Review of HSCC past Key Recommendations for years 2014-2019 Appendix A

Recommendation Area: STRATEGIC	HSCC between 2014-2019 Annual Report comments	DHSC rating	HSCC updated comments on progress at 30 April 2020	HSCC rating
R1 2014-15 10-Year Strategy and engagement in consultation on new strategy	There were two parts therein; one relating to the 2011 Strategy and re-engagement and consultation in any future Strategy. In regard to the 2011 Strategy, this was met. Patients, Community Groups and staff were not extensively engaged in the consultation before the 5-Year plan was approved by Tynwald, but public engagement has been sought following that approval. Limited engagement with the public on progress since being superseded or at least amended by Programme for Government which was not extensively consulted on.	Met	5 Year Strategy approved October 2015 – progress reviewed April 2019 In 04/17 the PfG reporting introduced. Not as detailed as the DHSC SDP which had specific targets to measure against. Seen as a backward step by the HSCC. 03/19 Independent Health Review (IHR) will inform the future direction for the next 5 Years. Advisory panel will include HSCC. Concerns re further delays to urgent modern service delivery implementation may occur.	Part Met
R2 2014-15 Transfer of services from acute to community	Limited progress had been made on the transfer of services but not in a transparent manner. It is not clear that budget resource had followed the service.	Not Met	Integrated Care Vision now published. Community Care Division (CCD) Service Delivery Plan incorporated into DHSC SDP 2019-2020. The infrastructure of PC remains insufficiently resourced to meet the increased demands and raised public expectations on its service.	Part Met
R5 2014-15 Importance of social, mental and wellbeing in health	The Mental Health Strategy, the additional human and capital resources in Mental Health and the inclusion of the Drug and Alcohol Strategy promoted the importance of these factors.	Met	Progress continues. The Step programme is developing and mental health issues are becoming more understood by the general public.	Met
R7 2014-15 Public Health should fulfill a wider range of tasks in new Vision	The Board structure includes the Director of Public Health (PH) and The PH Strategy sets out a modern PH structure: 4 domains – health improvement, health protection, healthcare and public health, all fed by the central role of health intelligence, gleaned through the Joint Strategic Needs Assessment (JSNA) public survey method.	Met	Annual Reports from the Director of Public Health were published annually in 2017, 2018 and 2019. Public health has had been consistently well led throughout the 5-year Strategy and performance has been strong, albeit not without funding issues in respect of JSNA's and assurance issues in its screening programmes.	Met

R9 2014-15 Political intervention limited to strategic direction	Universal political support on the 5 Year Strategy and Mental Health. Unfortunate lack of opportunity for HSCC scrutiny of the political/clinical interface due to cessation of the Performance Delivery Group.	Part Met	Unfortunately, clinicians still await political decision making on Service Delivery priorities. In the face of financial deterioration tough decisions have not been made. Politicians need help to focus on policy issues and strategic direction.	Part Met
R12 2014-15 Overhaul Health Committees to streamline decision making, clarify accountability and avoid duplication and gaps	2015-16 has been another one of change working with some of the existing internal meetings or Committees, either not meeting or meeting infrequently. Some new Committees have emerged but the Department has yet to establish a structure which ensures governance at all levels of management.	Part Met	A Governance structure was established in 2016 It has varied in quality frequency and outcomes. 2017 saw the demise of the Transformation QC which was to be replaced by a Programme Board. Over the years the number of Quality Committees has reduced from seven to five and of those only three hold meetings and of those two have become quarterly. Performance is variable.	Part Met
R3 2015-16 The shift from Acute Services to Community including Integrated Hubs needs to be established with a reconfiguration of funding in line with the revised 5-Year Plan	The movement to Integrated Care Hubs was presented with a fanfare, but in reality, healthcare remains predominately Nobles focused in terms of service delivery.	Not Met	A definition of Integrated Care was published in 2018. It will need to facilitate the transfer of services and support CCD in managing the increased demand on its services, along with the commensurate funding. A Business Case for Integrated Care was prepared for Treasury in 2018 but repeated delays in gaining a definite funding stream has dogged the project in 2019.	Part Met
R4 2015-16 With growing demand on Community Health Service, the Department must determine what can be prioritised and afforded and this must be clearly articulated to the public	There is a lack of linear progress towards Community Health Services from Acute Services. Service transfer between these areas appears haphazard, inadequately funded with roles and accountability blurred. A lack of integration and end to end patient pathway consideration resulting in an increased workload for CHS, needs addressing.	Not Met	The creation of the Community Care Directorate under an experienced Director led to partial fulfillment of this recommendation. However, Community services provision still lacks clarity in the public's understanding despite good progress in the Western wellbeing project.	Part Met

R5 2015-16 Solutions need to be found for patient flow, bed management and delayed discharges at Noble's Hospital. This should include reviewing the provision of Nursing homes.	Adult discharge issues, provision of nursing homes and associated funding needs to be determined at Government level together with a complete review of discharge procedures The purchase of Salisbury Street and the planning application for the Glen Side replacement were welcome. However, there is still no clear, agreed understanding/Integrated Care Project Plan of what is to be achieved and the implementation. The overall adult discharge procedure requires examination and improved collaborative working between CHS, Social Care and Acute services.	Part Met	The discharge lounge at Nobles would be a good initiative if consistently supervised and manned, which it is not. It is hoped Community Care Division can dovetail the patients' needs with Nobles staffing to ensure smooth discharge into the community. Entry to Nobles from Nursing homes has not been without its issues. The Integrated Care Strategy document has been progressed through planning of the Western Integrated Care pilot.	Part Met
R8 2015-16 Urgently review nurse establishment levels to match demand to nursing resources.	Staffing levels based on bed occupancy rather on demand. Nobles use 70% bed occupancy to determine staffing levels. A number of Medical wards are at near 100% bed occupancy. No action was taken following the establishment review in 2016. A further review was undertaken in Spring 2017. District Nursing service is at capacity and is managing a more complex needs workload.	Not Met	The Department remains unsure of the current nursing establishment. Nursing Director is beginning to write down a workforce plan. The Department aim to progress a future nurse campaign. There are approximately 1000 nurses on the Island. The last nursing establishment review took place three years ago. The review suggested that Noble's Hospital was generously resourced overall compared to the UK.	Part Met
R9 2015-16 Resolve flawed data and statistics across all areas of the Health Service	The lack of accurate data and statistics does not allow robust and well evidenced decision making. The Absence Statistics are still flawed and not produced on a regular basis – DHSC Managers have expressed the view that they have no confidence in their accuracy.	Not Met	Absence statistics from Oracle continued to be flawed, until September 2018 when shut off. Unfortunately, PiP was expected to address the HR issues, but it was repeatedly delayed. DHSC implementation in September 2019 lacks essential staff engagement. Flawed data across healthcare continues to affect evidence-based decision making throughout the Department.	Not Met
R10 2015-16 Develop a cross cutting Dementia Strategy and Implementation Plan	The ageing population & the statistic that one in three will suffer from dementia should be the catalyst for a review. The Older Person's Mental Health Service (OPHMS) has been in operation since 1999, offering assessment, diagnosis, treatment and aftercare with an excellent Memory Clinic collaborating with the Alzheimer's Society.	Met	Improvements in Intermediate Care at RDCH, Step up/ Step down facility has been expanded and improved Rehab care. A substantive Geriatrician post has proven difficult to fill. Senior Nurses, therefore, often exercise oversight of the hospital.	Part Met

R14 2015-16 Create some targeted short-term capacity to action the key deliverables of all the work streams within the Quality Improvement Programme. (QIP)	QIP has clearly defined scope and is arguably well placed to be able to deliver the changes that is within its scope. It is however, struggling to gain traction and has a significant number of deliverables missed. In 08/16 QIP was disbanded. Responsibility for the workstreams transferred to various Quality Committees.	Part Met	Accountability for workstream progress of the moved to the DCEO who departed in May 2019. QIP work streams moved to Divisions and Quality Committees. No interim reporting of progress. No evidence of QCs taking this up as a standing agenda item, other than at Patient Safety QC. Tynwald WMQRS progress report in Jan 2019. P4G action since closed despite over 500 outstanding recommendations for action.	Part Met
R16 2015-16 Prioritise the Development of new legislation to support the Goals and Objectives in the 5-Yr Plan.	Good legislation is the foundation for change.	Part Met	H&SC Act Legislation in April 2018 withdrawn due to technical errors in drafting its interaction with existing secondary legislation. Expected in June & October 2018 Tynwald. Stasis in 2019. Manx Care Act now delayed itself to October 2020, with H&SC now planned for June 2021.	Not Met
R1 2016-2017 Care Quality and Safety Committee	That a supportive structure, pertinent funding and a clear definition of the Integrated Care model is provided to facilitate the transfer of services and support Community Health Services in managing the increased workload.	Part Met	A definition for Integrated Care in the Isle of Man was agreed at the Department meeting in June 2017. Frontloading resources for CCD, was awaited, applied for in repeated Business cases.	Part Met
R8 2016-2017 Office of Human Resources QC	That accurate staff absence data is produced monthly and Key Performance Indicators are drawn up reviewed at CEO level quarterly.	Not met	Real-time reporting system (People Improvement Programme system - PIP) is currently running 14 months late and does not function well with understandable low employee engagement.	Part Met
R10 2016-2017 Public Health Directorate	That Public Health continue to develop Joint Strategic Needs Assessments (JSNA) in order to support the prioritisation of services.	Part Met	JSNA process is not running as quickly or smoothly as was hoped. Partly due to other departments outside of their control not giving the matter priority or the resources required. Moving PH to Cabinet Office may assist in the coordination and management the JSNA process.	Part Met
R13 2016-2017 Transformation QC	That legislation should be prioritized and accelerated to underpin progress on the 5-year strategy	Part Met	Despite significant resources, the 2016 National Health and Care Service Scheme was delayed indefinitely. 2018 Act was withdrawn. 2019 stasis.	Not Met

R1 2017-2018 Cancer	DHSC carry out a mid-term review of The National Cancer Plan for the IOM 2012-2022 outcomes, resources, KPI's and accountabilities with a view to establishing a future costed Plan.	Met	The review was done and concluded the existing plan was outdated. A small team will scope the new cancer plan. This is ongoing but very slow progress in this important area.	Part Met
R9 2017-18 Nursing and Midwifery Advisory Council (NMAC)	Responsibility for Nursing and Health Care Assistant regulation is urgently re-established following the removal of Chief and Associate Chief Nurse posts, and NMAC itself.	Part Met	Responsibility for nursing and midwifery is now delegated to a variety of senior nurses in each division under the overall leadership of the DCEO Director of Nursing.	Met
R10 2017-2018 Public Health Directorate	DHSC ensure governance procedures for all screening services are improved and gain approval by the Director of Public Health as appropriate and adequate.	Part Met	The audit of screening services has had to be brought in-house to Internal Audit as no suitable external contractors could be found. The initial audit made substantial recommendations and further work of other services is now underway.	Part Met
R11 2017-2018 Transformation QC	Within 6 months of the mid-point, carry out a review of the October 2015-2020 5-Year Strategy in the light of the Public Accounts Committee' findings and the broader aims of the PfG.	Not Met	Review promised in July 2018 and published in April 2019 but it was a retrospective piece of work as opposed to a mid-point strategic review.	Part Met
R1 2018-2019 Cancer Strategy	The Cancer Services Coordination Group must have strong leadership and senior management support to deliver a new IOM Cancer Strategy and implementation plan.	Met	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	Met
R3 2018-2019 Community Services and Hubs	Evidence-based community care pathways are implemented, evidenced, audited and shared appropriately.	Met	The DHSC Integrated Care Strategy and Western Pilot is developing evidenced based pathways which will inform and develop the integrated strategy led by the Transformation Team.	Part Met
R6 2018-2019 Legislation and Political Activity	A full review of all health-related legislation be urgently commissioned, to include the IHR recommendations and to facilitate the Integrated Care Strategy.	Not Met	Despite extra resource and centralisation to AG's, the legislation for appropriate health services, compliant with good governance standards, has not yet materialised.	Not Met
R7 2018-2019 Mental Health Directorate	Complete the separation of CAMHS tier 2 into the IAPT service & create a dedicated pathway for Autism, bidding for appropriate funds as required.	Part met	Work is ongoing on development of a dedicated Autism Pathway but there have been unexpected delays due to lack of resource.	Part Met

