

APPENDIX A: Past HSCC Key Recommendations reviewed against DHSC ratings 2015-2020

The HSCC Key Recommendation: STRATEGIC	HSCC 2015-2020	PREVIOUS Annual Report Recommendations	DHSC rating	HSCC rating
R3 2015-16		Shift from Acute to Community Integrated Care Hubs - establish reconfigured services with a funded plan		
HSCC comment		Slow progress. IC definition 2018; funding 2019, W hub; further regions pending. No IC Record	Green	Amber
R4 2015-16		Department to determine service prioritisation and clearly articulate to the public		
HSCC comment		Though service Pathfinder reviews in progress with public engagement, on/off Island remains unclear	Amber	Red
R5 2015-16		Resolve Patient flow, Acute bed capacity and Nursing Home provision, including funding solutions		
HSCC comment		Despite intermittent initiatives, these issues remain. Funding remains unresolved.	Green	Red
R8 2015-16		Urgently review nurse establishment levels to match demand to nursing resources		
HSCC comment		Reviewed 2016. DHSC states generous resourcing compared with UK. Overseas recruitment in progress.	Green	Amber
R9 2015-16		Resolve flawed data and statistics across all areas of the health service		
HSCC comment		All long agreed as key to any significant progress; Some dashboards still in development, much to achieve	Green	Amber
R10 2015-16		Develop a cross-cutting dementia strategy and Implementation Plan		
HSCC comment		Summerhill View which has a potential 15 dedicated dementia beds was given the green light in June 2020.	Amber	Amber
R14 2015-16		Create targeted capacity to action key deliverables of Quality Improvement Programme work streams		
HSCC comment		Many WMQRS recommendations remain unachieved though some are reviewed by PSQC	Green	Amber
R16 2015-16		Prioritise new legislation to support the 5 year plan goals and objectives		
HSCC comment		2016 H&SC Bill abandoned, Manx Care Bill is late, NHS Reform Act now expected in 2022	Amber	Red
R1 2016-17		Integrated care model clearly defined and resourced to facilitate service transfer and management		

HSCC comment	Western project established; Southern project delayed due to COVID restrictions. North and East to follow.	Amber	Amber
R8 2016-17	Monthly production of accurate staff absence data, with KPIs reviewed quarterly at CEO level		
HSCC comment	On OHR agenda. Slow. Absence data at Nov OHR mtng. No solid targets, KPIs or improvement plan seen.	Amber	Red
R10 2016-17	Public Health continue to develop Joint Strategic Needs Assessment to support service prioritization.		
HSCC comment	JSNA service prioritisation now with Transformation Programme	Amber	Amber
R13 2016-17	Legislation should be prioritised by Transformation to underpin 5-year strategy progress		
HSCC comment	TQC replaced by PMO, which has not reported on this priority during 20/21. DHSC Bill is again delayed	Green	Amber
R1 2017-18	DHSC establish a future costed cancer plan by reviewing IOM National cancer plan 2012-22		
HSCC comment	Cancer Plan 2012-22 redundant. New Strategy/Plan/Pathways by TPMO Pathfinders. No costed plan seen	Amber	Amber
R9 2017-18	Urgently re-establish responsibility for Nursing/Health Care Assistant regulation		
HSCC comment	NMAC resumption and Chief Nurse post re-established in 2019.	Green	Green
R10 2017-18	DHSC improve screening services governance and secure Director of Public Health approval		
HSCC comment	Solid WIP. Specifications & Gap Analysis Breast, Cervical, Bowel screening done. Costed plan next. ROF4.4.5	Amber	Green
R11 2017-18	Review 2015-20 5-year strategy at mid-point in light of PAC findings and PfG aims		
HSCC comment	Completed in 2018. P4G action deadlines were extended by 2 years. PAC requirements partially met.	Green	Amber
R1 2018-19	Strong leadership and management support for Cancer Services Coordination Group for delivery		
HSCC comment	Changes of Chairmanship of CSCG & Cancelled quarterly meetings 2/4 impeded continuity and progress	Amber	Amber
R3 2018-19	Evidence based community care pathways are implemented, evidenced, audited and shared		
HSCC comment	ICP Board in place. Wellbeing Centres progressing. Western Centre established. TPMO leading pathways.	Amber	Amber
R6 2018-19	Urgent commissioning of a full review of health-related legislation, recommendations and strategies		
HSCC comment	MC Bill in place; DHSC bill 18 months away; MC related regulations updated efficiently and rapidly	Green	Amber

R7 2018-19	Separate CAMHS tier 2 into IAPT service and create funded dedicated autism pathway		
HSCC comment	Autism Pathway progressing. CAMHS/Drug and Alcohol model best practice under review to meet demand	Amber	Amber
R1 2019-20	Long awaited SLAs and pathways are finalised with Chester & Merseyside Cancer Alliance		
HSCC comment	SLAs not in place by HSCC March scrutiny report	Amber	Red
R6 2019-20	Manx Care and H&SC Bill should be prioritised so that legislation is passed in 2020		
HSCC comment	MC legislation 3rd reading December 2020, H&SC Bill still at least 18 months away	Green	Amber
R9 2019-20	The Department should directly secure, via the Mandate, effective Nurse Education		
HSCC comment	Still part of UCM. Plan to move to Manx Care OR establish robust SLA between Manx Care and UCM.	Amber	Amber
R12 2019-20	Assurance via robust SLAs that Public Health programmes are quality assured with defined outcomes		
HSCC comment	Internal Audit assessed in 2019	Amber	Amber
R13 2019-20	Reinstatement of the annual WMQRS report to Tynwald pending a replacement regulatory body		
HSCC comment	WMQRS reviews within PS&QC do not reach Tynwald as a report. No alternative yet developed	Red	Red
The Key Recommendations: ENGAGEMENT			
HSCC 2015-2020	PREVIOUS Annual Report Recommendations	DHSC rating	HSCC rating
R6 2015-16	Keep public informed of performance of Stepped Care Programme		
HSCC comment	Hospital to RCH to Home. Status unknown – possibly within Integrated Care Programme	Green	Amber
R11 2015-16	Develop/deliver OHR targeted projects to challenge the issue of high staff absence in Health Service		
HSCC comment	On OHR agenda. Slow. Workforce & Culture project. No solid evidence of plan or progress at OHR Meetings.	Amber	Red
R12 2015-16	Always publish and action recommendations of Patient Safety Walk Programme (PSW)		
HSCC comment	Care Quality Committee sees dashboard results which are shared more widely	Green	Green
R13 2015-16	PH should continue to expand on variety of outlets/methodologies encouraging/supporting self-care		

