



Isle of Man
Government

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Programme for Government

2020/21 Q3 Performance Report

DHSC Q3 2020/21 Programme for Government Update

At the beginning of the COVID-19 pandemic the Council of Ministers suspended the Programme for Government, and any work within it, to bring to bear the complete resources of the public service in the fight against the virus. As such there was no reporting completed for the first half of 2020/21.

Since the last formal report of progress at the end of 2019/20, a number of changes have been made to the commitments within the Programme, more detail of which can be found here: <https://www.gov.im/about-the-government/council-of-ministers/the-council-of-ministers/programme-for-government-2016-21-reports/>

This paper provides an update on Q3 performance, which as usual is set out in the following sections:

1. National Indicators – a number of National Indicators have been transferred with Public Health to the Cabinet Office, and will form part of their reporting in future.
2. Key Performance Indicators – Significant work is currently being undertaken to establish a formal and regular system of data collection across all clinical services within Manx Care, this is likely to result in a number of enhancements to this section throughout 2021/22.
3. Actions – As acknowledged in the last published report, a number of the DHSC's Programme for Government actions are impacted upon (or will be delivered alongside) activity that is being progressed by the Health and Care Transformation Programme. As such, and as in previous years, these actions have been reviewed and revised, setting out clearly the priorities in the wake of the pandemic.

1. Programme for Government - National Indicators

OUTCOME	National Indicator(s)	Explanation	Measure	Q4 19/20 - Data	Q3 20/21 - Data
We have affordable and accessible housing which meets our social and economic needs	Reduce the time that people wait for residential or nursing care	It's important that as people get older they have accommodation that meets their needs. If people don't have to wait as long for the right accommodation, they will be able to live more independently for longer. We will measure the length of time people are waiting for residential or nursing placement following a needs assessment.	Number of eligible people on the waiting list for residential or nursing care following needs assessment	Impact of COVID-19 has resulted in significant distortion in terms of statistical data and information, meaning it has not been possible to extract this data for Q4.	8 nursing (1 of which is waiting for EMI nursing). 3 DHSC residential from the hospital ⁽¹⁾
We have improved the quality of life for children, young people and families at risk	Improve safety in care environments and protect people from avoidable harm	We need to look after the most vulnerable people in our society, particularly in care environments. We will measure the number of reported incidents in care environments.	The number of reported Safeguarding alerts in adult care homes	26	Data currently not available ⁽²⁾
	Increase the number of families supported out of early help assistance	If we can support more families to become independent so that after an initial intervention they are able to return to a more stable life, then we will know that our early intervention is working. The Children's Services Partnership will provide this data.	Number of families entering early help that were supported out of assistance and remained so	89%	96%
	Maintain the number of children in care relative to current UK benchmark	We want to protect children who are vulnerable or at risk. Currently the number of children in care is below the UK average which is a good benchmark to maintain.	Number of children under 18 in care per 10k of population compared to UK figures	5.6 per 1,000	5.2

	Maintain number of children with child protection plans relative to UK benchmark	It's important that vulnerable and at risk children have a plan in place which sets out the right level of intervention. Currently the number of children with child protection plans is below the UK average which is a good benchmark to maintain.	Number of children under 18 subject to a child protection plan per 10k of the population compared to UK figures	5.8 per 1,000	6.2 ⁽³⁾
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¹ These figures are within expected range / tolerance as a number of factors influence them, including an individual's financial position and their personal choice of home. Work is however progressing to improve processes and therefore reduce wait times.

² Data currently not available due to an administrative issue relating to capacity constraints within associated resources. Work is currently progressing on a solution to address this, and Q3 performance will be included within the Q4 report.

³ Although this figure is above target range it is within acceptable tolerance. The position remains closely monitored.