Recommendation Area: ENGAGEMENT	HSCC between 2014-2019 Annual Report comments	DHSC rating	HSCC updated comments on progress at 30 April 2020	HSCC rating
R3 2014-15 Staff, patients and public involved in the new vision and idea of collective ownership is promoted	The 5 Year Strategy and 2016 public Roadshows reinforced involvement and collective ownership, which is welcomed. However, there have been other factors, particularly continued poor internal communications and low staff morale that have worked against this approach. The Roadshows raised public expectations for action, particularly in the field of integrated care with (now Chief) Minister citing physical hubs near to people's homes. Also, Telemedicine to reduce UK visits.	Part Met	Still a public perception that this will result in new regional hub health centres NSE & West. There has be minimal stakeholder engagement since the Independent Health Report (IHR) was issued in May 2019. Telemedicine remains in its infancy with only limited uses in Dermatology and Radiology although recent transformation in usage has been event across DHSC since March 2019 due to Covid-19 pandemic.	Not Met
R4 2014-15 Broader range of methods for engaging patient and staff voice	Patient Safety and Satisfaction Walks remain a useful method of engaging, plus Staff Values sessions have been introduced. It appears that the QIP work stream engagement of patient and staff voice has not yet been delivered or actioned.	Part Met	The Patient Engagement & Patient Experience: 'Nothing about you without you', was published in March 2017. However, there has been no visible action or implementation plan.	Not Met
R6 2014-15 Acknowledge and act to mitigate the impact of change and uncertainty on staff	The Workshops, presentations and Roadshows have gone some way to consult staff about business change. However, there is evidence that there is still work to be done with support staff as they take on new ways of working.	Part Met	Low staff morale particularly at Nobles is still evident and employer engagement very patchy. Consistent leadership appears lacking in many areas. Engagement workshops were held in September 2018 but communication has deteriorated across many areas, such as Nobles.	Not Met
R10 2014-15 West Midlands Quality Review (WMQR) initiatives reported widely focusing on management and tracking	WMQR recommendations are reported openly through the WMQRS website with workstreams communicated through the QIP Newsletter. However, there is concern about the management and constructive tracking of the initiatives and lack of implementation plans with the vast majority of nearly 500 actions yet to achieve substantial progress.	Part Met	Report published for Tynwald April 2019. 739 standards remain unmet, of which 159 are deemed unable to be met in the context of current rural Island service provision. This leaves 580 of the original 2,931 for action to address. Despite this, the P4G action for Annual Tynwald reporting on WMQRS was removed in April 2019.	Not Met

R11 2014-15 Comprehensive approach to health and wellbeing through collaborative working	There was evidence from the 5 Year Plan and the formation of the Department's Officer Board Structure that a more comprehensive approach to health and well-being was being moved forward in 2017. Unfortunately, this has not always translated into practice at the work face. Repeated shuffling of management structure and responsibilities is unhelpful. A stable framework is required for forward momentum. Quality Committees revealed some evidence of some collaborative working but more needed to be done. This QC structure has largely been unwound during the 2017-19 period.	Part Met	Instability in the DHSC management structure was evident throughout 2016-2018 with 6 of 11 Senior posts being changed and 4 of those being dis-established. The CEO and DCEO resigned in May 2019, and the Hospitals Director in September 2019. Despite the establishment of DCEO Nursing Director and 3 other DCEO positions in Operations, HR and Governance and recent strong recruitment to ICEO, COO and Medical Director posts in January 2020, true transparent collaborative working has only just begun with Covid -19 providing an impetus long overdue momentum.	Not Met
R6 2015-16 Keep the public informed of the performance of the Stepped Care Programme, set out by the Mental Health Service and included in the Department's Annual SDP.	Progress is being made in removing the stigma associated with mental illness due to the determination and dedication of the staff. Community Care Directorate consists of Community Health Services, Adult Social Services, and Mental Health Services. It is a significantly larger directorate and is bringing a more coherent set of services to this important area.	Part Met	Regular reporting by the Mental Health Service continues. However, significant progress on a number of services have been delayed due to resources not being allocated. These include CAMHS service specification, Autism and Forensic pathways and Core Recovery Service.	Part Met
R11 2015-16 Develop and deliver more targeted projects with the Office of Human Resources to challenge the issue of high staff absence levels within the Health Service.	High levels of sickness absence across the Department remain a major concern. This is exacerbated by poor management of absences with an inconsistent approach to back to work interviews.	Not Met	There continues to be a mutual lack of Department engagement with OHR. A Service Level Agreement remains outstanding since 2016 compounding the issues of tracking and dealing with sickness absence.	Not Met
R12 2015-16 The reccs of the Patient Safety Walk Programme (PSW) should always be actioned and publicised.	Although reporting procedures are carried out it is still difficult to see the results of actions. There is a clear pathway for Patient Safety Walks. Recommendations and actions are communicated but not widely publicised.	Part Met	There are problems getting some medical staff to undertake Patient Safety Walks with some walks being cancelled as no staff available.	Part Met

R13 2015-16 Public Health should continue to expand upon the variety of outlets and methodologies to encourage and support people to look after their own health.	One of the key principles of Public Health as recognised in the Health Strategy is to inspire and support the public to take steps to look after and improve their own health and wellbeing. Work continues to achieve risk factor reduction. Screening programmes are dealt with through Noble's Hospital.	Met	Public Health highlighted failings in governance and assurance of screening services in 2018 resulting in them being added to the Department Risk Register as a red item. An audit took place in 2019 but many issues remain unresolved. Public Health have driven forward on many fronts. It is hope that its recent move to CABO will permit a true pan-Government approach.	Part Met
R15 2015-16 Delivery mechanisms for the 5-year Plan should be developed by consulting with and utilising skills and knowledge of the wider community, staff & 3rd sector	A Delivery Plan with outcomes, actions and performance measures has yet to be published some six months after since being agreed.	Part Met	The work with Stakeholders and the public on the formulation of the 5-Year Strategy was commendable but that was 27 months ago. This recommendation is about going forward to develop the delivery of the strategy which ends in August 2020. Some engagement with staff and the wider community has taken place and continues.	Part Met
R4 2016-2017 Informatics QC	Wider adoption of the change management principles as demonstrated by IQC for all areas that are not technology driven	Met	The Department has not used these principles to spread good practice and procedures to other areas.	Not Met
R9 2016-2017 Primary Care Division	That overall adult discharge procedures have improved collaborative working connecting Community Health Services (CHS), Social Care and Acute services	Met	Adult discharge procedures still need improving, The increased bed spaces at RDCH and provision of benefit level beds at Salisbury Street Nursing Home have alleviated some acute bed usage issues. Discharge lounge not consistently staffed.	Part Met
R12 2016-2017 Stakeholder Engagement QC	Development of a system to minimize negative operational impact of strategic developments upon stakeholders	Part Met	The lack of post implementation reviews led to the communication and confusion associated with RDCH, Endoscopy, Ward 5 and PPU closure.	Not Met
R5 2017-2018 Informatics QC	The DHSC should involve itself at an earlier stage, in the rationale, scope and implementation of pan-Government projects such as PiP.	Part Met	PiP has, so far, failed to be fully implemented leaving an absence of monthly HR data for most of the year. Establishment and absence data are currently unreliable with poor employee take up.	Part Met

R8 2017-2018 Nobles Executive Team/SMT	Focus on gate keeping into Nobles and smooth discharge to the Community & Residential sector to ensure it fits with the Integrated Care Strategy and ensures patient safety.	Part Met	Nobles SMT ceased in Jan 2019, reformed into a Clinical Governance Board. The CGB focused on clinical content but met infrequently without written input or clear actions. Weekly Hospital Management meetings started June 2019 but are not minuted. Gatekeeping and discharge issues remain.	Not Met
R9 2017-2018 OHR QC	Systems are developed to overhaul all HR functions with DHSC with clear direction (via a new Service Level Agreement) for all future workforce planning and staff management processes.	Not Met	Consistent attendance at these meetings by all the designated managers or representatives has again hindered progress on the committee's workstreams. HSCC continues to express its concern that work on a Service Level Agreement remains incomplete (work started in 2016).	Not Met
R12 2017-2018 WMQRS	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 & Tynwald.	Met	WMQRS monitoring has been passed to the Transformation Board from whom quarterly reports were promised. HSCC remains concerned that Governance is largely lip service.	Not Met
R2 2018-2019 Communications	ELT need to be clear how they manage communications both internally and externally on behalf of DHSC and manage as a standing item on the extended ELT meeting agenda.	Met	There is no named Board Executive accountable for DHSC operational Communications. DHSC Corp Communications was removed from P4G as being unmeasurable DHSC Information Communications Strategy 2019-21 withdrawn, no replacement	Not Met
R8 2018-2019 Nobles Executive Team/SMT	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	The Clinical Governance Board structure has resulted in deterioration in challenge, patchy attendance and meetings without clear action. This is not a sufficient governance structure for Nobles. Weekly management meetings are not minuted and by nature are operational rather than strategic in nature.	Not Met
R9 2018-2019 Nursing and Midwifery Advisory Council (NMAC)	The Nursing and Midwifery Advisory Council is re-established to provide adequate checks and balances for professional conduct.	Met	NMAC was re-established in 2019 led by a DCEO Director of Nursing	Met

R10 2018-2019 Office of Human Resources QC	That current shared service arrangements are reviewed in light of organisational changes and recent PAC and SAPRC reports ensuring staff and managers are compliant with CARE standards.	Not Met	Several management changes to organisational posts and subsequent committee membership prevents a consistent managerial approach with challenges in communication evident.	Not Met
R13 2018-2019 WMQRS	The Annual WMQRS update report to Tynwald continues, to ensure sustainability of the Priority Areas for Action 2019 and to encourage further compliance with remaining achievable quality standards.	Not Met	The WMQRS annual progress report was not made to Tynwald in 2020 as it was claimed that instead, the Transformation Board would report to Tynwald against progress on a quarterly basis. P4G felt that an annual WMQRS update report would be an additional and unnecessary reporting mechanism. The HSCC fundamentally disagree. CQC (Care Quality Commission) commenced scoping in autumn 2019. No visible progress.	Not Met

Recommendation Area: Finance/Commissioning	HSCC between 2014-2019 Annual Report comments	DHSC rating	HSCC updated comments on progress at 30 April 2020	HSCC rating
R8-2014-15 Facilitation of funds from Health Improvement Fund (HIF) and rebuilding health budget using zero based methods	There has been a release of monies from the HIF to support the transition of Mental Health patients from funding of off-Island to on-Island placements. True zero-based accounting has not been introduced as yet. Additional £10m and £4m was awarded by Treasury in past 2 years.	Met	HIF has become the Health Transformation Fund. It is disappointing that funding from this source is not automatic but still requires Treasury concurrence. This significantly slows projects. The Transformation Board is drawing upon significant amounts annually since 2018.	Part Met
R1 2015-16 Joint commissioning of services should be followed where clear benefits are identified	There is a lack of timely decision making adding to pressures on an organisation already frustrated by time delays in putting long-known solutions into action. There has been no evidence of joint commissioning of services. Control of divisional commissioning is essential in order to identify clear savings that can be used to fund priorities.	Part Met	Service Level Agreements with Clatterbridge and Liverpool Heart and Chest remain outstanding. Specialised Commissioned Services paper to be articulates the issues within the commissioning of Highly Specialised services for the future. Dialogue with NHS England re specialised commissioning services is continuing.	Part Met
R2 2015-16 Commissioned service contracts must have clear action plans with measurable outcomes, which are evidenced as good value for money	There is a need to build on the positive improvements in contract reviews and short-term savings and service improvements. Long term success is dependent on strong leadership and cross cooperation across the Health Service. A comprehensive catalogue of all Department contracts is still incomplete, which makes this recommendation difficult to meet.	Part Met	An FD8 waiver application for membership of the North of England Commercial Procurement Collaborative Membership (NOECPC) has been made. DHSC is considering commissioned work on estimating costs of implementing all NICE TA guidance. A proposal for embedding a Contacting Unit into Manx Care has been submitted to Transformation.	Part Met
R7 2015-16 The notion of "spend to save" needs to qualify with a full explanation of what it is designed to achieve. The prioritisation of services and associated funding needs to be clearly mapped out.	Noble's financial position continues to worsen exacerbated by the demoralizing effect of setting a budget for 2015-16 £5m less than 2014-15 without an agreed Cost Improvement Plans in place. Confusion remains re qualification criteria for Spend to Save and a lack of progress.	Part Met	A clearer focus on role of business development managers within the DHSC has been discussed, including ensuring the hospital has a substantive medical director to manage the doctors and unscheduled/scheduled care managers, as business development managers.	Part Met