HSCC comment	Self-care being supported through Integrated Care Hubs and public health campaigns	Green	Amber
R15 2015-16	Develop 5 yr strategy plan delivery mechanisms through consultation and use of wider skills knowledge base		
HSCC comment	Lack of SDP in 20-21 has been unhelpful	Green	Amber
R4 2016-17	Wider adoption in non-technological areas of change management principles demonstrated by IQC		
HSCC comment	Good evidence of wider application of some principles but little bottom-up evidence, e.g. cultural change	Green	Amber
R9 2016-17	Improvement in collaborative working (community/social/acute) through adult discharge procedures		
HSCC comment	Improved discussions prior to transfers; +ve safety walks >54 compliments but also complaints re discharge	Green	Amber
R12 2016-17	Minimise negative operational impact of strategic developments on stakeholders		
HSCC comment	Engagement has improved in 2020	Green	Green
R5 2017-18	DHSC should involve itself at early stage in rationale/scope/implementation of projects such as PIP		
HSCC comment	Comment remains valid. Likely to be part of DHSC governance responsibility	Amber	Amber
R8 2017-18	SMT to focus on gatekeeping and smooth discharge in line with Integrated Care Strategy		
HSCC comment	Despite awareness, all parties involved in these processes seem unable to find solutions that stick.	Amber	Amber
R9 2017-18	Develop systems to overhaul HR functions via new SLA with DHSC for future workforce management		
HSCC comment	No evidence of long awaited SLAs. DHSC OHR Governance Committee must address SLAs and function	Amber	Red
R12 2017-18	Urgent re-establishment of effective governance, providing assurance to CEO and Tynwald		
HSCC comment	The move to Manx Care has driven the new Transitional Governance committees since September 2020	Green	Amber
R2 2018-19	Clarity by ELT in managing internal and external communications, including as standing agenda items		
HSCC comment	Massive change in Communications driven by the Senior DHSC & Manx Care Management – good progress	Green	Green
R8 2018-19	Create governance structure for Nobles SMT enabling debate, transparency, attribution and review		
HSCC comment	After a struggle, the SMT has made some progress in 2020 to be inclusive across the health estate	Green	Amber

R9 2018-19	Re-establish NMAC to provide adequate checks and balances for professional conduct		
HSCC comment	NMAC re-established in August 2019 and meets monthly with useful standing agenda items	Green	Green
R10 2018-19	OHR review shared service arrangements to reflect organisational change and PAC/SAPRC reports		
HSCC comment	MC Mandate 6.1.1 clear on OHR Shared Services responsibilities, and 2.12 Workforce CIP engagement.	Amber	Amber
R13 2018-19	Continue annual WMQRS Tynwald report to ensure sustainability of Priority Areas for Action		
HSCC comment	WMQRS reviews within PS&QC do not reach Tynwald as a report. No alternative yet developed	Amber	Red
R2 2019-20	Urgent priority to communication on Transformation Programme and other public engagement services		
HSCC comment	Senior DHSC & Manx Care Management have focused mainly on Employees – needs more External / Public	Green	Amber
R7 2019-20	Further effort with cross department initiatives to put the patient at the centre/eliminate silo working		
HSCC comment	Patient centred often quoted, less well actioned but with Manx Care continual monitoring is expected.	Green	Amber
R8 2019-20	Transparent operational decision making disseminated throughout services from Nobles Ops meetings		
HSCC comment	Whilst internal communications have improved, staff engagement requires additional efforts	Green	Amber
R10 2019-20	Improved attendance at mandatory/developmental training to secure regulatory/CPD requirements		
HSCC comment	No single reliable system that captures all mandatory training. LeAD tasked with resolving issues	Amber	Red
Key Reccs area: Finance and Commissioning	HSCC 2015-2020 PREVIOUS Annual Report Recommendations	DHSC rating	HSCC rating
R1 2015-16	Joint service commissioning should be followed where clear benefits are identified		
HSCC comment	Some evidence of pan government co-operation.	Green	Amber
R2 2015-16	Commissioned service contracts must have clear action plans evidenced as good value		
HSCC comment	Some progress through commissioning re the largest contract, but uncertainty for smaller providers	Green	Amber
R7 2015-16	Prioritise services and associated funding with clear mapping. Explain 'spend to save' with outcomes		