2. Programme for Government - Key Performance Indicators

OUTCOME	POLICY STATEMENTS	KPI	Baseline	Target	Q4 19/20 - Data	Q3 20/21 - Data
We live longer, healthier lives	We will help everyone to take greater responsibility for their own health, encouraging good lifestyle choices	Maintain our uptake of adult screening programmes at current levels	Cervical – 80% Bowel – 63% Breast – 72%	Cervical – 80% Bowel – 63% Breast – 72%	Cervical – 80.93% Bowel – 58.01% Breast – 72.71%	Cervical – 76.28% ⁽¹⁾ Bowel – 59.62% ⁽¹⁾ Breast – 76.06% ⁽¹⁾
		Maintain percentage of eligible population registered with GP online services	27%	27%	33%	33%
	We will help people to 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. These include conditions like asthma, diabetes and epilepsy	16%	13%	See note below	Data not currently available ⁽²⁾
		Increase and maintain bed utilisation / occupancy levels at Ramsey Cottage Hospital	80.1%	85-90%	88.3%	75% ⁽³⁾
		Reduce adult acute mental health bed occupancy	92%	85%	90%	93% ⁽⁴⁾
		Increase in 5 day discharge follow-up rate by Mental Health Services	94%	100%	95%	92% ⁽⁵⁾
		Older people will be transferred to Community Social Work team caseloads within three months of being on a Hospital Social Work team caseload	10%	90%	80%	79% ⁽⁶⁾
	We will improve	The hospital will achieve 93% aggregate performance for 2 week cancer waiting times	80.3%	93%	85.8% (FYTD aggregate 83%)	74.5% (FYTD aggregate 70.8%) ⁽⁷⁾

	services for people who really need care in hospital	No patient will wait >52 weeks for elective inpatient surgery	6.4%	0%	10.7%	26.43% ⁽⁸⁾
		ED attendances less than 4 hours from arrival to admission, transfer or discharge	79.5%	85%	76%	66.52% ⁽⁹⁾
		ED attendances less than 6 hours from arrival to admission, transfer or discharge	92.3%	95%	89.1%	85.78% ⁽⁹⁾
		Reduce ED mean waiting time	159 minutes	135 minutes	177 minutes	224 minutes ⁽⁹⁾
	We will work to ensure that everyone receives good value health and social care services	Maintain spend against budget through delivery of the cost improvement plan	101.4%	100%	103.5%	103.1%
	Maintain the number of patients travelling to the UK for outpatient first attendances and follow up treatment and provide care where appropriate locally	5994	5994	1,630 patients (7,139 full year figure)	Data currently not available ⁽¹⁰⁾	
We have improved the quality of life for children, young people and families at risk	We will provide safeguards for people who cannot protect themselves	In relation to adult safeguarding alerts meeting the threshold for further investigation, increase the proportion of cases where the views and wishes of the person concerned (and their carers when relevant) were sought and documented	95.5%	100%	100%	Data currently not available ⁽¹¹⁾
		Maintain the proportion of adult safeguarding alert cases meeting the threshold for further investigation where the person concerned feels safer after the intervention	87%	87%	80%	Data currently not available ⁽¹¹⁾
		We will meet all compliance standards for milestones within the Safeguarding adult's policy and procedures	93%	85%	55%	Data currently not available ⁽¹¹⁾

Exceptions / Notes:

¹ Cervical and Bowel Screening uptake rates are below target due to the impact of the COVID-19 pandemic, as screening services were suspended for a number of months. This situation is replicated across the United Kingdom. Bowel and Breast Screening data is reported one quarter in arrears, as accurate uptake figures can only be calculated several weeks after the end of each quarter. Accordingly the figures provided relate to Q2.

² The ability to report against this indicator remains impeded by ongoing issues relating to the coding of clinical data. Plans are currently being finalised to establish and develop this essential function across Manx Care throughout 2021/22.

³ Due to the increased acuity of admissions into Noble's hospital there were less opportunities for patients to be stepped-down to Ramsey District Cottage Hospital. This position is continuously assessed against a strict admissions criteria.

⁴ Bed occupancy rates increased in November and December of 2020 compared to the same period last year, and an increased length of stay was seen across the quarter when compared to the equivalent months of 2019. This is likely a consequence of the acuity of the patient's mental state when admitted and the complexity of their needs. During the quarter it was reported that more leave beds were being used for new admissions, which would have further increased the bed occupancy rates. From a Glen Suite perspective the loss of 50 residential beds in Ballasalla has meant a higher demand for residential beds across the Island, which has made it more difficult to place people when they are ready to move from the ward.

⁵ The Mental Health Service changed the way in which they measure performance against follow-up rates during Q3 - reducing from 5 days to 3.

⁶ Although there has been a slight reduction against Q4 2019/20 performance, good progress is still being made against the initial baseline. Further progress will be made towards achieving target performance once capacity issues are resolved.