R17 2015-17 Develop a funding Strategy to support the 5-year Plan	The Department's financial position continues to worsen. Costs must be challenged and solutions planned and implemented.	Not Met	The review of the 5-Year Strategy in April 2019, was very much retrospective and not forward looking. A number of DHSC strategies including Digital, Mental health and 5-yr end in September 2020.	Part Met
R2 2016-2017 Commissioning QC	That DHSC complete the catalogue of contract management to allow them to exercise control over the Health budget	Met	The proposed Contracting Unit will monitor and manage a portfolio of around 100 contracts and assume lead responsibility for procuring goods and services across the key business areas of Manx Care.	Met
R3 2016-2017 Finance QC	That divisions should bring significant financial expenditure proposals for cross departmental scrutiny	Part Met	There appears to be little visible scrutiny of monthly divisional expenditure and cost improvement plans are largely unmet despite efforts by some Care groups.	Not Met
R5 2016-2017 Mental Health Directorate	That management of Manannan Court ensures a reduction in the numbers referred to the UK for treatment	Met	There is no published data to demonstrate that this has been met but it is believed there has been some repatriation.	Part Met
R6 2016-2017 Nursing and Midwifery Council NMAC	Following 2017 establishment review we recommend that nurse staffing levels are increased to meet individual ward occupancy, particularly in medical wards	Part Met	Wards are not staffed to the recommended safe staffing levels and nursing vacancies remain at a relatively high level.	Part Met
R7 2016-2017 Nobles Executive Team / Senior Management Team	That a wider and more modern and positive range of mechanisms are used to manage Nobles Hospital and cost improvement plans are met	Part Met	There is little evidence of sustained closer engagement with clinicians or wider staffing and CIP's have had only limited success in Medicine Core services and Nursing areas.	Not Met
R11 2016-2017 Quality Improvement Programme QIP (now devolved to divisions)	That the implementation of reasonable, relevant recommendations from the WMQRS should be reported via standing agenda items on QCs and divisional meetings	Part Met	Responsibility for oversight and progression of remaining WMQRS recommendations has been passed to Transformation. No WMQRS report submitted to Tynwald since January 2019.	Part Met

R2 2017-2018 Care Quality Committee CQSC	Greater clarity, speed and efficiency in dealing with contract management and asset replacement e.g. replacing laundry equipment, beds contract.	Met	CQSC abandoned in January 2018. Resurrected in April 2019 chaired by CEO. Resumed again in September 2019.	Part met
R3 2017-2018 Community Health Services Executive Team (CHSET)	DHSC review the funding strategy to consider the urgent budget needs to support Integrated Care strategy.	Part Met	CHSET abandoned April 2018 with the formation of CCD. A Business Case for Integrated Care funding was prepared for Treasury in March.	Part Met
R4 2017-2018 Finance/Commissioning QC	Better Financial and Commissioning Governance is required through a review of ToR's, membership and accountability.	Part Met	DHSC Commissioning Committee now meets quarterly. A sub-committee with representatives from each division meets monthly and feeds into the main committee.	Part Met
R6 2017-2018 Mental Health Directorate	The new Community Care Directorate structure provides a smoothly running system to care for people in the community by developing and funding an effective Integrated Care plan.	Part Met	Integrated Care Vision and Plan is well developed but is yet to receive funding and the Business Case has to be resubmitted in April 2019.	Part Met
R4 2018-2019 Finance/Commissioning QC	Additional resource is provided to enable Nobles Commissioning to accelerate progress with contracts and compliance.	Met	Additional resource has been provided through the Transformation Fund and work has progressed on contracts and compliance.	Met
R5 2018-2019 Informatics QC	That resource be made available to drive forward essential digital projects such as digital Manx Care record	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.	Part Met
R11 2018-2019 Patient Safety and Quality Committee	A patient safety impact assessment be routinely carried in advance of all budgetary, resource and facility changes.	Part Met	Cuts to resources and finance without adequate regard to patient safety-e.g. budget savings for Quality Manager in Pathology and BC still refused.	Part Met
R12 2018-2019 Public Health	Specific resources and commitments to be agreed by Treasury and relevant Departments and Bodies through SPCC for all JSNA Delivery Plans before implementation is agreed.	Part Met	Lack of robust datasets to provide information to inform work in relation to the Public Health Annual Report.	Part Met

Governance Structure - Quality Committee (QC) Meetings 2016-20 Appendix B

Quality Committee Meetings Apr 2019 - Apr 2020 (STATUS)	HSCC Observations APRIL 2018	HSCC Observations April 2019	HSCC Observations April 2020
Care Quality and Safety Committee (Revived in 2019) CQSC is responsible for overseeing the services provided and commissioned by the DHSC and the health and safety of those receiving and providing these services.	The ongoing suspension of the CQSC since December 2017 following the sudden departure of the Medical Director, could have serious repercussions for patient safety and governance. The CQSC proved a valuable conduit to the Executive Leadership Team (ELT) and was a constructive forum for Department wide discussion.	After repeatedly advising its concerns to the CEO regarding the suspension of this QC, it was finally restarted in April 2019, chaired by the CEO himself and composed of Senior leads rather than Director level attendees. The May 2019 CQSC meeting has unfortunately already been cancelled.	Monthly meetings recommenced in September 2019, well chaired by the Director of Nursing. These continued until the COVID situation dictated postponement due to urgently required actions by committee members. Nevertheless, there has been focused and effective progress in establishing terms of reference, developing dashboards and identifying key areas for monitoring and improving care and safety. A quarterly Health and Safety sub-meeting was also established in Feb 2020.
Executive Commissioning QC (Merged & now qtrly) CQC was established to enable the DHSC to commission services which meet the needs of the population of the Island and contribute to the overall aims and objectives of DHSC strategy and delivery plans.	New QC (FCC) has been variable. Good Public Health & CRC input on policies. Patchy consideration of Business Cases. Evidence that direct routing to ELT meetings has undermined what started out as a productive QC in 2016 with Department wide inputs. Few commissioning proposals received.	FCC was just becoming an effective QC when it was closed down in the bonfire of quality committees. For some months this void was unfilled until a new Commissioning Committee commenced quarterly meetings in October 2018. The new committee is fed by monthly meetings of a commissioning sub-committee attended by the lead from each division.	Now called Executive Steering Group for Commissioning, monthly meetings since July 2019, well chaired by both ICEOs over that period. Meetings continued until the COVID situation dictated postponement. ICEO gave a clear steer to the subcommittee members from each division who work really well together. Clear proposals to the Transformation Team on the structure for commissioning post-Manx Care. Resource allocated to enable team members to work with Transformation Team.
Finance QC (Merged with above) FQC provides assurance on the Dept. performance on Finance, Finance controls and management and business risk.	Financials provided but Nobles non-attendance unhelpful to scrutiny and therefore assurance to ELT has not been possible. Few expenditure proposals for cross department scrutiny. Good oversight on the Capital programme.	FQC was merged with FCC (above) in 2017 and closed down in 2018. There is now no apparent oversight of the management accounts or analysis of Cost Improvement Programme (CIP) performances but good oversight Commissioning and Contract Management remains.	The HSCC does receive top level financials on a regular basis but cannot form a view about whether these are being analysed appropriately as they are not standing agenda items at Exec Commissioning. In particular the review of Nobles Cost Improvement Plans (and indeed whether they were realistic) is in doubt. Nobles Annual 2019 report was not completed

Human Resources QC (survives but not thriving) HRQC support development of positive organisational cultures through people management.	Review of the strategic relationship and operational input to the DHSC and determine via an SLA the specific roles and responsibilities for all staff related issues - recruitment and retention, sickness absence, disciplinary and capability, use of qualitative and quantitative staff data for forecasting and workforce planning needs.	This Quality Committee meeting has continued to exist but has rarely been quorate despite the best endeavours of the Chair and the HSSC representative. A Service Level Agreement which was initiated in 2016 between DHSC and OHR remains incomplete. Following recent HSCC commentary, the QC has shown recent signs of improved attendance and content.	During 2019 the OHR QC agenda has been largely reactive to the ongoing wider organisational developments and frequent management changes. As such, the SLA still awaits full agreement with the OHR. The harmonisation and consistency for the different DHSC staff groups as a prelude to the future requirements of Manx Care continues to be the focus of the committee's activities. The OHR QC role would benefit from clearer direction once the plans for Manx Care implementation are published as expected during 2020.
Informatics QC (Survives but with financial challenges) IQC has been established to support the development and use of information and information communication technology (ICT) across the DHSC. The establishment of the IQC was essential to ensure the delivery of the DHSC Strategy.	Continues to be a positive correlation between funding being made available and change delivery. The style of this QC is very performance status orientated and it communicates well via minutes and status logging.	The HSCC continues to monitor Informatics QC through the Minutes supplied arising from its regular monthly meetings. Whilst the efficient format and QC actions log continues, the provision of timely funding in line with agreed projects is more obvious than in the past.	The HSCC intends to attend IQC quarterly from March 2020 and monitors through monthly minutes. There is continued acknowledgement of the need for DHSC and GTS to manage contracts well through a collaborative working relationship. Project request processes succeed where resources are ready, but there is still frustration when actions cannot be implemented in line with governance expectations (e.g. provision of 64-bit hardware).
Stakeholder Engagement QC (Abolished) SEQC had been established by the DHSC with the purpose of assuring the Board of arrangements for Stakeholder engagement and communication.	The abolition of this QC has meant there has been no oversight of Communications and Engagement strategies. Both areas have seen minimal impact this year beyond routine PR & firefighting and no roadshow progress updates.	There has been no further progress on DHSC Communications Plan. The HSCC has not be given any evidence on progress with patient Engagement strategy.	No Board Level Senior Executive is accountable for all aspects of Stakeholder Engagement and Communications. Manx Care could be an opportunity to actively direct and pull together the fragmented structure: DHSC internal communications & engagement (e.g. Nobles, clinicians etc.); DHSC stakeholder communications & engagement (Patients, Departments, Health Centres, Service Providers etc.); Corporate Communications – CABO; Public Health Communications performs well.

Transformation QC (itself transformed) TQC has been established to facilitate the organisational transformation and the delivery of the Department's Strategy	TQC to be changed to Change Programme Board. Apparently TQC not able to support current workstreams. ELT agreed CPB to be modelled on the Digital Programme Board with a wider remit including Communications. CPB has no TOR and has yet to meet.	The Change Programme Board was eventually set up as a Programme Management Office (PMO). Once properly resourced it has proved successful at managing the process of business cases as well as being responsible for organising the DHSC P4G quarterly responses. Continuity has brought effectiveness in this area.	Programme Management now reports directly to ELT and responsible for cataloguing DHSC quarterly contributions to P4G. Progressing the business change programme e.g. SLAs with Clatterbridge Cancer Care, North of England Commercial Procurement Collaborative. It agreed the revised governance structure of the Transformation Programme, which splits the projects into two categories; Critical Restructuring and Enduring Transformational.