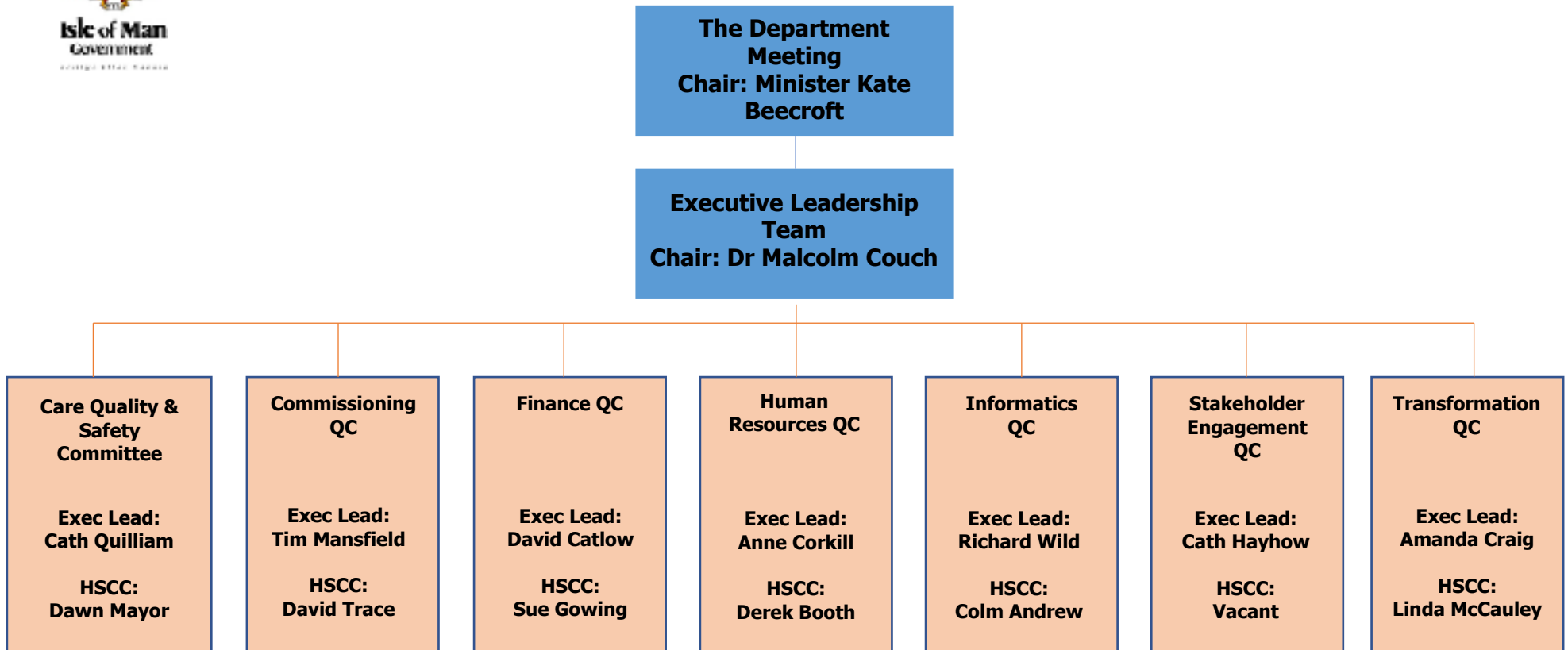
HSCC comment	Despite being a Programme for Government action, clarity on service priority and on/off island provision not achieved. Now with Transformation within CABO. Action 18:21. Limited use of Spend to Save mechanism	Amber	Red
R17 2015-16	Develop a funding strategy to support the 5 year plan 2016-2020		
HSCC comment	No DHSC Service Delivery Plan issued for 2020-21 by ICEO. Transformation has engaged in much analysis	Amber	Red
R2 2016-17	Completion of DHSC contract management catalogue, allowing control of health budget		
HSCC comment	Admin resource was not secured in 2020. Additional posts agreed as MC inherit an unsatisfactory position	Amber	Red
R3 2016-17	Divisions should bring proposals for significant expenditure to cross departmental scrutiny		
HSCC comment	Now a requirement through the Change management Board	Green	Amber
R5 2016-17	Management of Manannan Court ensures reduction in numbers referred to UK for treatment		
HSCC comment	Staffing shortage continues, compounded by CV19 referrals to the UK. Further backlog expected.	Amber	Red
R6 2016-17	In line with 2017 review, increase nurse staffing levels to meet ward occupancy, especially in medical wards		
HSCC comment	Pandemic challenging but considerable effort to ensure patient safety, hence local and overseas recruitment.	Green	Amber
R7 2016-17	Use a wider/more positive range of mechanisms to manage Nobles and meet cost improvement plans		
HSCC comment	Transfer of responsibility for CIPS now rests with Manx care to make 1% reduction in 2021	Amber	Red
R11 2016-17	Report WMQRS recommendation implementation via standing agenda items at QC and division level		
HSCC comment	PSQC on Workplan, other areas are not reviewing their WMQRS reccs at all.	Amber	Amber
R2 2017-18	Secure greater clarity, speed and efficiency dealing with contract management and asset replacement		
HSCC comment	Director of Infrastructure is content that improvements are evident and asset replacement is better recorded	Green	Amber
R3 2017-18	DHSC review funding strategy for urgent budget needs of Integrated Care Strategy		
HSCC comment	Funding agreed Nov 2019, incl. Local Area Coordinators, Wellbeing Partnerships leads. Target date exceeded.	Green	Amber
R4 2017-18	Improve financial and commissioning governance through ToR, membership and accountability review		

HSCC comment	Transition TORs introduced Sep 20 then reviewed by Mar 21. Memberships/accountabilities reviewed	Green	Green
R6 2017-18	Community Care Directorate to develop and fund an effective/smooth running Integrated Care Plan		
HSCC comment	Clear progress with some delays. Strong focus for the leadership of incoming Manx Care.	Amber	Amber
R4 2018-19	Additional resource to enable Nobles Commissioning to accelerate contract/compliance progress		
HSCC comment	Treasury permission to recruit 2 additional posts as part of Transformation roadmap to compliance project	Green	Amber
R5 2018-19	Resource is made available to drive forward essential digital projects such as the Manx Care Record		
HSCC comment	MC record resourced as separate significant medium term project in 2021 but no progress yet	Green	Amber
R11 2018-19	Patient safety impact assessment to be carried out in advance of all budget/resource/facility changes		
HSCC comment	Board risk register Feb 21 acknowledged continued lack of patient safety assurance dashboard	Green	Amber
R12 2018-19	Specific resources/commitments agreed through SPCC for all JSNA delivery prior to implementation		
HSCC comment	JSNA programme commences through pan Govt workshops autumn 21 following recruitment delays	Amber	Amber
R3 2019-20	Provide strategic support for assurance of patient safety via appropriate data, narratives, information		
HSCC comment	Single dashboard still a long way off but information provision has significantly improved	Amber	Amber
R4 2019-20	Executive steering group continues to identify future commissioning roles for DHSC, MC and Public Health		
HSCC comment	Now split into Strategic (DHSC) and Tactical (MC) parts, with MC recruiting for long awaited admin support	Green	Green
R5 2019-20	Release full capacity of software through timely provision of sufficient and appropriate hardware		
HSCC comment	Some progress has been made but significant hurdles remain, including staff resistance to change	Green	Amber
R11 2019-20	Find faster pathways to asset replacement rather than current 3-5 year timeframe via FD8 waivers		
HSCC comment	Even after hard won approval, asset replacement is slow, including those that impact patient safety	Amber	Amber