⁷ Breast and Colorectal / Upper GI are the two sites most impacting performance, however it should be noted that the comparatively small number of patients listed within the 2WW cohort results in volatility in performance:

- Breast - encountered a sustained high number of referrals into the service, which have outstripped weekly capacity and therefore adversely affected Q3 performance. One such example is a total of 29 breast referrals received on week closing 16th October 2020. Significant referral upgrades also this quarter, such as 13 upgrades on week closing 9th October 2020, and 16 on week closing 13th November 2020.
- Colorectal / Upper GI – capacity and demand of the endoscopy service is adversely affecting those on a straight to test (STT) pathway, this cohort of patients being those whereby a scope is their first appointment. A fortnightly waiting list initiative was delivered during Q3. The service received a high number of referrals, such as 26 on week closing 13th November 2020, and 22 on week closing 29th November 2020.

⁸ Waiting times for Elective Inpatient Surgery have increased considerably since Q4 2019/20 predominantly due to the suspension of non-emergency and elective surgery during the first half of the year due to the COVID-19 pandemic. This has been exasperated further at the end of November, with the further suspension of inpatient elective orthopaedic procedures as part of the activation of the winter escalation plan.

⁹ The Emergency Department encountered an increase in activity throughout the quarter, whilst the number of attendees presenting with increased complexity was also higher than usual. This resulted in the need to operate separate Red and Green Zones, which enabled the department to look after potential COVID patients and normal attendances safely.

¹⁰ Data currently not available due to an administrative issue relating to capacity constraints within associated resources. Accordingly, Q3 performance will be included within the Q4 report. It should be noted however that the Island is currently operating under a border framework which introduced new requirements for entry certificates, landing forms and direction notices following travel off Island. As part of the response to the Covid-19 pandemic, all patients travelling off Island for treatment are required to be assessed prior to booking for treatment need and escort requirement. As such, the department has been able to repatriate a number of patients travelling off Island unnecessarily for treatment which is available at Noble's Hospital. Tertiary Care Providers have also supported the department to convert a number of services from face to face to remote delivery which again has reduced travel requirements. Unfortunately due to the situation in UK hospitals, a number of planned appointments will have either been cancelled or delayed by the hospital or the patient due to the pandemic which will have had an effect on activity.

¹¹ Data currently not available due to an administrative issue relating to capacity constraints within associated resources. Work is currently progressing on a solution to address this, and Q3 performance will be included within the Q4 report.

3. Programme for Government - Actions

Outcome	Action	Owner	Target Delivery Date	Q4 2019/20 - Update	Q3 2020/21 - Update
Responsible Island					
We have more responsive legislation and regulation	Introduce the Adoption Bill	David Ashford MHK, Minister	Mar-21	n/a – new action	The Adoption Bill has concluded its public consultation. The consultation report has been published (15 th December 2020) and the resultant Bill will be introduced into the branches of Tynwald during the early part of 2021.
	Introduce the Medicines Bill	David Ashford MHK, Minister	Mar-21	n/a – new action	The Bill designed to regulate the administration of medicinal products, and for connected purposes, has commenced its passage through the House of Keys, Legislative Council and will return to the House in early 2021. This Bill will conclude during the current parliamentary year.
Healthy and Safe Island					
We live longer, healthier lives	Develop and bring the implementation of a digital strategy that ensures comprehensive capture, sharing and use of information. This will enable greater integration across the system, improved monitoring and enhanced delivery of quality and efficiency-related information	David Ashford MHK, Minister	Mar-21	<p>Many digital health activities have seen unanticipated delays due to the COVID-19 pandemic and the reallocation of resource.</p> <p>Infection Prevention & Control Surveillance remains in delivery. Clinical Assessment and Noting has continued to progress, hardware resourcing issues have been resolved</p>	<p>A number of initiatives have been delivered since the last update, including the Infection, Prevention & Control Surveillance system, Clinical Assessment and Noting (including eDischarge) and the RiO7 upgrade.</p> <p>A revised strategy has been developed and approved by the Transformation</p>

