially leading to unsafe practice. There is a worryingly low uptake in all top 5 areas including fire safety, equality and diversity, moving and handling. This was escalated to the DHSC Board and added to the DHSC Risk Register in December 2019.
- CSQC is conscious of the need to make better progress on streamlining data collection, dashboards and well-defined baselines including those which depend on shared data with NHS England

2019-2020 HSCC Annual Report Recommendation:
Sufficient trained strategic support is available to provide CSQC members with timely data, narratives and information to enable assurance to the DHSC Board that patients are safe.

Review of HSCC Annual Report Recommendations
2018-19 recommendation:
Committee re-formed in April 2019, therefore no recommendations made since 2017-18

Executive Steering Group for Commissioning

New Developments

- This committee was newly reconvened in July 2019
- Became an Executive Steering Group chaired by Interim CEO in September
- Steering Group comprising the Executive group and the Commissioning Sub Committee
- New Terms of Reference agreed
- Function of commissioning as distinct from procurement, determining what is level of service is required
- Establishing where commissioning, procurement and contracting sit in Manx Care

Evidence of Good Practice:

- Sub Committee meeting regularly and feeding findings back to Steering Group. All services, however they are delivered, (directly by the Department/Manx Care; via competitive tender, strategic partnership, grant enabled etc.) should result from a Commissioning process which is designed around the central goal of improving health and wellbeing outcomes
- Workstreams are in the Manx Care headcount draft Business case to Treasury. In the Programme Initiation Documents (PIDs) that relate to Manx Care, there is an initial resource allocation of around 2.5ppl. This is the first real transformational initiative from Department.
- Sub Committee members being seconded to Transformation part-time.
- Good collaborative work in developing the commissioning framework for Manx Care.

Issues Causing Concern:

- Clarity required on where Commissioning should sit; the lines between DHSC and Manx Care are not clear within the IHR recommendations;
- It could be that eventually both the Department, Manx Care and Public Health will have commissioning functions and this needs to be recognised;
- Lack of understanding across DHSC, that Commissioning is a broader process than selecting and paying a service provider to deliver a specific service, which is 'Procurement' or 'Contracting'.

2019-2020 HSCC Annual Report Recommendation:

1. Continues work to identify different future commissioning roles for DHSC and Manx Care and also Public Health's commissioning role;
2. Adequate resource from Transformation Fund should be provided to commissioning unit to enable development.

Review of HSCC Annual Report Recommendations 2018-2019:
Development of a Framework for Departmental Commissioning is essential, no matter whether an internal or external arm's length body. **MET**

Informatics Quality Committee (IQC)

New Developments:

- The Integrated Digital Care Record outline business case has been approved.
- Infection, Prevention and Control Surveillance is now in the delivery phase.
- Evidence of progress with live systems such as RiO which is on track, discharge charts and EMIS GP overnight updates.

Evidence of Good Practice:

- IQC members work efficiently to undertake monthly reviews of the IQ Risk Register. A comprehensive annual review was done in March 2020. Additional threats are identified and added, with lead action initials specified. Obsolete or completed items are closed.
- Project Request Forms are received and processed efficiently, with clearly defined responsibilities (e.g. Endoscopy upgrades - GTS/finance working together).
- Data Protection Impact Assessment (DPIA) is rigorously undertaken for projects.

Issues Causing Concern:

- Updates are still behind schedule (e.g. Windows 10), which in turn is impacting on the efficiency of digital processes in many departments. Outdated hardware is holding up new software. Upgrades are often refused timely funding resulting in FD8 waivers being the norm rather than an exception.
- The Clinical Assessment and Noting project, and other projects are delayed due to hardware resourcing difficulties. The P4G March 20 deadline is unlikely to be met.
- The P4G 3rd quarter performance update refers to the effect of 'recent developments in this space' on the progression of the Integrated Digital Care Record. It is unfortunate that current systems such as RiO therefore need upgrading as operational imperatives.
- Whilst the People Information Programme (PIP) is partially implemented, it is unclear when it will have the full functionality to provide manager interrogation to electronically access employee attendance data. This would save significant time and shorten communication lines/paper trails.
- There is lack of resource for GTS to use the support of clinical strategists, hindered further by pressure on GTS for BAU ticket requests with existing limited resources.