APPENDIX B: DHSC Governance Overview 2016-2021

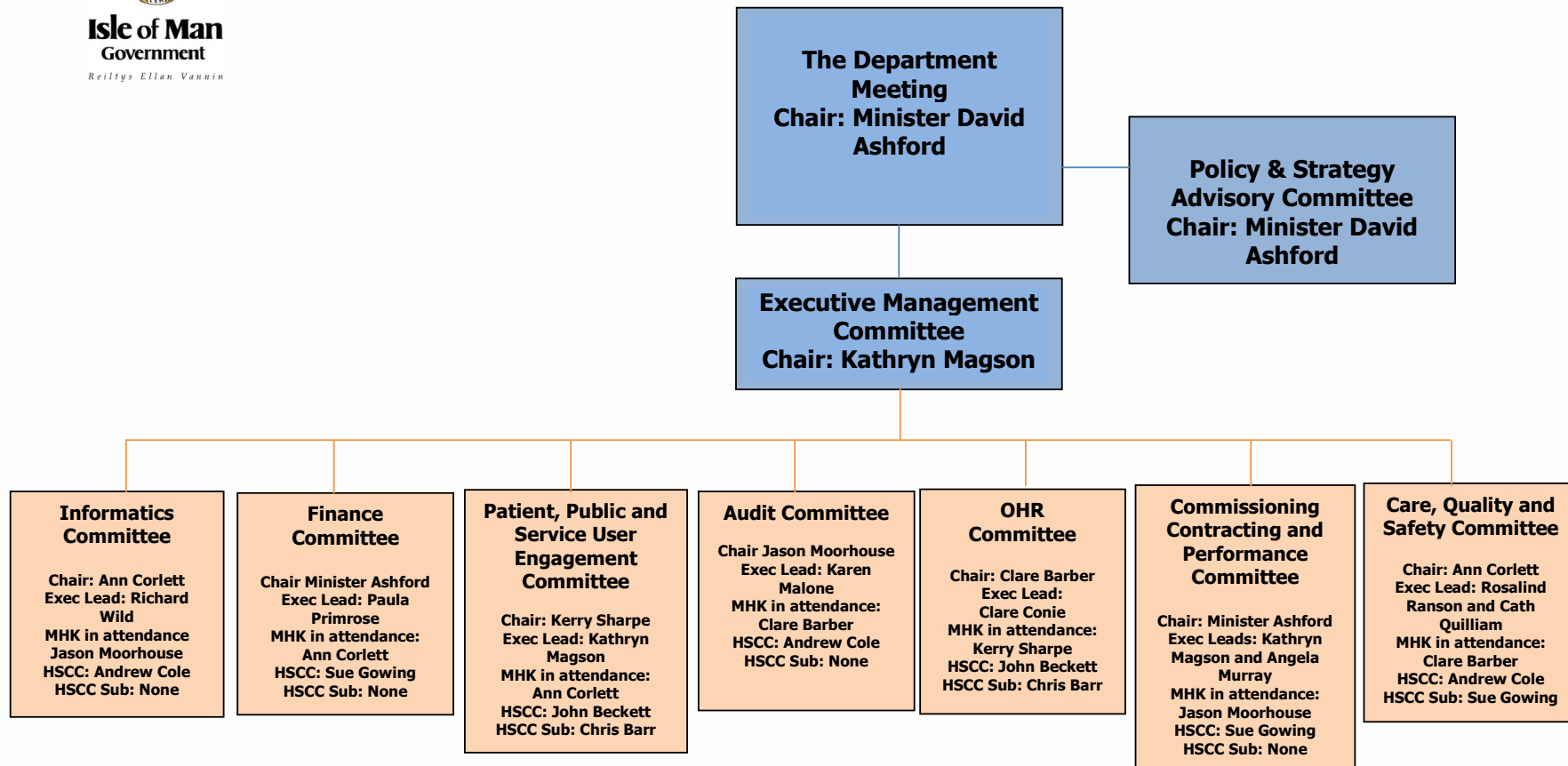


DHSC 2016 Governance Structure



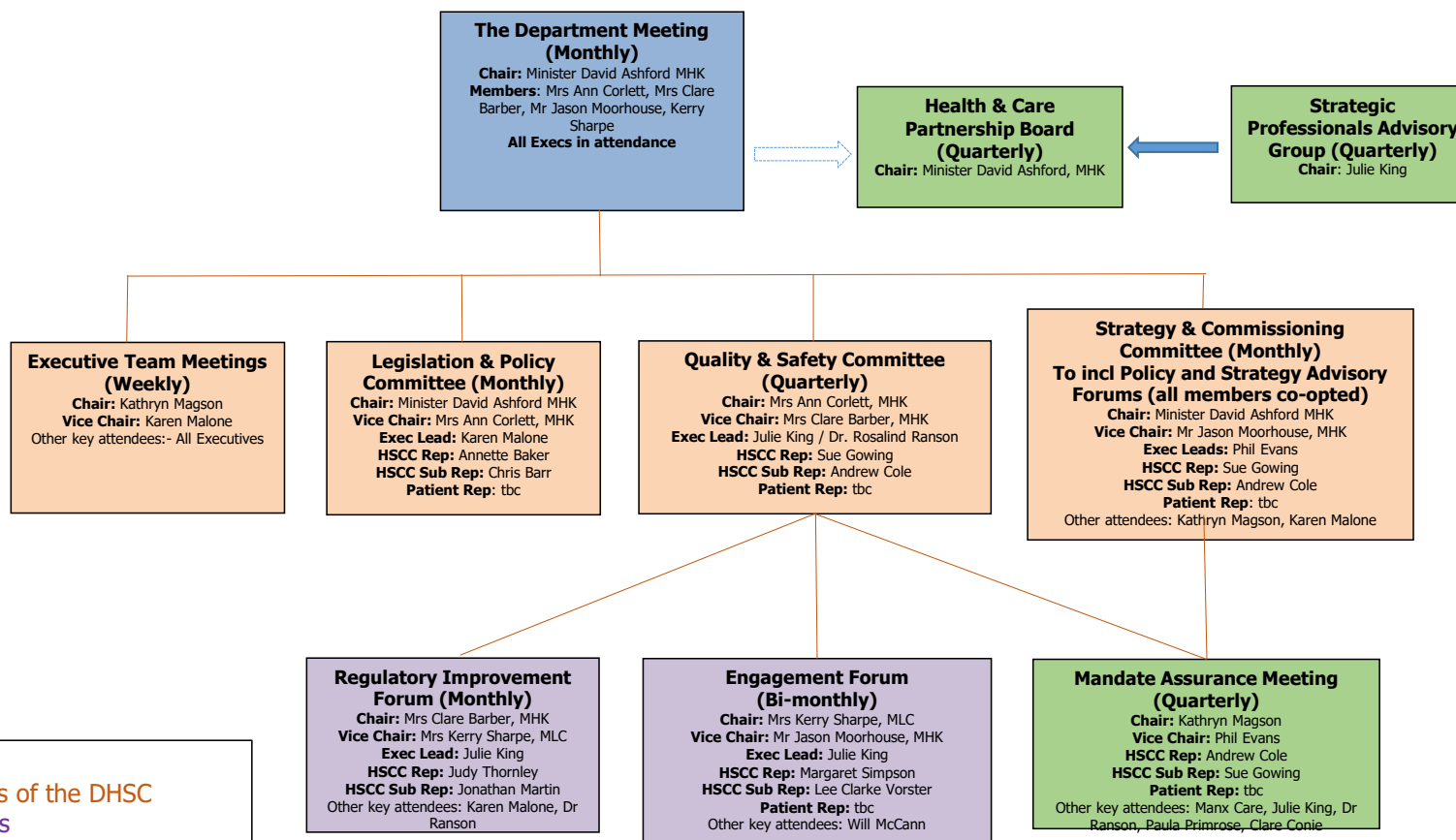


DHSC Transition Governance Structure





DHSC Governance Structure



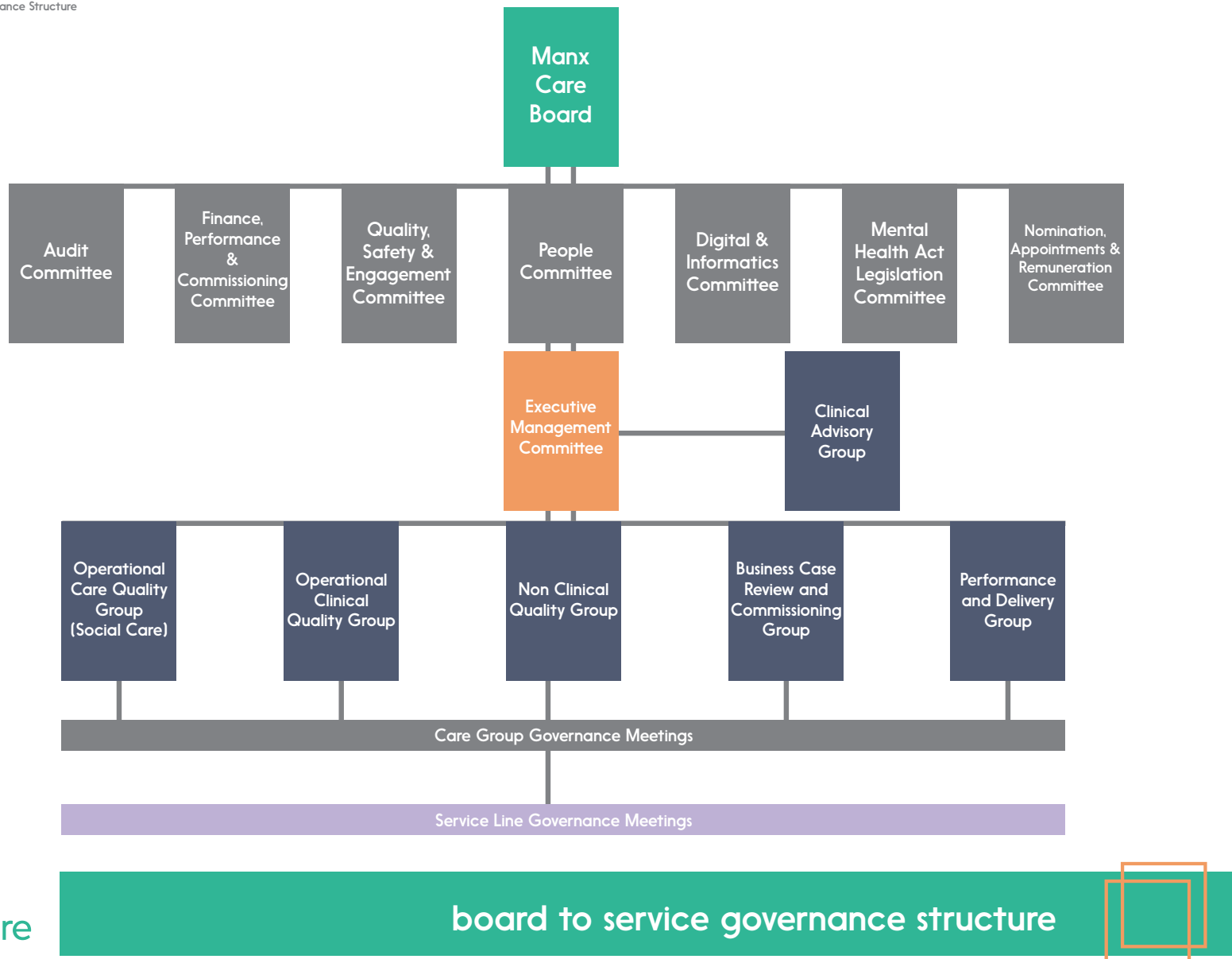
Key

- Sub-committees of the DHSC
- Working Forums
- With Manx Care & the wider H&C system

April 2021 v3

Manx Care Board to Service Governance Structure

Board to Service Governance Structure



APPENDIX C: Programme for Government IOMG and HSCC comparative RAG rating at Q3 2021

APPENDIX C: Programme for Government – Government Progress Rating vs HSCC Progress Rating														
We live longer, healthier lives by MHK responsibility	Action Number Amended Original	Lead MHK	P4G RAG rating				2020-21				HSCC RAG Rating			
			17-18	18-19	19-20	2020-21				17-18	18-19	19-20	20-21	
			Q4	Q4	Q4	Q3 '21	HSCC Comment							
Continue the external peer review process (WMQRS) of health services and implement the recommendations	18.1 Closed Yr2 despite 579 o/standing reccs	Clare Bettison	G	G			2020/21 - This action was removed in the April 2019 P4G Amendments List as 'the action would be completed'. However, over 500 outstanding actions remained to be addressed. The annual Tynwald progress report on WMQRS recommendations was not published in January 2020. The CQC external regulator scoping exercise from Autumn 2019 has just been re-activated and an SLA is planned.				A	A	R	R