				<p>and new devices and charging units have been deployed. The application has been upgraded and the first two assessments have been delivered into live. A refreshed delivery plan has been agreed. eDischarge has been developed and is currently in delivery.</p> <p>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.</p> <p>RiO 7 upgrade work was temporarily suspended – work is due to resume in June 2020.</p> <p>The Integrated Digital Record business case is being referenced as part of wider digital health transformation work which is also resuming imminently.</p> <p>In addition to this the Digital Strategy Transformation project commenced in January. A Working Group was established which developed a revised delivery schedule and a refreshed Digital Strategy. This activity was also impacted by COVID-19, but work has commenced on strategic requirements, and the potential delivery and development of a revised governance model.</p>	<p>Political board, and is now moving into implementation.</p>
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<p>We live longer, healthier lives</p>	<p>Implement the Mental Health and Learning Disabilities services strategic plans</p>	<p>Ann Corlett MHK</p>	<p>Dec-21</p>	<p><u>CAMHS Service Specification</u> – a presentation to be delivered by the external provider was unable to be arranged in a timeframe that would enable any real progression with the spec. Internal clinical teams are reviewing pathways in order to move this forward.</p> <p><u>Autism Pathway</u> - now progressing as a Transformation pathfinder initiative.</p> <p><u>Forensic Pathway / Custodial Service</u> – there are now have 3 FTE mental health professionals embedded with the police. The Mental Health Police Liaison Service (MHPLS) accepts referrals directly from the police, undertaking community based and custody based assessments to facilitate onward referral to the correct care pathway. An additional, yet intrinsic role is providing assessment reports to the courts to inform decision making for sentences. The process and report template was provisionally agreed with the judiciary in late February 2020, we are anticipating that this will go live in June.</p> <p><u>Core Recovery Service</u> – work progressing on revised service specification.</p>	<p>The Mental Health strategy was reviewed and updated, and now continues until 2025.</p> <p>The 3rd Learning Disability Strategy 2020 - 2025 went live in November 2020 with the responsibility for its implementation being led by the Learning Disability Partnership Board. The key themes of the strategy, Housing & Accommodation, Equal Access to Healthcare, Fair Access to Employment & Inclusion not Isolation will each have an individual work stream that will report quarterly to the LD Partnership Board. The Learning Disability Partnership Board met on 17th December for the first time since the launch of the new strategy and agreed both the reporting structure and also to prioritise the key themes of Employment, Healthcare alongside Improved Communication.</p>
<p>We live longer, healthier lives</p>	<p>A comprehensive governance and accountability framework should be established aligned to agreed standards and</p>	<p>Jason Moorhouse MHK</p>	<p>Jan-21</p>	<p>The project within the Transformation Programme was only established in March, and as such no significant progress was made during Q4.</p>	<p>The clinical and care governance framework, which is a requirement under clause 22 of the Manx Care Bill, will have the effect of setting professional standards and practice on the island</p>

	<p>underpinned, where necessary, by legislation. A single public sector organisation, perhaps to be known as "Manx Care", should be responsible for delivery and/or commissioning from other providers of all required health and care services</p>			<p>Comprehensive update anticipated Q1 2020/21.</p>	<p>which all staff involved in the delivery of clinical services and care would be required to follow. It is part of the current system-wide governance proposals, and very much part of the future governance model for both DHSC and Manx Care.</p> <p>Work has commenced by DHSC clinical leadership on the development of the governance interrelationships within the future Manx Care. This work continues into 2021 being documented and formulated further by the Transformation Team ahead of the establishment of Manx Care.</p>
<p>We live longer, healthier lives</p>	<p>Primary and/or Secondary legislation should be introduced as required, and included in the legislative programme as soon as possible, in order to form a modern, comprehensive legislative framework. This legislation should address weaknesses or gaps in the current system as well as enabling the implementation of the recommendations contained in the Independent review, such as any necessary legislation to establish Manx Care</p>	<p>Jason Moorhouse MHK</p>	<p>Mar-21</p>	<p><u>Adoption Bill</u> - the Department has received a first draft of the Adoption Bill from Chambers.</p> <p>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.</p> <p>The Legislation Team anticipates work recommencing on the Bill in the early weeks of August 2020. Plan is to complete within this administration.</p> <p><u>Manx Care Bill</u> - Public consultation commenced in March (closes 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</p>	<p><u>Adoption Bill</u> – will enter the branches in early 2021.</p> <p><u>Manx Care Bill</u> – has concluded its passage through the Branches ahead of progression for Royal Assent in spring 2021. This timeline permits the establishment of Manx Care on 1 April 2021.</p> <p>Associated secondary legislation establishing the Duty of Candour has commenced its consultation in mid-December 2020.</p> <p><u>Capacity Bill</u>: policy consultation has been completed with resultant Bill to commence public consultation in early 2021.</p>