2019-2020 HSCC Annual Report Recommendation:

1. Capacity is released to enable the application of existing approved software updates by ensuring that hardware capability is always sufficient, appropriate and ready to run them.
2. That informed and strategic decisions are used to gain traction in driving key digital development, especially integration of care records and access to PiP data;
3. That additional medical expertise and finance is provided for GTS to deliver strategic development in addition to their operational work.

Review of HSCC Annual Report Recommendations
2018-19 recommendation:
That resource be made available to drive forward essential digital projects such as digital Manx Care record – **PART MET**

Legislation and Political Activity

New Developments:

- Health services legislation passed included Abortion Reform, Regulations re PH transfer and Pharmaceutical related amendments.
- WMQRS Annual Report to Tynwald requirements removed from P4G April 2019
- Independent Health Review completed May 2019. All recommendations approved.
- PAC Nobles reports on Overspending and Staffing - recommendations made and Annual report in May 2020 expected.
- Manx Care consultation launched March though Manx Care Bill due at Tynwald in June 2020.
- Use of Emergency Powers to deal with Covid-19 with adaptations / changes to facilities / services to cope with rise in demand.

Evidence of Good Practice:

- Ongoing political scrutiny from SAPRC and PAC with attendance at former by Minister and ICEO in February. 2 PAC reports brought before Tynwald.
- Clear statements and details by DHSC Minister on Island's relationship and supply chain arrangements with UK NHS for medicines and appliances.
- Wide range of verbal and written questions in both houses.
- Political engagement / consensus regarding implementation of Emergency Powers.
- Response and speed by DHSC to convert facilities to deal with increase in services demand.

Issues Causing Concern:

- Promised extra resource for the legislation for appropriate health services has not yet materialised.
- National Health and Care Services Bill 2016 withdrawn.
- Medicines Act, Independent Health Regulator, Capacity / Deprivation of Liberty Safeguards for Mental Health services have not progressed.
- Constituent concerns should be redirected through the correct clinical pathways
- Is endorsing Manx Care as a corporate structure a green light to run the health service with priorities on cost over appropriate clinical care? Some concern that Treasury influence on business case decisions has already resulted in examples of this.
- That future funding decisions to enact the IHR recommendations is scheduled to be delayed until the next political administration (raised by Economic Policy Review Committee 2019)
- Scrutiny of complaints handling and outcomes have not been brought to the public domain or available for political oversight in recent P4G updates.

2019-2020 HSCC Annual Report Recommendation:

1. The Manx Care Regulations and the long awaited H&SC Bill be prioritised so that legislation can be passed during 2020;
2. Arrangements for the creation of the Independent Health and Social Care Regulator be a priority consideration within the legislative programme.

Review of HSCC Annual Report Recommendations
2018-19 recommendation:
A full review of all heath related legislation be urgently commissioned, to include the IHR recommendations and to facilitate the Integrated Care Strategy. **NOT MET**

Mental Health

New Developments:

- Mental Health rapidly losing its stigma from widespread media emphasis including local efforts
- An indication of closer co-operation between MHS and Nobles in a number of areas.
- A new policy regarding deaths and major incidents is being prepared.
- Business intelligence functions from across the Department to merge into the existing Business Management Team to provide a unified, integrated approach to business intelligence, supporting all Directorates and the Board development and maintenance of performance management frameworks across the entire DHSC.