Move more services from the hospital into the community so care is provided closer to peoples' homes	18.2 Closed Yr4 Now with TPMO	Ann Corlett	G	A	A	A	2020/21 - The HSCC acknowledges the Western Integrated Care Pilot is near completion and the Southern is underway but the indications are that the program has stalled in many respects. Cases for required funding having been rejected or delayed. The progress of an overarching plan with regard to moving further services into the community is disappointing. HSCC note that care pathways have now progressed at a reasonable pace. We agree a rating of amber as the pathways have made good progress within TPMO including widespread stakeholder engagement.				A	R	R	A
Define the essential services always provided in health and social care and be clear about those that aren't	18.3 Closed re Tfr to IHR & 2019 Manx Care	Jason Moorhouse	A				2020/21 – Action Removed when Independent Health Review was commissioned in April 18. The HSCC view is that this needed to be dealt with prior to moving to Transformation. However, TPMO have carried out 7 service reviews in the past 2 years but this is not the same as open communication and clarity as the action requires.				A	R	R	R
Continue to digitally transform the hospital and health and care services more generally	18.4	David Ashford	A	A	A	A	2020/21 - The HSCC is pleased to note that the Business Intelligence team is leading on this project. It is concerning that it will take several months after March 2021 to report back on all areas so that the full scope of the piece is clear. Only then can a meaningful business case be made, for a fit for purpose core data set.				A	R	R	R