Other Committee Meetings (STATUS) Apr 2019 - Apr 2020	Observations April 2018	Observations April 2019	Observations April 2020
Health Protection Committee STATUS: (Continues) Meeting of Agencies responsible for health protection including emergency services and DEFA Environmental Health. Discussing cross-departmental health protection issues such as emergency preparedness and response.	This is a productive interagency meeting in which agreed actions are followed up. Unfortunately, due to lack of government-wide attendance it has been cancelled twice in the past 12 months	This committee has met quarterly in the past year. It is an important committee to ensure a multidisciplinary/multi departmental approach to tackling existing and emerging public health issues.	HPC continues to meet quarterly. Good evidence of cross departmental working. Clear structure to meetings and agenda. Disappointingly, participants from some areas of Government continue to send apologies with regular non-attendance.
Nobles Executive Team - then SMT- now renamed CGB STATUS: (Failing) Review operations & direct strategy to provide corporate leadership, make executive decisions, information sharing, ratify decisions, plan developments, monitor progress, evaluate decisions, agree corporate & directorate business plans provide content for communication in hospital team brief.	NET SMT has experienced attendee churn and poor attendance by strategic partners in Communications, Human Resource and GTS. As a result of this, and the one-sided meeting style now imposed, NET is not meeting its TOR's. Risk register reviews and strategic discussion are now less evident.	The absence of a genuine Nobles SMT governance assurance is of serious concern. The lack of report provision, consultation and the poor quality of debate and transparency has been alarming with few decisions made and no communication through the traditional channel of a hospital wide team brief. Another Committee title, and a change of TOR's with a reduction in Senior lead representation has a focus towards largely clinical matters.	The absence of genuine transparent Nobles management governance assurance continues. No meetings of the Clinical Governance Board were held in the last 5 months of this reporting period, although Patient Safety has taken on some reporting aspects of the former NET meetings. Following the appointment of the DCEO structure in September 19, there is a weekly operational meeting with the ICEO, now DHSC COO but the content and actions are not minuted, nor any Team briefing disseminated through the Nobles organisation and beyond.
Nursing Midwifery Advisory Council (NMAC) STATUS: (Revived 2019) NMAC enhances the professional delivery of nursing & midwifery services by cross-departmental working, providing assurance and timely advice	NMAC was closed down in April 2018 with the Chief Nurse and Associated Chief Nurse posts removed from the DHSC management structure.	Despite the roles and responsibilities of Chief Nurse being dispersed across three different post holders, the HSCC do not feel confident that the former standards of assurance, mediation and channels for advice have been maintained.	Monthly meetings of NMAC reconvened in June 2019, well chaired by the Director of Nursing/Deputy CEO and providing strong leadership. Director of Nursing sponsored Work Streams developed. New Midwifery standards agreed, with good programme links to Salford University. Nursing and Midwifery Framework developed.

Patient Safety & Quality Committee PSQC **STATUS: Thriving** PSQC reports qrtly to the CQS. It is responsible for ensuring that Patient Safety & Clinical Governance remain at the core of the organisation.	Not monitored in 2017-2018 Reporting period.	A monthly Nobles-based governance meeting that is a good forum for many staff concerns. PSQC has tackled some significant patient safety issues. Attendance is good. Reports result in actions and lessons being learned. Chair is resolute in escalation to SMT for action.	Comprehensive Annual PSQC Work Plan followed. Clear requirements for content & deadline of reports. Well led with a substitute in place as Chair as front-line demands Regular patient safety alerts & RCA's. Incidents investigated and changes implemented. Risk Registers are reviewed bi-monthly. Good attendance continues.
Primary Care Divisional Committee (now in CCD) Seeks to deliver high quality, integrated care within the community, working collaboratively with stakeholders and strives to be patient focused.	Community Health Services Executive Team is no longer in existence, following the recent amalgamation of CHS with Mental Health and Adult Social Care. It is hoped a CCD Governance structure will be put in place shortly.	A quarterly Clinical Card Directorate (CCD) with established good TOR's and similar format to the previous monthly versions. Cancellation of February and May 2019 meetings has led to a recent dearth of reassurance and communications.	Quarterly Community Care Management Board– an amalgamation of a number of divisions into new CCD Directorate. This meeting not held this year until resurrected in November 2019. IC Western Pilot also hold a quarterly Executive Steering Group meeting. A Delivery Group is operational and service leads from statutory and third sector also meet monthly.
Public Health Staff Meeting **STATUS: (Good governance)** Key staff members meet to discuss corporate issues such as SDPs and Risk Registers; provide sectional updates and invited presenters	PH meetings are a beacon of how meetings should be: well attended, productive with all attendees get a chance to and are encouraged make input.	This meeting remains the standard to which all other DHSC governance meetings should aspire. Regular reviews of Service Delivery Plans and Risk Registers, with open communication and opportunity to keep well informed on issues.	Public Health Staff Meetings are held monthly. They have a well-structured agenda which covers all aspects of the Division. In addition, presentation updates of PH projects are regularly provided. The meeting is inclusive and provides a good communication hub for the team. The meeting also demonstrates good leadership and visibility from the DPH and senior team members.
Mental Health Management Board/Mental Health Patient Safety and Quality Committee **STATUS: (Effective**)	With the creation of CCD from 1 January 2018, some responsibilities of MHMB have been passed to CCD governance. It is too early to make meaningful observations, but CCD's development will be watched with great interest.	MHPS&QC continues to meet regularly and retains a valuable oversight of Mental Health patient safety and quality standards. CCD meetings, in common with some other committees, have suffered from recent cancellations.	Mental Health staff meetings continue to be effective and meet regularly. CCD quarterly governance meetings have never established a regular pattern and from Feb 20 the CCMB meeting will be absorbed into Nobles Management Board in preparation for its future relationship with Manx Care.

Programme for Government Outcomes 2019/20							Appendix C
Outcome	**National Indicator(s)**	**Measure**	**Quarterly data/DHSC RAG where provided**				**HSCC RAG/Comment**
We Live Longer healthier Lives	Reduce the time that people wait for residential or nursing care	Number of eligible people on the waiting list for residential or nursing care following needs assessment	Q1 19 11	Q2 19 4	Q3 19 16	Q4 19 Covid-19 distortion	A No indication of actual waiting time, only no. of people. Review the measure used to include relevant information needed.
	Increase the number of people regularly undertaking physical exercise	The percentage of adults achieving at least 150 minutes of physical activity per week in accordance with UK Chief Medical Officer Guidelines on physical activity	Q1 19 Survey but No data	Q2 19 Survey but No data	Q3 19 Survey but No data	Q4 19 No Update	R Survey in Q4 18-19 but no data published, expected to publish May 20 but nil seen.
	Reduce the number of people dying prematurely from preventable cancer	Under 75 mortality rates from cancers considered preventable	Q1 19 86.1/ 100,000	Q2 19 86.1/ 100,000	Q3 19 86.1/ 100,000	Q4 19 86.1/ 100,000	A Small improvement. Annual measure. Performance against UK marginal (rate 71.4-89.7 by region). At top end.
	Reduce the number of people dying prematurely from heart disease	Under 75 mortality rates from cardiovascular disease considered preventable	Q1 19 54.3/ 100,000	Q2 19 54.3/ 100,000	Q3 19 54.3/ 100,000	Q4 19 54.3/ 100,000	R Measure increased in 2019, negative performance cf 2018. Also, v high cf UK regions.
	Improve the health related quality of life of the population	Increase the average health status score of adults using survey responses to questions on mobility, self-care, usual activities, pain/discomfort, anxiety/depression	Q1 19 Data due Q3	Q2 19 Data due Q3	Q3 19 Delayed analysis due 5/2020	Q4 19 Delayed	R Bench Mark now set for future years by 2018 measure? Analysis now delayed "sine die" due to Coronavirus
	Increase healthy life expectancy	Healthy life expectancy at birth as measured by Public Health	Q1 19 Measure not available	Q2 19 Measure not available	Q3 19 male 63.8y female 57.9y	Q4 19 male 63.8y female 57.9y	R Relatively low HEALTHY life expectancy in context of full life expectancy. Good v UK at male 63.1 but notably poor re female 63.6. A prosperous rural community should be better.

Programme for Government Key Performance Indicators									
Outcome	**Policy Statements**	**KPI**	**Baseline**	**Target**	**Quarterly Data/DHSC RAG where provided**				**HSCC RAG/Comment**
We live longer, healthier lives	We will help everyone to take greater responsibility for their own health, encouraging good life style choices	Maintain our uptake of adult screening programmes at current levels	Cervical - 80% Bowel - 63% Breast - 72%	Cervical - 80% Bowel - 63% Breast - 72%	Q1 82 62 77	Q2 81 65 73	Q3 81 TBC 67	Q4 81 TBC 73	A Bowel cancer data to be validated by Rugby screening hub
		Maintain percentage of eligible population registered with GP online services	27%	27%	Q1 28%	Q2 31%	Q3 31%	Q4 33%	G Remains above target
	We will help people stay well in their own homes and communities, avoiding hospital and residential care wherever possible	Reduce emergency admissions at Noble's for people with long term or chronic conditions, where appropriate management in the community has been shown to reduce the need for unplanned hospital admissions	16%	13% by April 2019	Q1 No data	Q2 No data	Q3 No data	Q4 No data	R In the absence of current data, it is difficult to assess current performance. This is part of 5-year plan
		Maintain bed utilisation/occupancy levels at Ramsey Cottage Hospital	86% (80.1%)	85-90%	Q1 88%	Q2 87%	Q3 82%	Q4 88%	A This has shown some consistent improvement in past 2 years
		Reduce adult (acute) mental health bed occupancy	92%	85%	Q1 97%	Q2 93%	Q3 90%	Q4 90%	A Persistently unable to drive numbers down
		Increase 5 day discharge follow-up rate by mental health Services	90% (94%)	100%	Q1 85%	Q2 92%	Q3 96%	Q4 95%	A Maintaining above baseline but only slowly approaching target
		Older people will be transferred to community Social Work Team caseloads within 3 months of being on a Hospital Social Work Team caseload	10%	90%	Q1	Q2 78%	Q3 83%	Q4 80%	R Complete lack of visibility of measures. Requires clarification and transparency.

Programme for Government Key Performance Indicators									
We live longer, healthier lives	We will improve services for people who really need care in hospital	The hospital will achieve 93% aggregate performance for 2 week cancer waiting times	89% (80.3%)	93%-2019	Q1 70%	Q2 78%	Q3 82%	Q4 86%	R Recent Nobles weekly performance affected by COVID-19 and fell rapidly to below 70%. Weekly average now recovering into mid 70%
		No patient will wait >52 weeks for elective inpatient surgery by end of March 2019	13.2%	0%	Q1 8%	Q2 9%	Q3 12%	Q4 11%	R Before Covid-19 figures were poor and below target. At the very least, insufficient progress made against the 0% target over a prolonged period.
		ED attendances less than 4 hours from arrival to admission, transfer or discharge	79%	85%	Q1 88%	Q2 90%	Q3 80%	Q4 76%	R Well below the 85% target
		ED attendances less than 6 hours from arrival to admission, transfer or discharge	92.8%	95%	Q1 96%	Q2 96%	Q3 91%	Q4 89%	R Below the 95% target
		Reduce ED mean working time	156 (159) mins	135 minutes	Q1 137	Q2 136	Q3 165	Q4 177	R Do not understand the measure
	We will work to ensure that everyone receives good value health and social care services	Maintain spend against budget through delivery of cost improvement plan	104%	100%	Q1 103%	Q2 105%	Q3 106%	Q4 104%	R Missing all quarterly targets
		Reduce by 10% the number of patients travelling to the UK for out patient first attendances and follow up treatment and provide care within appropriate locality	7,299 (5994)	6,569 (5994)	Q1 1.8k	Q2 1.9k	Q2 1.92k	Q4 ??	R 5994/4 = 1,500 per quarter Q1, Q2, Q3 all well above quarterly targets No Q4 data

Programme for Government Actions								
Outcome	**Action**	**Political Sponsor**	**Target Delivery Date**	**Quarterly Data/DHSC RAG where provided**				**HSCC RAG/Comment**
We have more responsive legislation and regulation	Embed a robust governance frame work for research and development activity, whilst improving the quality of research applications and associated outcomes	Jason Moorehouse MHK	Mar-20	Q1 19	Q2 19	Q3 19	Q4 19	R Research and Development Annual report dated 2019 shows the membership, qualifications and training of R and D committee membership. Four research applications have been received with two DHSC applications approved. No resultant legislation has been brought forward.
				The function for research governance is due to move, along with the rest of Public Health, to the Cabinet Office in April 2020. Work is ongoing with the Transformation team to split R&D functions between DHSC (for operational) and Public Health (for governance). Advancement of R&D legislation and policy is underway with the Transformation legislation project. The Integrated Ethics Portal is live on the correct URL, and all applications are handled electronically.				
We live longer healthier lives	Continue the external peer review process (WMQRS) of health services and implement recommendations	Clare Barber MHK	Mar-19	Q1 19	Q2 19	Q3 19	Q4 19	R The annual Tynwald progress report on WMQRS recommendations has not been published in 2020. There is no published evidence of any progress this year. Furthermore, there is no update on CQC scoping exercise in the Autumn 2019.
				Subsumed into IHR and pending introduction of CQC				
We live longer healthier lives	18.2 Move more services from the hospital into the community so care is provided closer to peoples' homes	Ann Corlett MHK	Mar-21	Q1 19	Q2 19	Q3 19	Q4 19	R HSCC acknowledges the progress on the Western Integrated Care Pilot. However, during the year progress has been slowed due to recurring setbacks. There is no apparent overarching plan for moving further Acute Services into the community. HSCC presumes this will now be driven and influenced by the Transformation Project strand reviewing care pathways.
				(i) Eye Care - strategy approved by the Department and is due to be published June 2020. (ii) Care Pathways – Analysts from the Transformation Team have commenced background research on best practice care pathways and services during the Covid-19 outbreak, positioning the work well for when key staff are returned to BAU. (iii) GP Contract -Implementation was subsequently impacted by Covid-19, but meetings progressed with GP reps and aiming to sign-off contract by the end of June.				