Evidence of Good Practice:

- Quality of Action Log: CQS(MHS) Action Log is very detailed
- Older Persons' Mental Health Service (OPMHS): Integrated working with Noble's Hospital is progressing positively, albeit staffing and increased demand remain an issue.
- Integration agenda has been driven forward through the secondment of a previous Mental Health Director into the ICEO role since May 2019 and the COO role since Jan 2020. This integration also includes commissioning and will extend into Mental Health services attendance at Nobles Board once created.
- Patient-centred approach encouraging cross-department working

Issues Causing Concern:

- Staffing issues across the mental health service. Recruitment and retention challenges.
- Finance remains a serious problem as MHS work continues to grow, reflected in waiting times.
- Failure to comply with the Complaints Regulations re prescribed timescales for patient responses.
- Non-compliance with Mandatory Training; this issue is evident across the DHSC.
- Subject access requests and respect for patient preferences re Data Protection
- DAT (Drug and Alcohol Team) and CAMHS under intense pressure from increased demand.

2019-2020 HSCC Annual Report Recommendation:
Further efforts are made with cross department initiatives to eliminate silo working and put the patient at the centre of the process.

Review of HSCC Annual Report Recommendations
2018-19 recommendation:
Complete the separation of CAMHS tier 2 into the IAPT service and create a dedicated pathway for Autism, bidding for appropriate funding as required. **PART MET**

Nobles Senior Management Team (SMT)

New Developments:

- Turnaround appointments in Recruitment & Operations lasted only 6 & 9 months respectively
- Nobles Hospital 1st Annual report issued September 18 is not to be published this year.
- Departure of Hospitals Director September 19. COO post re-created January 20
- PPU closure January 19 caused ongoing issues. Slow progress on physical upgrade and tender process
- Move to Scheduled and Unscheduled Care within Nobles structure has been redefined twice
- New Clinical Governance Board streamlined structure in March 2019. It has met only 5 times since and no reports into the CGB meeting nor clear actions are visible.
- COO position Jan20, Nobles based, 4 DCEO's in Nursing, Governance, Operations & People
- New Medical Director appointed in January 2020

Evidence of Good Practice:

- Plans by the COO to expand the operational meeting content beyond the Acute boundaries.
- The creation of 4 DCEO's to reduce the funnelling of operational issues to a single person.
- Pharma Radiology consistently supply data and explain challenges faced
- Emergency simulations earlier in the year proved useful for Covid-19 emergency planning
- Some of the previous areas of good practice have been taken over by the PSQC governance meeting

Issues Causing Concern:

- The SMT failed to meet in in the latter half of the last reporting period. The conversion to a Clinical Governance Board resulted in further deterioration in challenge, patchy attendance and meeting without clear actions and no auditable inputs.
- Waiting lists lengthened further in many specialties with widespread single point of failure staffing issues
- Vital initiatives such as Cost Improvement Plans, and significant decisions have been poorly communicated and the validity of the former questioned by Senior management.
- Poor communication/clarification re PPU closure decision continued to cause clinical and public concern
- Disruption/loss of experience from numerous interim appointments and high locum turnover has made a further negative impact upon an already fragile morale in many Nobles Care Groups.

2019-2020 HSCC Annual Report Recommendation:
The current Nobles weekly Operational meeting is minuted and transparent operational decision making is disseminated throughout hospital services.

Review of HSCC Annual Report Recommendations
2018-19 recommendation:

1. Create a governance structure for Nobles SMT that provides opportunity for genuine robust debate, improved transparency up and down the structure, with clearly attributed actions and regular review by Standing items of areas such as Risk register, financial performance and current challenges. **NOT MET**
2. Identify successful CIP savings hidden within overall financial position and separate those within and out with direct management control e.g. Pharmaceutical inflation. **NOT MET**
3. Maintain consistent data sets so true year on year comparisons can be reviewed. **NOT MET**

Nursing and Midwifery Advisory Council

New Developments:

- New Director of Nursing /Deputy CEO post established June 2019 providing strong leadership
- NMAC reconvened August 2019 in line with HSCC recommendation, with useful agreed standing agenda items
- Director of Nursing sponsored Work Streams developed
- New Midwifery standards agreed, with good programme links to Salford University
- Preparations in hand to celebrate the Year of the Nurse and Midwife 2020

Evidence of Good Practice:

- Nursing and Midwifery Framework developed and widely shared
- Professional and Personal Boundaries Policy introduced
- Policies relating to Nursing Competencies, Registered Nurses employed as HCAs, the reintroduction of Nursing Care Indicators and Advanced Clinical Practice Pathway progressed
- Successful social media campaign led to increased recruitment to nurse training,

Issues Causing Concern:

- Responsibility for Nurse and Higher Education transferred to Department of Education, Sport and Culture under control of University College of Man
- Post of Head of Nurse Higher Education not being re-filled and there will now be a Head of Faculty of Wellness who is not required to be a nurse.
- Service level agreement being developed between DESC and DHSC for nurse and social care education.
- UCM cut to Keyll Darree HE library budget threatens IOM GMC training status and NMC Nurse Training Standards.
- QCF is changing to Regulated Qualification Framework (RQF) from January 2020 but UCM has not authorised the urgently required teaching and assessment for this DHSC wide problem
- Health Care Assistant/Support Workers Forum collapse

2019-2020 HSCC Annual Report Recommendation:

1. The Department should urgently review Nurse Education to ensure it has the influence it requires as the accountable Department for Nurse Higher Education.
2. The Department must ensure the Keyll Darree library is fully funded in order to comply with the contractual agreement with the General Medical Council.

Review of HSCC Annual Report Recommendations
2018-19 recommendation:

The Nursing and Midwifery Advisory Council is re-established to provide adequate checks and balances for professional conduct – **MET**

2017-18 recommendation:
Responsibility for Nursing and Health Care Assistant regulation is urgently re-established following the demise of Chief and Associate Chief Nurse posts and NMC itself. **MET**

Office of Human Resources Quality Committee (DHSC)

New Developments:

- Tynwald approval for changes to working practice (IHR 25-a fit for purpose workforce model) includes staff engagement. e.g. staff consultation on Manx Care has commenced.
- Management and clinical workforce structures developed with greater emphasis on leadership and organisational change skills in job roles and responsibilities. (e.g. new CEO working arrangements).
- Deployments of staff to fit re-organisation of community-based services.
- Fast Track policies where applicable e.g.in disciplinary events
- Changes to clinical staff validation and registration procedures.
- Progress on consolidation of Consultant contracts.

Evidence of Good Practice:

- Committee membership now reflects organisational changes.
- DHSC DBS checks subject to best practice review.
- Wider use of staff self-access areas on PiP system to improve data quality for sickness absence, leave records, payroll information to support workforce plans.
- New Recruitment and Retention initiatives proposed and created.
- Pooling of potential applicants to AO posts to speed up recruitment

Issues Causing Concern:

- Several management changes to organisational posts and subsequent committee membership prevents a consistent managerial approach with challenges in communication evident.
- Staff sickness absence continues at substantially higher than UK levels.
- Staff vacancies and use of contingent cover arrangements (agency and locums).
- SLA development framework completed but local engagement/detail now required
- Manx Care changes due to be discussed but lack of information highlighted.
- Low staff attendances at mandatory and development training events.
- A concern that Manx Care as a corporate structure will be inclined to run the service with priorities on cost rather than appropriate care.

2019-2020 HSCC Annual Report Recommendation:

1. Attendance at mandatory and developmental training events, in particular mandatory training, must improve to enable the Department to fulfil regulatory and CPD requirements.
2. The OHR QC has been regularly cancelled during the year due to non-attendance of members. This has resulted in lack of progress on some HR matters. Members must either attend in person or appoint a deputy to attend as required so that regular meetings can go ahead for decisions and actions to progress.