Define the services which will be provided on-Island and those provided off-Island	18.5	Jason Moorhouse	A	A	A	A	<p>2020/21 - The HSCC remains concerned with progress and more than 18 months into the Transformation program following the IHR. The approach and the PID are still at early draft stage. Unlikely to meet the timescales set out in IHR.</p> <p>2020 progress amounts to ongoing needs analysis but little in the way of conclusion. Background research does not equate to substantive action. To decide on/off Island services, goes to the heart of <u>what</u> our health service provides, rather than <u>where</u>. The HSCC therefore remains concerned. Work now lies within the Transformation project and Manx Care as part of the service-by-service review.</p>	R	R	R	A
Reduce waiting times for operations	18.6	17-18 Clare Bettison 18-19 David Ashcroft	R	R	R	R	<p>2019/20 - The HSCC believe that times in many specialties had deteriorated, even prior to Covid-19. COVID 19 lockdowns have severely exacerbated the situation, leaving even longer waits in many Care groups. Whilst recent attempts to switch the services back on faster are acknowledged the back log currently has no solution.</p> <p>2020/21 – Initial focus was the progression of prioritised Pathfinders, which aimed to ensure that care was provided in the most appropriate setting at the most appropriate time. This comprehensive process incorporated 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 should improve access to services. The immediate priority is to address current waiting lists and the HSCC remains concerned that Manx Care has so many actions to coordinate under the Mandate to achieve this. Related work includes establishment of an Integrated Performance Management Framework underpinned by a set of agreed outcomes; revised governance structure and improvements in the capture and use of data.</p>	R	R	R	R
Publish hospital waiting lists by April 2017	18.7	Clare Bettison					<p>2019/20 - This was announced as complete in 2017 but in the HSCC's last annual report we recommended that it should be an ongoing exercise as part of performance monitoring</p> <p>2020/21 - The HSCC acknowledged that waiting lists had been published however we recommended that this is a biannual exercise to monitor performance. The publication methods should also be modernised.</p>	R	R	R	R

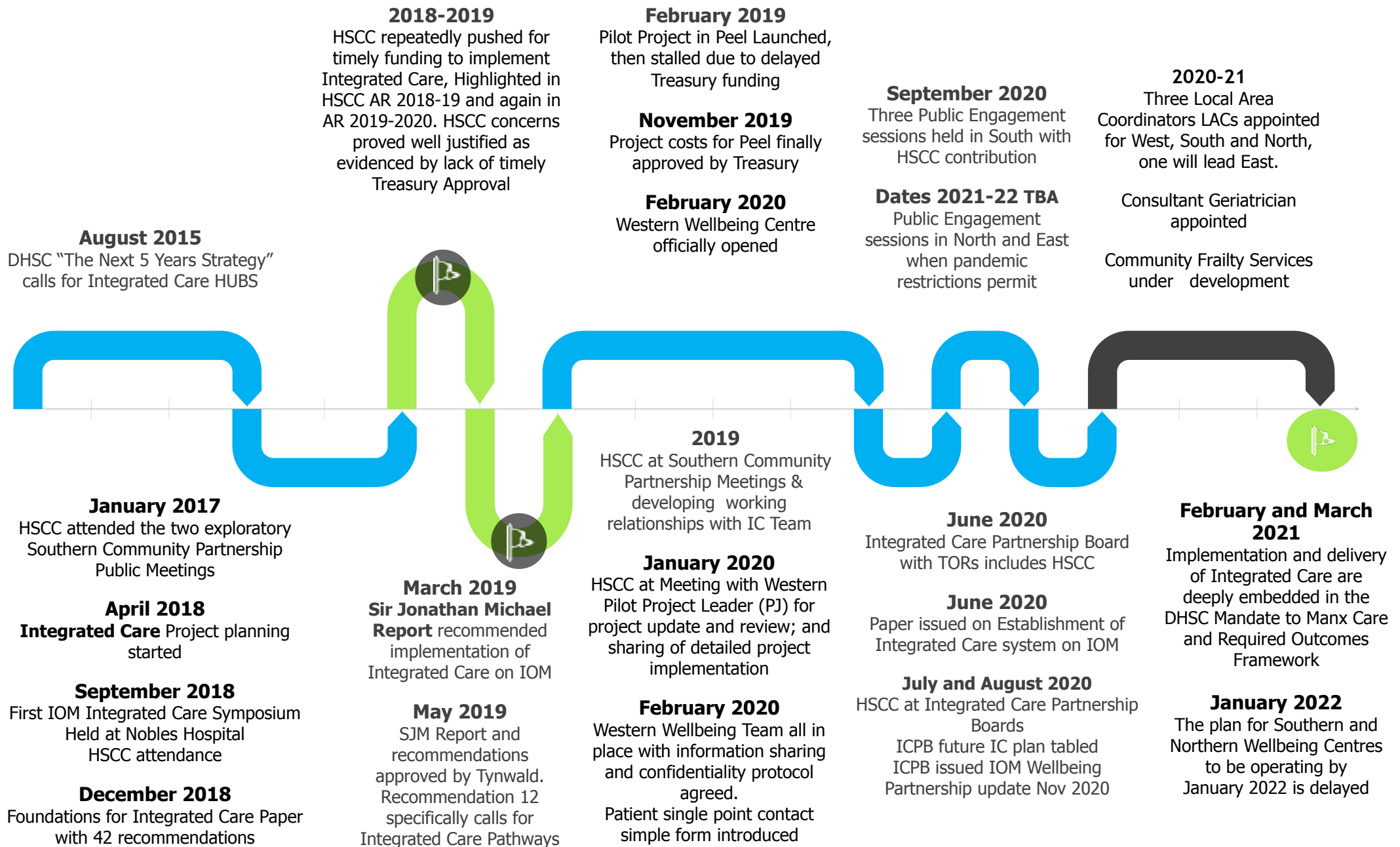
Implement the mental health and LD services strategic plans	18.8	Ann Corlett	G	G	G	G	2020/21 – COVID 19 has compounded and already stretched a key service during the pandemic. However, the work continues to progress, and senior positions have been filled. Key services need financial ring fencing and support to ensure learning from the last 13 months. All MH service areas are being systematically benchmarked against the Royal College of Psychiatry best practice standards. The intention is that all service areas will be awarded Royal College of Psychiatry Quality Network Accreditation within 3 years which the HSCC welcomes. Our amber rating is in place due to MH service staff shortages and the urgent need to bolster the service.	A	A	A	A	
Consider and recommend funding options for residential and nursing care	18.9	David Ashford Closed Yr1					A	2019/20 - This action was dropped in 2018 but was due to be redefined. The HSCC feel this is a positive reintroduction in the light of IHR. However, it is clear that work is falling behind schedule and approval is late. Given the delays in other more fundamental aspects of IHR, HSCC feel that this work can simply continue for now, without excess focus placed on it if that adversely affects other IHR objectives. 2020/21 The HSCC note the additional commentary following the delay of COVID 19, reporting due at the time of this report and from there to Social Affairs & Policy committee. However, despite the pandemic delay this was already well behind schedule.	A	R	R	R
Improve the way we communicate with the public about the way our health and care services are provided	18.10	Jason Moorhouse Closed Yr2	A	A	A	A	2020/21 - The HSCC acknowledges external and internal comms has improved in 2020, perhaps partly a positive bi-product of the pandemic but also perhaps the influence of Manx Care in shadow form.	R	R	R	A	
Improve governance and accountability in the way we provide health and care services	18.11	Jason Moorhouse	A	A	A	A	2020/21 The HSCC gives credit to the transitional governance committees, driven by the move to Manx Care in April 2021. However performance has been variable across the 7 committees. This is rated Amber, until the HSCC can see performance within Manx Care and transparent governance being embedded within the new organisation.	R	R	R	A	
Become an employer of choice in healthcare	18.12	Closed Yr2 moved to People Strategy	R	R			Moved from DHSC into CABO with no visibility since March 2019. The relationship between OHR, DfE and Nobles remain obscure in terms of recruitment and retention of the right staff matched with newly identified on and off Island essential services.	R	R	R		