Programme for Government Actions								
We live longer healthier lives	18.14 Deliver clear legal frameworks for all Health and Social Care Services	Jason Moorehouse MHK	Mar 21	Q1 19	Q2 19	Q3 19	Q4 19	R The Independent Health Review published in 2019 calls for the necessary legislation to be brought forward in 2020. It has been politically acknowledged that legislative resources have been engaged with a moving programme in response to the UK Brexit which was brought to fruition during Q4 2019. Legislation since then has been in regard to the introduction of Emergency Powers to deal with Covid-19 pandemic requirements. All this legislation has now been further delayed with the Manx Care Bill now scheduled for June 2020.
				Adoption Bill - the Department has received a first draft of the Adoption Bill from Chambers. Prior to the declaration of a state of emergency a review of the draft had commenced, however work on the Bill has remained on hold as a result of the Emergency Regulations. The Legislation Team anticipates work recommencing on the Bill in the early weeks of August 2020. Plan is to complete within this administration. Manx Care Bill - Public consultation commenced in March (closed 17 April). Agreement had been in place for the DHSC Advisory Committee would be the Service Leads for the Bill. Work has continued within the Transformation team and a paper is due to be progressed through the Political Board in May.				
	18.4 Continue to digitally transform the hospital and health care services more generally	David Ashford MHK Minister	Mar 21	Q1 19	Q2 19	Q3 19	Q4 19	A The HSCC is encouraged by the evidence of strategic planning regarding the Integrated Digital Care Record, but concerns remain over the long wait to secure sponsorship and consequent funding to resource this critical development. Digital transformation in the hospital is also held up by a number of specific roadblocks relating to funding, human resources, hardware and training.
				Many digital health activities delayed due to Covid-19 and the reallocation of resource. Infection Prevention & Control Surveillance remains in delivery. Clinical Assessment and Noting has continued to progress, hardware resourcing issues have been resolved and new devices and charging units have been deployed. A refreshed delivery plan has been agreed. eDischarge has been developed and is currently in delivery. Electronic Prescribing and Medication Administration is delayed pending the delivery of eDischarge. Significant work required regarding legislation, which will be undertaken within the current administration. RiO 7 upgrade work was temporarily suspended – work is due to resume in June 2020. The Integrated Digital Record business case is being referenced as part of wider digital health transformation work which is also resuming imminently.				

Programme for Government Actions								
We live longer healthier lives	18.5 Define the services which will be provided on-Island and those which will be provided off-Island	Jason Moorehouse MHK	Mar 19 **Amended to January 2021**	Q1 19	Q2 19	Q3 19	Q4 19	R This item has been passed to Transformation but there has been little or no progress to date.
				Transformation Team has commenced background research on best practice care pathways and services during the Covid-19 outbreak, positioning the work well for when key staff are returned to BAU.				
	18.6 Reduce waiting times for operations	Clare Barber MHK	Mar 19 **Amended to January 2021**	Q1 19	Q2 19	Q3 19	Q4 19	A Joining the North of England Commercial Procurement Collaborative was a very good move. It has opened significant supply routes during Covid-19. A UK based supplier with skills and experience to deliver the Theatres project
				Progress during Q4 has been impacted by Covid-19. This includes the procurement of the external contractor to deliver the Theatres project, now placed on hold. Terms of Reference have been drawn up for an internal theatre improvement team to take initial report recommendations forward. The new DHSC Job planning policy is in electronic form. Draft Job plans have been entered into the system with a view to start the job planning process in Q1 2020/21.				
	18.18 Achieve maximum waiting times for referral for non-urgent consultant-led treatment of 18 weeks.	David Ashford MHK Minister	Mar 23	Q1 19	Q2 19	Q3 19	Q4 19	R No data so far
	18.19 Introduce a unitary complaints process in the DHSC	David Ashford MHK Minister	Jan 21	Q1 19	Q2 19	Q3 19	Q4 19	R No information so far
	18.20 Introduce overhauled and sustainable private medical services	David Ashford MHK Minister	Jun 20	Q1 19	Q2 19	Q3 19	Q4 19	A An externally managed PPU was promised for June 20. Prior to Covid-19 no fundamental works had been achieved. PPU used for Covid-19.
	18.8 Implement the Mental Health Wellbeing Strategy	Ann Corlett MHK	Dec-20	Q1 19	Q2 19	Q3 19	Q4 19	A Slow progress due to resources not being able to be allocated. A common theme in HSCC observations.
				CAMHS - Clinical teams are reviewing pathways to progress this. Autism Pathway to Transformation. Forensic Pathway/Custodial Service – there are now 3fte mental health professionals with the police. The MH Police Liaison Service (MHPLS) accepts direct police referrals, undertakes community & custody-based assessments to facilitate onward referral to the correct care pathway and provides assessments to the courts to inform decision making for sentences. Process & reporting agreed with the judiciary Feb 20, live in June. Core Recovery Service – work progressing on revised service spec.				

Programme for Government Actions								
We live longer healthier lives	Improve the way we communicate with the public about the way our health and care services are provided	Jason Moorehouse MHK	Mar 21	Q1 19	Q2 19	Q3 19	Q4 19	~~R~~ This P4G Action was removed Q1 2019-20. The HSCC strongly disagreed. Good communication is essential for efficient and safe delivery of health services.
				'Digital first' becoming the standard approach on social media. Best practice in crisis communications understood and shared. Work commenced to update DHSC intranet and engage with staff on new model. **This action was removed in 2019/20**				
	Become an employer of choice in health care **(Removed to Public Service People Strategy)**	David Ashford MHK Minister	Mar 21	Q1 19	Q2 19	Q3 19	Q4 19	R There is little of relevance in the People Strategy document or update to support continued action on this important strand of activity. Nor any significant acknowledgement that health professional recruitment is rather different to those in other branches.
				The Organisational Development Plan priority areas for 2019/20 include: • Embedding the CARE values across the DHSC • Replacing the employee PDR process with the CARE performance framework • Develop and implement a Making Every Contact Count (MECC) pilot project **This action has been removed from the P4G.**				
	18.15 Design and deliver a suite of core data sets to underpin the core work streams	David Ashford MHK Minister	Mar-21	Q1 19	Q2 19	Q3 19	Q4 19	A The HSCC acknowledge that progress has been made on data collection and reporting, especially by CQSC. Lack of useful data remains an issue. The HSCC would still like to see a cross Government responsible lead to coordinate resource provision plans. It requires significantly greater achievement of objectives.
				Substance Misuse Data set Initial indicators have been compiled for review, with work underway to identify and/or construct additional indicators. As new services are established or existing services are redesigned, data sets will be created to support the management of performance and KPI's. This forms a crucial part of Transformation activity. All current open data sets on gov.im will be reviewed by end August and a new procedure to align with the IoMG Open Data Policy will be drafted in collaboration with DHSC DPO. Transformation activity held up by Covid-19: prioritisation of data, review of existing data & systems				
	18.16 Develop and implement the Integrated Care Strategy	Ann Corlett MHK	Mar-21	Q1 19	Q2 19	Q3 19	Q4 19	A Implementation of the 42 recs in the IC project doc. severely impacted due to the delays to secure funding. The 42 recs. have a wider impact than the Wellbeing Partnership project. In Q4 19 these recs moved to Transformation. What started well was impacted by a 6-month delay in business case approval Q1 & Q2 19.
				The opening of the Western Wellbeing Centre and official launch of the Western Wellbeing Partnership took place on 24th February. Following Business Case approval by Treasury for Health Care Transformation funding in November 2019 CoMin approval is currently being sought. The Integrated Digital Record business case is being referenced as part of wider digital health transformation work which is resuming imminently.				

Service Delivery Plan Objectives			
Strategic Goal	**Objective**	**Q4 Update**	**HSCC RAG/Comment**
Greater Responsibility	Ensure delivery of quality assurance and accountability review for all current screening programmes	The first report, a review of the Bowel Cancer Screening Programme, is now in draft.	A This urgent work has been slow to progress
	Undertake review and refresh of children's oral health needs assessment and strategy	Research element of the Oral Health Needs Assessment complete. The final report will be completed by the end of Q1 2019. The contract between PHE and DHSC has been agreed. PHE are sending the contract to the Public Health Directorate for signing by the DPH	G Good progress has been made here and is welcomed by HSCC
	Develop programmes aimed at reducing childhood obesity and improving children's oral health; drawing on funds from the Soft Drinks Industry Levy	Once COG has agreed the draft consultation strategy, this will go out for comment in Q1/2. The COG meeting for presentation has been put back to Q1 of 2019/20. The draft children's weight management programme service specification is still with AGs office, and will be progressed as a matter of priority when it is returned. We aim to have the tender out by end of Q1 at the latest	A Await Q1 but HSCC are aware of some further delays
More care in the Community	Complete Phase 1 of the Eastcliffe project; relocating Day Services for Adults with Learning Disabilities to the Noble's Complex	This action is complete.	This action is complete.
	Expand the scope of the Adult Social Work team to ensure care is not limited to those who have Learning Difficulties or Mental Health problems	This action is complete	This action is complete

Service Delivery Plan Objectives			
More care in the Community	Continue to reshape Learning Disability Services in line with the Learning Disability Strategy 2014-2019	Phase 2 of the day services build continues on target for new service users from September 2019. User engagement days are being completed to show progress and start preparing users and their parents for the move. Respite recommendations report has been addressed where possible and discussions have taken place with regulations and inspections regarding the outstanding actions they are unable to complete and agreement has been made. The next phase of this project is to complete an improvement programme focused on medication, physical health support and documentation, in preparation for the completion of a capital project for a new respite building. Strategy 2020-2025 planning is underway to capture outstanding plans from the current strategy and ideas to move into a new model from 2020 onwards. Presentation date is booked with J Carey and A Murray on the 8th April for first review of the next round of service redesign planning	A In 2018 it was reported that the current Learning Disability Infrastructure may not meet future service demands and vulnerable adults may not be able to access services. Progress is questionable. Repeated cancellation of meetings demonstrates lack of leadership and governance
	Move appropriate paediatric activity from the hospital setting as an outreach service, provided in the community	This action is complete.	This action is complete
Improve Hospital Services	Develop and enhance quality management systems within the medical laboratory in pursuance of the 15189:2012 standard (recognises quality and level of competence in medical laboratories)	Discussions remain on-going with finance director to identify a funding source for 2019/20 budget.	A Some signs budget may be reinstated 2019-20
	Redesign the chemotherapy clinic space to accommodate the increase in patients receiving treatment on the Island	This action is complete.	This action is complete though staffing remains an issue
	Evaluate the introduction of Histopathology (the study of changes in tissues caused by disease) Telemedicine solutions	A Prior Information Notice has been produced and is due to be published on the Government portal imminently.	A Await Q1 publication of notice

Service Delivery Plan Objectives			
Improve Hospital Services	Develop a high quality dermatology and skin service that ensures that all patients with skin complaints are seen and treated in accordance with clinical guidelines	Following the recent commencement of a Clinical Nurse Specialist in Dermatology, the dermatology service is now fully staffed and running to full capacity. There are further service developments in the pipeline, such as development of a photodynamic therapy service. This action is complete.	This action is complete.
	Redesign the pathway for the admission of the acute medical patient from Emergency Department into hospital setting	The delivery of the recovery plan for the Emergency Department (ED) of acute admissions is well underway. The beginning of February saw the implementation of internal professional standards for the Emergency Department, which sets the timeframes by which patients are attended to within ED in order to ensure that are either admitted or discharged within four hours. Following initial feedback, Acute medical consultant cover introduced into ED from midday to 6pm Monday to Friday ensuring there is a senior decision maker from acute medicine at the front door. Given 75% of admissions are into acute medicine, this development will have a significant impact on waiting times in ED and will reduce unnecessary admissions into hospital. Monitoring of the internal professional standards and the development of the Urgent Care Hub is ongoing.	G Successful Emergency Department Major Incident exercise conducted in Q1 2019
	Improve access to radiology services through the implementation of sustainability plan	Charitable funding has been confirmed by three charities for the purchase of an MRI scanner and two CT scanners, fundraising for the CT scanners has begun. There is work being done to create a full diagnostic suite within the radiology department to best utilise the new equipment once installed and work to become part of the North West Cheshire and Merseyside Global Network has been initiated with Care Stream. Work has been on going to reduce the MRI and CT waiting lists which are now at a manageable level; preparation is being done to repatriate more services back to the Island once the new equipment is in place.	G These developments are very much welcomed by HSCC. However, the reliance on charitable funding is a concern. The Transformation project towards a sustainable health service for the nation, should have more priority.
	Review the clinical model delivered by the ambulance service to ensure that it is at the forefront of modern urgent care delivery	The development of a pool of Urgent Care Practitioners (UCP) is ongoing with the commencement of a new UCP course at Keyll Darree on the 8th April – after 12 months this will increase the pool of practitioners by 20. UCP outreach trials (supplementing the ambulance service and MEDS) are ongoing however there is very positive feedback from ambulance service staff and MEDS GPs on the impact of UCPs. Their ability to treat patients in their own home, reducing transit to hospital, is also excellent, with 85% of patients left at home after treatment. Business Case for the 12 month trial of UCP outreach services will be submitted for ELT approval by the end of April.	A The Urgent Care report was not published despite repeated requests by many, including the HSCC. It is accepted that progress has been made in the area over the past year.