				<p>team and a paper is due to be progressed through the Political Board in May.</p>	<p>Amendments to Secondary Legislation (medicines and COVID-19 vaccine programme). A number of Regulations were passed in November Tynwald and scheduled for January 2021 to facilitate the necessary amendments for prescribers and issuing of specific medicines.</p>
<p>We live longer, healthier lives</p>	<p>A core data set is essential for the management and assessment of services and should be established</p>	<p>David Ashford MHK, Minister</p>	<p>Mar-21</p>	<p>Substance Misuse Data set Initial indicators have been compiled for review, with work underway to identify and/or construct additional indicators.</p> <p>As new services are established or existing services are redesigned, data sets will be created to support the management of performance and KPI's. A significant amount of this forms a crucial part of the Transformation activity.</p> <p>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 regarding the prioritisation of data, quality review of existing data and systems was placed on hold due to COVID-19.</p>	<p>Significant work being undertaken as part of the Transformation Programme's Information & Digital project to establish a formal and regular system of data collection across all clinical services within Manx Care.</p> <p>By 1 April 2021, the majority of clinical services delivered within Manx Care will own a performance schedule with accompanying reporting mechanisms producing data to support the measurement of a minimum of three KPI's.</p> <p>All measures will be reviewed by the Information & Digital project team in liaison with Heads of Service within Manx Care and is therefore subject to change/improvement. Measures will be incorporated into each service's formal reporting structure.</p>

<p>We live longer, healthier lives</p>	<p>Achieve maximum waiting times after referral for non-urgent consultant-led treatments of 18 weeks</p>	<p>David Ashford MHK, Minister</p>	<p>Mar-23</p>	<p>A whole system scoping exercise has not been completed in light of the focus on pathways and service by service review(s) as required by the adopted Sir Johnathan Michael review and subsequent Transformation Programme. The first prioritised project initiation documents have been agreed by the Transformation Programme, these include:</p> <ul style="list-style-type: none"> • Undertake Needs Assessment • Undertake Service-by-Service Review • Design and Implement Care Pathways <p>Diabetes and Cardiovascular are the first pathfinder services to be reviewed and relevant targets will be identified within this process.</p>	<p>The initial focus has been on the progression of the prioritised Pathfinders, which aim to ensure that care is provided in the most appropriate setting at the most appropriate time. This comprehensive process incorporates input from a variety of stakeholders (including providers from across care settings as well as service users), in the development and application of consistent and integrated pathways, which in turn will improve access to services.</p> <p>The immediate priority is on addressing current waiting lists, but as we move towards the formal establishment of Manx Care, an Integrated Performance Management Framework is to be developed, underpinned by a set of agreed outcomes. This framework, alongside a revised governance structure and improvements in the capture and use of data, will facilitate effective performance management.</p>
<p>We live longer, healthier lives</p>	<p>Introduce a unitary complaints process in the DHSC</p>	<p>David Ashford MHK, Minister</p>	<p>Jan-21</p>	<p>No further progress was made during Q4 as planning commenced for response to COVID-19.</p> <p>From a Transformation perspective the policy will be included within the National Health and Care Services Bill, timescales to be discussed with DHSC and AGC.</p>	<p>The establishment of Manx Care has facilitated the review of the current complaints process. Hospital and Community Services have a single complaint service with Children and Families retaining their staged approach.</p> <p>In December the Department approved policy instructions for the amendment to</p>

				<p>Manx Care project will be looking at the new complaints process.</p>	<p>existing Complaints Regulations to ensure Manx Care adopts the current aligned Hospital and Community process, along with reporting and accountability of the same to the DHSC.</p>
<p>We live longer, healthier lives</p>	<p>Introduce overhauled and sustainable private medical services</p>	<p>David Ashford MHK, Minister</p>	<p>Jun-20</p>	<p>The remaining private healthcare activity and the project to deliver an overhauled and sustainable private medical service was suspended due to the Covid-19 emergency pandemic situation.</p> <p>The PPU has been refurbished and re purposed for extra bed capacity for the hospital for the Covid-19 impact.</p>	<p>Refurbishment work has been completed following the repurposing of the Private Patients Unit (PPU) during the COVID outbreak.</p> <p>Private healthcare services (Tier one) have resumed, covering outpatient consultations, pre-operative assessments and diagnostic work in a number of specialities.</p> <p>The next level of services (Tiers two and three), covering agreed speciality procedures and requiring an overnight stay between 1 and 3 nights in the Private Patients Unit have been hindered due to recruitment difficulties.</p> <p>Adverts have been placed for Limited Term Appointment staff, which has resulted in a poor response with no suitable applicants. Inpatient care cannot be provided utilising Bank staff only and recruiting via agency has yielded little success generally, with border limitations compounding issues.</p>