Address the long-term funding issues posed by an ageing population	18.13						Changed into long term funding 18:23. Now in CABO but delayed.		
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.	18.14	Jason Moorhouse	A	G			2020/21 Adoption Bill – will enter the branches in early 2021. Manx Care Bill – 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. Associated secondary legislation establishing the Duty of Candour has commenced its consultation in mid- December 2020. Capacity Bill: policy consultation has been completed with resultant Bill to commence public consultation in early 2021. Despite recent efforts, the pace of legislative change, so critical to the formation of a modern healthcare system is still inadequate. Reform Bill seriously delayed.	R	A
A core data set is essential for the management and assessment of services and should be established.	18.15		G	G			2020/21 – Significant work being undertaken as part of the Transformation Programme Information & Digital project to establish a formal and regular system of data collection across all clinical services within Manx Care. 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. 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.	A	A
Develop Integrated Care Strategy then implement	18.16	Ann Corlett	G	G	G	G	2020/21 – 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 approval by CoMin is referenced as part of wider digital health transformation work which is also due. The Integrated Digital Record business case is now made.	A	R
Update the ageing population research report from 2013 and revisit the actions plan	18.17	Not in HSCC remit				A	2020/21 - Whilst actions exist in both the Independent Review of the Isle of Man Health and Social Care System and as a separate work stream under the Programme for Government, the paying of both residential and nursing care remains an unanswered question both in the short and longer term. The HSCC is concerned about the progress of this action whilst acknowledging it as out with its remit.		R