Service Delivery Plan Objectives			
	Develop Ramsey Cottage Hospital into a vibrant community hospital with elderly care/rehabilitation facility, outpatient clinics and day case theatre	This action is complete.	This action is complete
Protect Vulnerable people	Development of an integrated (4 tier) Autism pathway	There were 2 problem statements raised during the first mapping session in the areas of appropriate diagnosis and also the complex link/ownership for early years, with educational psychology provided by the Department of Education, Sport and Culture. A further independent review of the current practice is planned for June 2019 by a specialist body. The aim is to allow independent assessment of our current caseload within Community Adolescent Mental Health Service and Learning Disabilities to provide information to support our future planning needs for Autism and other neurodevelopmental disorders.	A The HSCC is concerned that a move to a dedicated Autism pathway is still outstanding and placing additional strain on CAMHS resources.
	Work with colleagues in Department of Education, Sport and Culture to develop an integrated pathway for children with disabilities	The appointment of new service leads in both Departments will now enable this project to be taken forward in the next 12 months.	A Children and Families is not within the HSCC scrutiny remit.
Value for Money	Development of Directorate wide Commissioning process for Community Care	The work in developing the commissioning cycle continues. The cycle is a formal and staged process that underpins how we approach commissioning to source and secure services from external providers. A key aspect to this is contract management and the community care directorate are in the process of embedding a revised performance framework designed to improve contract management and importantly, to enable the acquisition of more relevant business intelligence and data from the services we commission.	A These developments are welcomed by HSCC. The HSCC is conscious of the amount of work still to be undertaken in this area.
	Improve the quality of financial information - Provide the Department with more detailed, timely financial information to aid the decision making processes and allocation of resources	An activity based costing exercise has been completed for Noble's Hospital, matching the current focus on patient level costing in the NHS. Management accounts continue to be issued monthly with forward looking forecasts.	A Cessation of meetings to examine Nobles financial performance has reduced visibility of governance in this area.

Service Delivery Plan Objectives			
Value for Money	Develop and implement Medicines Optimisation Strategy which will deliver effective prescribing and cost improvement programme across the Department	The DHSC Medicines Strategy was presented in February, and a request was made for the strategy to be across both primary and secondary care. An implementation plan from secondary care is required before the strategy is resubmitted. Recruitment has been completed (March 2019) and the pharmacy team will be 3 clinical pharmacists and 3 technicians from Q2 2019. Spend on pharmaceuticals (Jan 2019) stands at £858k underspent.	A These developments are welcomed by the HSCC. However, the enabling legislation has stalled, due, apparently, to Brexit
	Explore opportunities to generate a greater level of hospital income through commercial enterprise	A Private Patient Service Redesign group has been created, as has a detailed project plan to underpin delivery. The group's initial focus is a tender exercise to secure a strategic partnership with a third party provider and a public consultation to aid developments of the service once this partnership has been secured. A detailed service specification has been drafted and sent to the Attorney General's Chambers with a view for the ITT to be entered on the procurement portal in Q1, 2019/20. The public consultation is also planned to become live in Q1 2019/20.	A The consultation has been, belatedly, published. However, according to the press release it is going out to tender before the consultation closes
	Deliver savings from the Tertiary Services budget through the implementation of Cost Improvement Plans	The 2018/19 year end accounts are not complete at the publication of this report, however we are expecting to be more overspent than what was previously forecast in Q3 due to high cost cancer drug charges with Clatterbridge Cancer Centre and further costs associated with high cost patients.	R Overspend certain. However, financial management, setting priorities and standards are improving but finances and processes need to be drawn together
	Explore opportunities to repatriate as much activity as possible from the UK to be delivered safely on island	The DHSC is currently working in partnership with Clatterbridge Cancer Centre to redesign service delivery models for oncology and haemato-oncology services. Phase 1 of the project is identifying digital solutions to aid delivery and a draft action plan is in place. Initial conversations have also taken place with Liverpool, Heart and Chest for the redesign of cardiology and respiratory services.	A This is a long awaited initiative. However, it is only one of many repatriation opportunities that need to be grasped as progress in the past year seem slow
	The DHSC is currently exploring models with UK providers to provide more 'in reach' services on Island where it is safe to do so rather than patients having to travel to the UK for treatment.	The DHSC is currently forging stronger partnerships with two of its main partners; Clatterbridge Cancer Centre to transform oncology and haemato-oncology services and Liverpool, Heart and Chest to transform cardiology and respiratory services. A draft initial action plan is in place and underway with Clatterbridge for phase 1 of the project and initial discussions have taken place with Liverpool, Heart and Chest.	A HSCC welcomes this initiative which has been anticipated for at least twelve months and appears to be taking a long time to bring to fruition

Service Delivery Plan Objectives			
Supporting Pillar	Establish a functional Programme Management Office to support delivery of the Department's strategic objectives	Monthly project status reporting is now well-embedded, whilst governance controls, processes and procedures are continuously developed and refined on a monthly basis.	G The HSCC is pleased to see progress in this area
	Determine future commissioning arrangements for third sector organisations	Following the submission of the options paper, the Executive Steering Group for Commissioning is now developing a paper for Departmental consideration.	A The HSCC welcomes this progress which has been promised for at least two years
	To build a 'Pod', funded by Bridge the Gap Charity, on the Noble's site which will be jointly used by DESC and DHSC for support of young people with life limiting illnesses	This action is complete.	This action is complete
	Produce premises development plan for GPs - securing additional premises for Peel as a priority	The business case is in its final stages of production prior to approval by the Department and Treasury. The Planning Application has been submitted, the Release of the Covenant's for the land is being progressed with the Corrin Trustees and discussions are ongoing with P&WDHC to ensure good communication is maintained to ensure success of both projects.	A Progress has been slow and a step up is required
	Ensure information across the business is delivered in a timely, accurate and consistent manner through the development of an information management strategy and implementation plan	The Information Management Strategy (IMS) has been approved by the ELT and Department; the document is waiting to be uploaded to the Department's website for public access. Activity is on track with the IMS schedule of work for key deliverables to begin reporting in Q1. Planning has commenced to ensure reporting of key deliverables will take place in Q1 of 2019/2020.	A The DHSC has 8 different electronic patient record (EPR) systems with very little interface between them. Development of the Integrated Digital Care Record is essential
	Working with the Island's dentists to consider options for reforming the current dental contractual system by April 2019	The Department is nearing completion of the draft dental strategy which will then be subject to consultation with both dental professionals and the public.	A This is not currently an HSCC scrutiny area

Integrated Care Strategy Western Wellbeing Project Timeline **Appendix D**

April - June 2019

- Progressing the 42 actions (18 short term 24 long term), 12 still to start.
- Business case set back did not gain approval to submit to Treasury for IC funding from DHSC Director of Finance who subsequently left Dept.
- Provided clarity of reporting structure and role of the ELT now new Board in place.
- Data Privacy Impact Assessment being undertaken.
- Integrated Care Project in the West Newsletter – published April 2019

July – Sep 2019

- Southern Community Partnership gave presentation on two main objectives building a community hub signposting as one central information service, launch due Jan 2020. Second objective still at research stage is Community Transport.
- IC western Pilot have developed one single assessment tool and one referral form and one consent form.
- Small islands conference held in September following visit to San Sebastián to attend IFIC conference. Joint venture between DHSC and Hospice.
- Building work commenced on Western Wellbeing Centre (currently Peel Resource Centre)
- Information Sharing Protocols agreed with ICO
- Raising awareness of western pilot with Noble's and RDCH, this included briefing with teams and drop in sessions
- Still difficulties securing funding for long term IC actions and resources.

Oct – Dec 2019

- Little progress made on 42 recommendations due to funding issues this has caused at least a 6 months delay in progress of the pilot.
- Business case finally presented to Treasury and funding approved for 3 years reporting on the understanding that clear KPI's be developed for recognisable outcomes and update report to Treasury bi-annually.
- Recruitment of Administrator and Referral Coordinator commenced.
- ICO still to approve data sharing arrangements

Jan – Mar 2020

- Of the 42 recommendations 8 actions are complete 21 are on target, 6 have identified problems and 5 still to start. Some objectives e.g. digital information sharing is wider than this project and as such will be subsumed into bigger pieces of transformational work.
- Administrator and Referral Coordinator now appointed
- Western Wellbeing Centre opened on 24th February 2020.
- A Podiatry clinic running from Centre 2 days a week
- Single point referral form was trial led with GP's
- Started engagement with Southern Community Partnership, Thie Rosien, Southland and GP practices to discuss commencement of a Southern Wellbeing Centre.

12th June 2019
Informal meeting with the IC team to get an update on the project

17th July 2019
Presentation given by Southern Community Partnership on signposting project

29th August 2019
Informal meeting with Paul Jackson to update on project

25 – 27th Sept 2019
Small Island Conference held, which included a visit to meet some of the practitioners involved in the Western Wellbeing project

16th October 2019
Informal meeting with Paul Jackson to update on project, appears a lot of the 42 recommendations have not been started due to lack of funding

20th November 2019
Business case presented to a treasury gains approval

15 January 2020
Informal meeting with Paul Jackson regarding progress of western project. Resources for Centre now appointed, some of the 42 actions to be transferred to the transformation projects e.g. digital strategy and out of hours working

January 2020
IC team have commenced meetings with Southern groups to discuss setting up the Southern Wellbeing Partnership

24th February 2020
Western Wellbeing Centre in Peel officially opened

5-YR Review by Scrutiny areas Cancer-Comms-Digital-Funding-IC-Public Health-Workforce Appendix E