Review of HSCC Annual Report Recommendations
2018-19 recommendation:
That current shared service arrangements are reviewed by the ELT in light of organisational changes and recent PAC and SAPRC reports and to ensure all staff and managers are compliant with the CARE standards. **NOT MET**

Nobles Patient Safety and Quality Committee (PSQC)

New Developments:

- The ease of use, stability and reliability of Datix incident reporting system and risk management system across the DHSC has improved. This allows the patient safety team to respond to and act on clinical incidents promptly; the organisation strives to improve patient safety through change management and education.
- Quality dashboards are now reported monthly and include data from numerous patient related encounters or incidents.
- The development of the NHS safety thermometer to measure avoidable harm has now expanded to cover most clinical areas.
- New CT scanners due operational in early April though reliance on 3rd sector for the capital investment.

Evidence of Good Practice:

- Comprehensive Annual PSQC Work Plan distributed. Clear requirements for content & deadline of reports.
- Drug chart redesign, trialled, challenged, improved & put into practice. E-subscribing should supercede.
- Regular patient safety alerts & RCA's. Incidents investigated and changes implemented. This allows all staff to be aware of possible changes in practice.
- Risk Registers (RR) are reviewed bi-monthly and sent to ELT.

Issues Causing Concern:

- Pager system is old and unreliable (1997) - Serious incidents have pager failure as contributing factor. Despite this a further attempt at a patch was favoured in November over replacement. In January 20 ELT minutes stated that an app related to Patient Track will be funded from the Capital replacement scheme yet by March this was further delayed due to budget timing issues.
- Patient Experience Indicators are now taken using SNAP (CQC compatible). Public reporting has ceased.
- Focus on electronic process and confirmation; uphill battle for removal of paper.
- Cuts to resources and finance without regard to patient safety-e.g. budget savings for Quality Manager in Pathology and BC still refused. Remain the sole British hospital without this post. Even though Risk Registers are sent to ELT, PSQC are not regular attendees and receive little feedback.

2019-2020 HSCC Annual Report Recommendation:
Faster pathways to asset replacement are found. The current 3-5-year timeframe via FD8 waivers, system breakdowns and business case refusals that discount impact assessments, is a concern.

Review of HSCC Annual Report Recommendations
2018-19 recommendation:

1. A Patient safety impact assessment is carried out as part of all budgetary, resource, and facility reviews. **PART MET**
2. Pager system is replaced by a modern comms system. **NOT MET**
3. PSQC attendance at ELT occurs at least once a year. **MET**

Public Health (PH) and Health Protection (HPC)

New Developments

- The Public Health Annual Report of 2019: An Equal Society has been well received and was unanimously accepted in Tynwald giving the DPH a clear mandate to explore ways to improve baseline data on poverty and social hardship.
- HPC meetings informative providing good evidence of cross departmental working
- The move of PH to CABO is planned for April 2020; this follows the recommendations made in the Independent Health Review. This not only requires a Transfer of Functions Order but a review of the PH Act is also required. The DPH has provided a paper to COMIN describing current functions, and is researching best practice and principles in other jurisdictions.
- The delivery of needs assessments for service design has been recommended as one of the IHR Enduring transformation projects. This project stream is being led by PH to provide baseline health and care needs so that right size capacity together with understanding of demand and what drives demand can be captured.

Evidence of Good Practice:

- Public Health monthly team meetings provide a positive example of good communication. The meetings are well structured and staff are engaged.
- Project work streams are well documented and progress is updated monthly.

Issues Causing Concern:

- Lack of robust datasets to provide information to inform work in relation to the Public Health Annual Report. This will require cooperation and input across Government to provide baseline data.
- HPC had raised issues surrounding the lack of beds for isolation given the loss of so many side rooms on Ward 5 and also Ward 20. However, there is funding in the Departments Capital Budget 19 -20 for £175k, with a further £75k in the 20 -21 budget to upgrade Ward 20 to an isolation unit.
- HPC audits on Hospital Wards had identified a number of breaches in infection control - issues around basic principles of good practice and common sense.
- Still some difficulties in commissioning JSNAs as needs should be driven by evidence/data. There is a lack of robust data making it very difficult to plan and leading to subjective priorities rather than objective ones.