CANCER	
2012-22 "10 Year IOM National Cancer Plan" 2014 Macmillan Cancer Support (MCS) appointed for IOM cancer management **5 Year Plan 2015 Progress report on 10-year Cancer Plan** 2015 QIP Cancer Workstream and Cancer Board 2015 WMQRC highlighted Cancer 2018 WMQRC highlighted Screening 2018 Cancer now HSCC scrutiny area 2019	62 pages aspirational. No accountabilities Macmillan Project due to end April 2017 but is still ongoing & with much enhanced role **5-Yr Plan comment** Progress report 10-year plan July 2015 – then ceased QIP Cancer Workstream Charter 2015; all the right noises; no report after Dec 2015. Various vision plans for cancer seen but not joined up. Comprehensive report – many recommendations Capacity and Staffing concerns reported HSCC Cancer Meetings had good start 2018 with Hospitals Director who departed Jan 2019 Cancer accountabilities unclear
4Yr Service Delivery Plan SDP 2016 Review contracts UK service providers 2017 Commence publishing 2WW Cancer times 2018 No SDP update published 2019 SDP merged into P4G 2020	**SDP Comment** Outcome not known Cancer Patient tracking for 2WW became robust and transparent. Medway linked into Somerset Register 2WW target 93% - IOM figure approx. 80+% variable Screening figures published Cancer Strategy Group meets Quarterly Cancer Operations Group meets Monthly Contracts & SLAs for Off Island Providers e.g. Clatterbridge – still not completed. Re-occurring issues: not meeting 2WW wait times, radiology staffing, cancer consultant recruitment & retention, job descriptions, administrative support.
3Yr P4G 2018 Macmillan lead role Cancer Management, Tracking & Reporting 2018 Director Hospital Chairs Cancer Strategy 2018 Cancer waiting time targets now in P4G 2018 Cancer screening targets in P4G 2019 Screening to transfer to centralised hub 2019 Director PH Chairs Cancer Strat 2019 New Cancer Day Ward opened 2020 New Cancer Strategy	**Comment** Cancer Strategy Group actively Chaired by Director of Hospitals. Figures transparent. Agreed 2012-20 Cancer plan and Strategy out of date. Cancer Strategy Group 2019 Chaired by Director of Public Health and re-focused to look forward. New one-page strategy tabled full scope and delivery plan to be developed. Quarterly P4G/SDP reports 2WW & Screening figures. Ward 5 for Cancer outpatients opened Sept 2019 New CT scanners on site awaiting installation.
2Yr IHR The four **most** applicable IHR recs for cancer are IHR recs 10, 11, 23, 24	**IHR Recs Comment** High level Ownership and Accountability for Cancer Strategy & Delivery must be established. IHR Rec 4 calls for Annual Report – see below
Future Transformation Team to prioritise the new IOM Cancer Management Strategy and Delivery Plan. SLAs in place for 3rd Party Suppliers	**How will this move into Manx Care?** HSCC recommend Manx Care issue annual report on Patient Cancer Care in Isle of Man
Comment There is no clear/simple IOM Strategy, workplan or structure for managing Cancer. Somehow it seems to work through the diligence and skill of those involved.	**RAG rating AMBER**

COMMUNICATION AND ENGAGMENT	
2011-21 DOH 10-year Future IOM Health Services. **2015-20 5-year strategy – up-dates the 10-year strategy.** 5 strategic goals & domains. Reaffirmed by P4G 2017 2016 Stakeholder Engagement Roadshows 2017 Customer Experience Engagement Strategy Due for review 2020	Visionary strategy. Engagement with staff, service users & DHSC to drive change Clear principles but no clear ownership or engagement Mainly enhanced BAU (Business as Usual). Patchy implementation, but note progress in for example Integrated Care, Adult Social Care Services Jan 2016 good start with Health Minister DHSC & CEO roadshows to engage stakeholders & gauge public reaction. Included early Integrated Care ideas, necessity for change, adopt new ways of working, staff training, new technologies, diagnostics, treatments & expectation Extended period of political, senior managerial & structural changes which played havoc with continuity, accountability & morale at Nobles. Nonetheless there was progress.
4Yr Service Delivery Plan SDP 2016 Five Governance Quality Committees & TORS launched including Stakeholder QC and OHR QC 2017 SDP not issued as P4G over-rode it 2018 New head of Corporate Communications appointed in CABO, with restructure	**SDP Comment** 2016-2017 Quarterly SDP updates well laid out, easy to read. Slippage by Q4. 2017-18 Quarterly updates NOT issued 2016 Communications Plan CABO PR. 3 progress updates but none after Jan 2017 2017-18 Hospitals Annual Report excellent not reissued 2018 Corp Comms "Vuelio" appointed to distribute DHSC News Releases – some email teething problems 2018 Hospitals Newsletter resurrected
3Yr P4G 2017 Setting up Comms plan commitment 2018--2020 quarterly SDP & P4G updates in one document 2019 Comms plan in P4G abandoned 2019-20 Scheduled and Unscheduled care restructure	**P4G Comment** Many RAG ratings over-optimistic. P4G commitments changed/removed eg Comms, dates arbitrarily lengthened Quarterly P4G/SDP Reports need simplifying into a shorter user-friendly format to deliver proper value. Plenty of good information there but difficult to find among the political headings e.g. "We live longer healthier lives". A clear front-page index by subject and corresponding layout would help.
2Yr IHR 2018 Tynwald commissioned Sir Jonathan Michaels to Chair an Independent Review of Health and Social Care on the IOM. 2018 Full engagement by all stakeholders 2019 Final Report Issued, 26 recs adopted by Tynwald 2020 Manx Care Consultation	**IHR Comment** 2018 Sir Jonathan Michaels held many focus group meetings typically with agenda, timescale, guidelines. 2018 Report on Public Engagement 2019/2012 Health and Care Transformation Programme Office and Staff Commissioned to deliver SJM 26 Recommendations, with Transformational Political Board & Transformation Board. "Transformation" work is on DHSC Cabinet Office website but dormant due to COVID-19 priorities
Future OHR required to expedite staff transfer into Manx Care. Implementation of Manx Care and Transformation requires Stakeholder Communication Plan.	PIDs for Workforce and Culture approved. No detailed Discussions with communication partners to drive stakeholder communications strategy and plan.
Comment High quality staff engagement has not been consistently demonstrated. Quarterly P4G/SDP Reports need simplifying to be shorter & user friendly	**RAG rating AMBER**

FUNDING AND REGULATION	
5Yr Strategy 2015-2020 2016 5-yr Strategy launched with Value for Money as the 5th pillar	**5-YR comment:** Despite VFM being so essential, the strategy itself is not costed in any way. Workstreams established to translate WMQRS recommendations 2013-2018 into action
4Yr Service Delivery Plan, SDP 16-20 2016-17 2017-18 Not issued as Yr 1: P4G took priority 2018-19 Maintain health v budget through CIP's. 10% reduction in Tertiary travel. Develop Commissioning	**SDP Comment** Tertiary - high base point soft target Finance/Commissioning QC ceased April 2019. Exec Steering Committee for Commissioning commenced September 2019
3Yr P4G Continue to work towards the 5-yr DHSC Strategy Maximise efficiency of the services delivered through digital and tele-health care Improve the way we communicate with the public about the way our health and care services are provided Become an employer of choice in healthcare Ensure we continue to improve mental health services and access Address the long-term funding issues posed by an ageing population Improve governance and accountability in the way we provide health and care Explore opportunities for shared commissioning for safeguarding and early intervention services for those most at risk	**Comment** Continue the external peer review process of the hospital and implement the recommendations – closed action despite 597 outstanding reccs Move more services from the hospital into the community so care is provided closer to people's homes – see App E IC. Funding delay 'till Nov-19. Define the essential services always provided in health and social care and be clear about those that aren't – stalled for IHR progress Continue to digitally transform the hospital and health and care services more generally – See App E Digital. Funding issues Define the health services provided off and on-Island - stalled for completion of IHR recs
2Yr IHR Recs 3: accountability framework inspection 5: Duty of candour 7: Reporting quarterly to COMIN, annually to Tynwald 11: Service by service review 17 18,19,20: Increase funding 26: Creation of Transformation group	**IHR Recs Comment** WMQRS recommendations still outstanding Governance agreed, 14 projects identified WMQRS annual reporting to Tynwald on hold CQC scoping exercise Autumn 2019 Service by Service Review still outstanding New funding model not planned until 2024 despite being a Critical project stream. Transformation group posts still incomplete.
Future Public Health moved to Cabinet Office Apr 2020 New Digital Strategy due 2020 6 Pathfinder Reviews Manx Care shadow due October 2020	**Manx Care** Consultation 2020 Operational 2021 New model Primary Care fully operational 2022 New funding model 2024
Overall Comment: Patterns of un-costed ideas, setting target when action is BAU and soft target setting is evident throughout.	**RAG rating Red**

INFORMATICS (INC DIGITAL STRATEGY)	
5Yr Digital Strategy, 2015-2020 'Improve access to and quality of public service in a way that provides better value to everyone' 2016 Roadshows 2017 Engagement sessions 2018 15 projects delivered including thrombolysis, 7 underway e.g. clinical noting/assessment, 2 in evaluation e.g. DHSC single sign on 2019 Mental Health e-clinic BC approved 2020 IC digital record outline BC approved	**5-YR comment** Rapid deployment of funding to deliver early projects 2015 - 2018. Jan 2016 Roadshows and Roadmap a promising start. Priority to shape integration of care through patient pathway support e.g. joined up electronic patient records and improved uptake of digital access for patients and staff. Digital Strategy Review Nov 2018 - details of specific delivered projects and costings. Reference to 5yr costed target but not to succession plan 2020. Confounded expectations about self-funding from unseen cost savings from 2018 despite positive work by GTS and IQC to drive projects forward 2018-19.
4Yr Service Delivery Plan, SDP 16-20 Continue to digitally transform hospital and Health & Care services - target Mar21 2016 Informatics Quality Committee (IQC) approving & monitoring project requests. 2017 digital health records rollout 2018 Automated reporting of bed capacity 6/18 Trauma conference call implemented 7/18 Tele stroke system implemented 8/18 EMIS community software rollout 11/18 Electronic bedside menus intro 2019 SDP not issued as P4G over-rode it 1/19 Occupational Health paperless record 3/19 Electronic submission of results.	**SDP Comment** There was good early progress with several specific projects such as GP bookings and Nobles digital record. There has been significant planning progress with other major projects such as clinical assessment and noting, up to and in some cases including BC presentation. The more strategic 'difficult wins' such as Integrated Digital Care Record are backed up towards the 2021 delivery deadline of digital transformation. The concern is that there are many roadblocks in place for these.
3Yr P4G 2017 Commitment to support and fund digital strategy. Positive correlation between funding being made available and change being delivered through GTS. Patient Records digitised. 2018 Dedicated support and funding end date published as 3/18, but digital transformation end date is 3/21. Design/deliver core data sets, end 3/21. 2019 Current information system upgrades are in hand awaiting matching hardware. IC business case development approved 8/19 due for delivery from Mar20	**P4G Comment** An efficient single system that provides full connectivity and obviates the need for multiple data entry i.e. Integrated Care Digital Record will be hard to deliver without a major change in approach so that current roadblocks are removed: • funding, taking into account expected cashable and unseen savings costed 2018 • human resources for research • training, motivating and testing • hardware performance Operational imperatives force the focus back to system maintenance & upgrade for effective care to continue
2Yr IHR Recs 22: Development of the digital strategy should go further and faster 23: A core data set should be established without delay 24: Capture of accurate data should be a priority.	**IHR Comment** The delay in establishment of the core data set (and all its consequent benefits in terms of effectiveness, efficiency and cost saving) contravenes recommendation 23 IHR recommendations 22-24 - only part implemented.
Overall Comment: Failures to implement big projects e.g. Windows 10 64-bit system; core data sets; IDCR. Delivery momentum decreased due to other Govt. priorities and further funded progression confounded by changes in hardware, software and operational demands.	**RAG rating Green**

`INTEGRATED CARE	
5Yr Strategy 2015-2020 2016 Roadshows; locality teams in IC Hubs 2017 Launch of Southern Community Partnership Initiative 2018 Public engagement sessions in west 2018 Roll our EMIS Community software 2018 Creation of CCD merging PC, ASC, MH and Comm H 2019 Western Wellbeing Pilot (WWP) 2020 Southern Wellbeing stakeholder engagement	**5-YR comment;** 2016 Roadshows/ Roadmap a promising start. Discussion around IC but not a lot of action during the first two years IC Strategy only approved in 2018, started well in 18/19, and then stalled again due to funding issues. Incremental changes made in Community services. Improvements with the creation of CCD. WWP developed and launched. Links to other jurisdictions through Small Island Conf.
4Yr Service Delivery Plan SDP 2016 Governance Quality Committees: IQC 2017 SDP not issued as P4G over-rode it 2018 IC Vision launched – delivery by 2021 2019 Develop proposals for Manx Care Pathways 2019 Continue to implement Western pilot recs 2020 Western Wellbeing Centre opened in Peel	**SDP Comment** IC Strategy long overdue; mainstay of 5 yr. DHSC Strategy. Closure of Ward 20 increased demands on CHS. PC was not sufficiently resourced to meet demands of 5 yr. strategy; no reconfiguration of funding. Step up – Step Down facility at RDCH. May 18 reset the start of IC IHR report aim of overarching change in NHS delivery. WWP 42 key recs part of implementation plan. Good practitioner engagement, however, major issues securing funding to implement pilot only resolved in Nov19. Creation of single consent and referral forms. Difficulties resolving data sharing agreement with ICO. Feb20 WW Centre open.
3Yr P4G 2017 Develop and Implement an Integrated Care Strategy 2018 Amendment to Strategy to implement by 2021 2019 Pilot in West for operational model of IC	**P4G Comment** Strategy not produced in the first year of P4G no real progress made until 2018. Governance structures put in place to oversee delivery of strategy. Resourcing difficulties to support implementation programme. WWP was launched in Feb 19; Lost 6 mths of progress of pilot due to not securing funding, finally approved in Nov19. Is 2021 deadline feasible?
2Yr IHR Recs 12: Service by service integrated care pathways 15: Establish a model for delivering Primary Care (PC)	**IHR 26 Recommendations: Comment** Care pathways are currently built around Acute Care. IC pathways and more multidisciplinary working required. Work has commenced for this. The WWP provides more collaborative working. Revised GP contract due in 2020.
Future 2 project streams in Transformation Prog: • design and implement care pathways • enhance & maximise PC.	**How will this move into Manx Care?** Work has commenced on identifying pathways. A need to review Community Care Directorate (CCD) services to enable delivery of PC at scale.
Comment From the intentions set out in the 5-yr Strategy to date, very slow progress. It took 2 years to produce an IC Vision document and further time to agree WWP. Securing funding disappointing; major implications and further delays for the WWP. Overall approach to IC has been disjointed, lacking support and resources	**RAG rating Amber**

PUBLIC HEALTH	
5Yr Strategy 2015-2020 2016 People to take responsibility for own health 2017 Establishment of PH outcomes framework 2017 Launch Stoptober – stop smoking initiative 2017 Annual Report – A Healthy Island 2018 Supervised toothbrushing plan in 2018 Physical activity, diet and obesity indicators 2018 Development of Hi reporting 2018 Annual Report – Childhood Healthy Weight 2019 Annual Report – An Equal Society	**5-YR comment** 2017 Annual report first since 2014 Intentions clear in the PH Business Plan 2018 Failed to get assurances of On Island screening services– Red on risk register. Greater emphasis on education of what PH do and refocus of services provided 2020 - iteration of the 2018 PH Outcomes Framework and expansion to encompass Wider Determinates of Health Profile
4Yr Service Delivery Plan SDP 2017 - Develop a PH outcome dataset Complete work with the JSNA for drugs & alcohol Support more people to stop smoking 2018 - Quality assurance screening programmes Needs assessment into children's oral health Develop programmes for child obesity Conduct domestic abuse JSNA 2019 - Develop programme to reduce childhood obesity and children's oral health Produce the Dental Public Health, Oral Strategy for Children 0-11 years and Oral Health needs Develop and implement MECC Pilot Programme Develop weight management implementation	**SDP Comment** 2016 Interim Director in post brings stability JSNA completed for Drugs & Alcohol, strategy approved by Tynwald. Outcomes framework done. 2017 Work on indicators for physical activity, diet & obesity comparable with other areas of the UK. Governance and reporting of JSNA's still to be agreed. Issues re: governance of screening progs. 2018 JSNA's need political support as failed to achieve funding and support from other Depts. Introduction of MMEC Audit of screening programmes brought in house to be done by Internal Audit. 2020 PH move to CABO from April 2020
3Yr P4G 2017 2018 Physical Activity Survey 2019 Healthy Life Expectancy Survey	**P4G Comment** Physical Activity Survey took place in last quarter of 18/19. No data available until May20 Analysis of Health Life Expectancy Survey fell short of expectations and delayed outcomes. Female life expectancy=57.9yrs-below benchmark Screening KPI consistent uptake - exception breast cancer.
2Yr IHR Recs: 9: PH to be moved to CABO to provide advice and guidance across government 10: PH resourced and funded to undertake JSNAs	**IHR Recs Comment** Work continued throughout 19-20 to ensure that all measures were considered for PH to transition into CABO The JSNA work has been piecemeal & frustrating.
Future Work has commenced to review the Public Health legislation looking at best practice in other jurisdictions to underpin a modern public health function. Undertake needs assessments to provide baseline health and care needs to provide evidence-based service design and an understanding of demand.	**How will this move into Manx Care** PH at the center of Govt. working across all departments with a wider, more inclusive remit. PH will continue to support DHSC with specialist & technical advice. DHSC/MC will provide assurances that PH programmes including preventative measures meet expected standards. Better understanding through provision of baseline data should provide better design of services improving outcomes.
Overall Comment: PH work has a more cohesive plan, evidence of the SDP objectives and the Strategy being progressed. The current Director has provided good leadership. PH has a clear work schedule. IHR identified issues of resources & commitment for JSNA to become a key part of Transformation	**RAG rating Green**

HSCC Member Links to Officers 2019-20 — Appendix F

	HSCC member	Department link		HSCC member	Department link
HSCC Liaison	Sue Gowing	Nicola Grose EA CEO Georgina Jones EA Min	**Managing Political Process**	Annual - All members 1:2 Bi-Annual Sue Gowing David T	Minister David Ashford
Mental Health	Malcolm Norris	Angela Murray, Director CCD inc. Mental Health	**Leadership Governance**	Sue Gowing David Trace	Kathryn Magson Interim CEO Karen Malone DCEO Governance
Nursing	David Trace	Cath Quilliam Director of Nursing Nursing, Midwifery & HCA Regulation	**Community Partnerships** **Care Quality & Safety (CSQC)**	Julia Kaye Andrew Cole	Paul Jackson Peel Pilot Project Cath Quilliam, Head CQ&S CCD
Executive Steering Group for Commissioning	David Trace	Angela Murray ICEO Tanya Hewitt - Nobles Will McCann - Community	**Human Resources** **Legislation**	Derek Booth Derek Booth	Anne Corkill, OHR DHSC Partner Hansard
Integrated Care	Julia Kaye Andy Guy	Paul Jackson Integrated Care Vision	**Patient Safety PQSC- Nobles**	Sue Gowing	Chris Till Sue Waddecar Patient Safety
Cancer	John Beckett Malcolm Norris	Tim Moughtin Theresa Faragher	**Hospitals**	Sue Gowing	Angela Murray COO Nobles Management & Clinical Boards
Public Health **Programme for Government (P4G)**	Julia Kaye Andy Guy	Henrietta Ewart, Director Public Health Georgina Jones EA Min	**Communications** **Informatics QC**	John Beckett Andrew Cole	Marian Kenny Comms partner DHSC Gregor Peden Chair IQC

Appendix G

Alphabetical List of Acronyms	
5-YR (STRATEGY)	5- YEAR STRATEGY
ALB	Arms-Length Body
ALMO	Arms-Length Management Operation
AMU	Acute Medical Unit
AO	Administrative Officer
BAU	Business as Usual
BC	Business Case
CABO	Cabinet Office
CAMHS	Child and Adolescent Mental Health Service
CAN	Clinical Assessment and Noting
CARE	Committed, Appreciative, Respectful, Excellent
CCD	Community Care Directorate
CCD	Clinical Care Directorate
CGB	Clinical Governance Board
CHS	Community Health Service
CHSET (now defunct)	Community Health Service Executive Team
CIPs	Cost Improvement Plans
COG	Chief Officers Group
COO	Chief Operating Officer
COPD	Chronic Obstructive Pulmonary Disease
CPD	Continuous Professional Development
CPS	Crown Prosecution Service

CQC	1. Care Quality Commission (UK) 2. Commissioning Quality Committee (IOM)
CQS (MHS)	Care Quality Safety (Mental Health Services)
CQSC	Care Quality and Safety Committee
CRC	Clinical Recommendations Committee
CS	Communications Strategy
CSCG	Cancer Services Coordination Group
CSSG	Cancer Strategy Steering Group
CSG	Cancer Strategy Group (dormant)
CSST	Core Scrutiny Sub Team HSCC
CWS	Community Well-being Service
DAT	Drug and Alcohol Team
DATIX	Incident recording platform
DBS	Disclosure & Barring Service – recruitment check
DCEO	Deputy Chief Executive Officer
DCH	District Cottage Hospital
DESC	Department of Education Sport and Culture
DHA	Department of Home Affairs
DHR	Digital Health Records
DHSC	Department of Health and Social Care
DHSCCPB/(CPB)	DHSC Change Programme Board
DPA	Data Processing Agreement
DPB	Digital Programme Board
DPH	Director of Public Health ??? in Public Health combo
DPIA	Data Protection Impact Assessment

DPS	Day Procedures Suite
ED	Emergency Department
EMC	Executive Management Committee
ELT	Executive Leadership Team
EMI	Elderly Medical Infirm (Care Home)
EMIS	Digital clinical web system used for GP overnight updates (related to Medway)
EPMA	Electronic Prescribing and Medicines Administration
FCC	Finance and Commissioning Committee
FD / FD8	Financial Directive within Government financial regs. FD8 is a specific waiver
FG	Focus Group
FQC	Finance Quality Committee
FRWG	Francis Report Working Group
GDPR	General Data Protection Legislation
GMC	General Medical Council
GTS	Government Technology Services
HES	Hospital Episode Statistics
HIF	Health Improvement Fund
HPA	Health Protection Agency (UK)
HPC	Health Protection Committee
HRQC	Human Resources Quality Committee
HSCC	Health Services Consultative Committee
IAPT	Improving Access to Psychological Therapies
ICEO	Interim Chief Executive Officer
ICT	Information Communications Technology
IDCR	Integrated Digital Care Record

IGSC	Information Governance Steering Group
IHR	Independent Health Review
IMS	Information Management Strategy
IQC	Informatics Quality Committee
JSNA	Joint Strategic Needs Assessment
KM&T	Health Consultancy
KPI	Key Performance Indicator
LEaD	Learning, Education and Development
LREC	Local Research Ethics Committee
LSA	Local Supervising Authority (UK)
MDT	Multi-Disciplinary Team
MECC	Make Every Event Count
MEDS	Manx Emergency Doctor Service
MHC (now defunct)	Mental Health Committee
MHD	Mental Health Directorate
MHPSQC	Mental Health & Patient Safety Quality Committee
MHS	Mental Health Service
MIAA	Merseyside Internal Audit Agency
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MRSA	Methicillin-resistant Staphylococcus aureus
NET	Nobles Executive Team – now Senior Management Team
NHCA	National Health Care Act
NHCS	National Health and Care Service
NHCGS	National Health and Care General Scheme

NICE	National Institute for Health and Clinical Excellence (UK)
NMAC	IOM Nursing and Midwifery Advisory Council
NMC	Nursing and Midwifery Council
NOECPC	North of England Commercial Procurement Collaborative - Membership
NPSA	National Patient Safety Agency (UK)
OAT	Out of Area Treatment
OD (STRATEGY)	Organisational Development
OHR	Office of Human Resource
OPMHS	Older Person's Mental Health Service
PA	Patients Association
PAC	Pre-Assessment Clinic
PAC	Public Accounts Commission
PC	Primary Care
PEIs	Patient Experience Indicators
PH	Public Health
PHSM	Public Health Staff meeting
PIC	Patient Information Centre (at Noble's)
PID	Programme Initiation Document
PiP	People Information Programme
PMO	Programme Management Office (was Change Programme Board CPB)
PPU	Private Patients Unit
PRN	Peer Review Network
PS	Patient Safety
PSF	Patient Safety Forum
PSQC	Patient Safety Quality Committee

PSW	Patient Safety Walks
PTL	Patient Tracking List
PTM	Patient Tracking Meeting
PTR	Patient Tracking Report
QC	Quality Committee
QCF	Quality Care Framework
QIP	Quality Improvement Programme Board
QS	Quality Strategy
R & R (STRATEGY)	Recruitment & Retention
RAG	Red, Amber, Green rating system
RCA	Root Cause Analysis
RCN&M	Royal College of Nursing and Midwifery (UK)
RDCH / RCH	Ramsey and District Cottage Hospital / Ramsey Cottage Hospital
RiO	Mental Health system for patient records
RQF	Regulated Qualification Framework
RR	Risk Register
RSST	Resource Scrutiny Sub Team HSCC
SAPRC	Social Affairs Policy Review Committee
SCR	Somerset Cancer Register
SDP	Service Delivery Plan
SDPA	Service Delivery Plan Actions
SDPP	Service Delivery Plan Priorities
SEQC	Stakeholder Engagement Quality Committee
SLA	Service Level Agreement
SMT	Senior Management Team

SNAP	System for drug calculations by nurses
SPCC	Social Policy Consultative Committee
TC	Tertiary Care
TOR	Terms of Reference
TQC (now Defunct)	Transformation Quality Committee, now Programme Management Office PMO
UCP	Urgent Care Practitioners
UCM	University College Isle of Man
VFM	Value for Money
WMQRS	West Midlands Quality Review Service