2019-2020 HSCC Annual Report Recommendation:
DHSC provide assurance that Public Health programmes delivered by DHSC/Manx Care are meeting quality standards and defined outcomes. The relationship needs clear reporting lines, accountability and assurance via robust Service Level Agreements.

Review of HSCC Annual Report Recommendations
2018-19 recommendation:
Specific resources and commitments to be agreed by Treasury and relevant Department and Bodies through SPCC for all JSNA Delivery Plans before implementation are agreed. **PART MET**
PH to have a Clear Lead and Delivery role across Government with Departments being held responsible for the implementation of delivery plans and held to account through the SPCC. **PART MET**

West Midlands Quality Review Service (WMQRS)

New Developments:

- The Programme for Government Action for Annual reporting to Tynwald was closed in April 2019. The responsibility for updates still resides with individual care groups.

Evidence of Good Practice:

- Review 1 Critical Care, Emergency Department, Anaesthetic and Operating Theatres
  - No updates in 2020
  - Improvements in clinical staffing
  - Increase in establishment of Consultants in Emergency Medicine and significant increase in anaesthetic staffing

- Review 2 Acute Medical Admissions and Care of People with Long-Term Conditions
  - Most areas are complete, however:
    - High dependency staffing remains an issue
    - Some critical investigations not available 24/7

- Review 3 Clinical Governance
  - No updates in 2020
  - Medical Director appointed January 2020

- Review 4 Surgical Specialties and Care of People with Cancer
  - Under discussion as part of Royal Liverpool contract
  - Under discussion as part of Clatterbridge contract

- Review 5 Women's and Children's Services
  - Issues remain with waiting lists
  - Paediatric guidelines completion outstanding

- Review 6 Ramsey DCH, Adult Community Nursing Teams, Nobles Hospital Renal, Stroke & Imaging Services and Mental Health Services
  - Some waiting lists lengthened due to demand and staff vacancies
  - Renal IT (CyberRen) under discussion with Royal Liverpool
  - Technician staff shortages prevent some daily testing

- Review 7 Muscular-skeletal, chronic pain, drug and alcohol, screening services and the transfer from acute to intermediate care and frailty
  - Frail older person pathway is being developed

- Review 8 Acute cardiac conditions & coronary care, cardiac - physiology service, respiratory conditions, endocrine, dermatology, anticoagulation, emergency ambulance, air ambulance, non-emergency ambulance transport, speech & language, pharmacy, physio & occupational therapy (acute and community), podiatry & dietetic services
  - TIA and Stroke Care Plans being developed
  - Some service user numbers do not justify a 7-day service
  - Sufficient staffing levels remain an issue
  - Regular visits by Liverpool transplant and vascular surgeon successful
  - Telephone psychology service is being analysed
  - Nursing team review awaits HR action

Issues Causing Concern:

- Some governance committees such as PSQC and CQSC continue to receive and review WMQRS updates as part of their Annual Work plans. Other care groups do not have such transparent evidence of ongoing reviews.

2019-2020 HSCC Annual Report Recommendation:
The Annual WMQRS update report to Tynwald be reinstated until a replacement regulatory body is in place, to ensure remaining achievable standards are met and reviews of service areas continue.

Review of HSCC Annual Report Recommendations

2018-19 recommendation:
An Annual WMQRS update report continues to ensure sustainability of the priority areas for action 2019 and comply with outstanding quality standards.
PART MET

2017-18 recommendation:
DHSC urgently re-establish effective governance of Health services following the breakdown of the April 2016 governance system which currently fails to provide assurance to the CEO and Tynwald.
PART MET