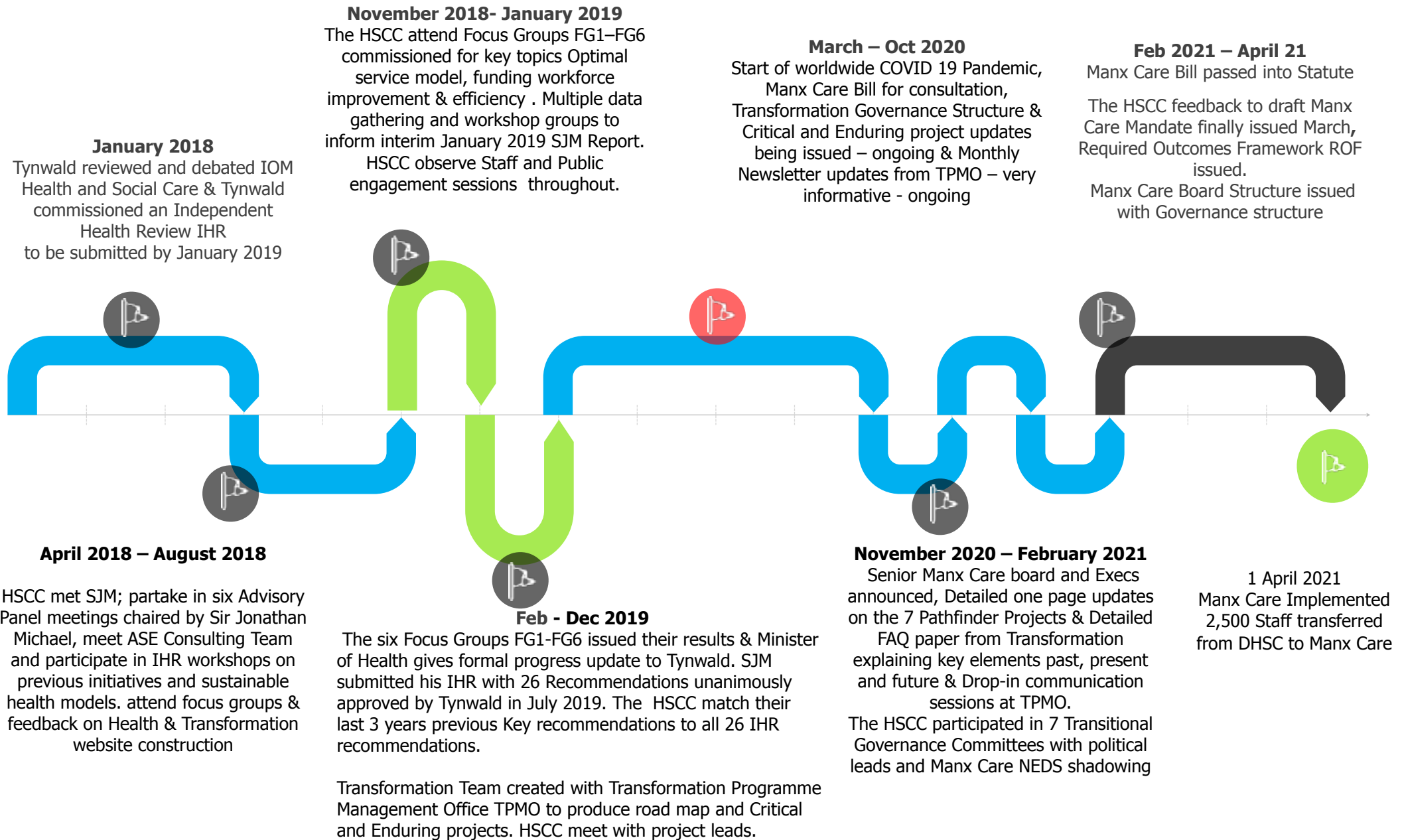
Achieve maximum waiting times after referral for non-urgent consultant-led treatments of 18 weeks	18.18					A	Merged See 18.6. The HSCC acknowledges that Covid 19 has compounded the waiting list. However, the Isle of Man lists were worse than the UK by a factor of more than 5, even prior to Covid. A 5 year waiting list improvement plan is a stated priority for the Manx Care CEO.			R
Introduce a unitary complaints process in the DHSC	18.19				G	A	2020/21 - 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. In December the DHSC approved policy instructions for the amendment to DHSC Q3 Performance Report. Manx Care project will be looking at the new complaints process and 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.		A	A
Introduce overhauled and sustainable private medical services	18.20	David Ashford	A	A	A	R	2020/21 – Comment – The HSCC Acknowledges refurbishment work has been completed following the repurposing of the Private Patients Unit (PPU) during the COVID outbreak. Private healthcare services (Tier one) have resumed, covering outpatient consultations, pre-operative assessments and diagnostic work in a number of specialties. The next level of service (Tiers two and three), covering agreed speciality procedures requiring an overnight stay up to 3 nights in the PPU has been hindered due to recruitment difficulties.		A	R
Service-by-service review of health and care provision requiring detailed needs assessment, care pathway redesign, review on/off island delivery within agreed standards, supported by a longer-term funding model	18.21	David Ashford				A	New introduction 2021. The HSCC understands the need for this major action and emphasises the importance of recognising what should and what should not be included within on-Island provision, bearing in mind the current population size and age profile. Long term sustainability supported by a 5 year rolling funding strategy will be key elements in creating an affordable health service.			A

Establish a single public sector organisation, to be known as "Manx Care", to be responsible for the delivery and/or commissioning from providers of required health and care services	18.22			G	2020/21 - Manx Care was achieved on the 1 st of April 2021. Full board and senior positions now filled. Continual monitoring and updates will be crucial to success with over £5 million already invested in setting up the Manx Care structure. Progress by TPMO in many of the Critical and Enduring projects over 2019-2021 is acknowledged.		G
Develop a longer-term funding strategy for the provision of Health and Social Care services	18.23				2020/21 The HSCC strongly supports this key development work, which is still in the relatively early stages at the time of writing. The Executive Summary of the SJM report in April 2019 stated 'the main objective of the Review' was 'to identify options for delivering and funding ...a sustainable health and care system'.		A

APPENDIX D: The HSCC journey: Integrated Care 2015-2021



APPENDIX E: The HSCC journey: IHR - TPMO - Manx Care 2018-2021



Appendix F: HSCC Member Links to Officers 2020-21

	HSCC member	Department link		HSCC member	Department link
HSCC Liaison	Sue Gowing (Chair) Andrew Cole (VC)	Nicola Grose EA CEO Georgina Jones EA Min	Managing Political Process	Annual - ALL 1:2 Bi-Annual Sue Gowing Andrew Cole	Minister David Ashford
Nursing & Midwifery NMAC	Margaret Simpson	Cath Quilliam LEAVING Director of Nursing Nursing, Midwifery & HCA Regulation	Governance Leadership Inc. Hospitals	Sue Gowing Andrew Cole	Kathryn Magson ICEO Karen Malone DCEO Angela Murray LEFT
Commissioning Contract Perform Committee (CCPC)	Sue Gowing	Kathryn Magson ICEO Angela Murray COO Phil Evans (ED, DHSC)	Finance merged Audit & Risk Trans Governance Committee	Sue Gowing Andrew Cole	Jackie Lawless (MC) Nigel Wood (NED) Andy Guy (NED) Paula Primrose
TPMO Manx Care	Sue Gowing Andrew Cole Lee Clarke(formats)	Andrew Foster (Chair) Teresa Cope (CEO) Clair Barks Robin O' Connor	Care Quality & Safety (CSQC)	Andrew Cole Judy Thornley	Rosalind Ranson MD Cath Quilliam DCEO Julie King (ED, DHSC) Sreeman Andole MD (MC)
Integrated Care (ICPB) Community Partnerships inc. Mental Health	Margaret Simpson (W) Jonathan Martin (S) Lee Clarke	Oliver Radford Paul Jackson LEAVING Integrated Care (NSEW) Partnership Board Angela Murray LEFT	Human Resources Legislation	John Beckett Annette Baker Andrew Cole Christopher Barr	Sarah Pinch (NED) Clare Conie Anne Corkill OHR Tynwald HoK PAC & SAPRC
Cancer	John Beckett Judy Thornley Christopher Barr	Tim Moughtin Theresa Faragher	Patient Safety PQSC-Nobles Patient P User E	Christopher Barr John Beckett	Sue Waddecar Patient Safety Vanessa Walker (NED)
Public Health	CABO move	Henrietta Ewart, Director Public Health	Communications	John Beckett	Marian Kenny CABO
Programme for Government (P4G)	Sue Gowing Lee Clarke(formats)	Robbie Corrin	Informatics	Andrew Cole Annette Baker	Kate Kapernaros (NED) Gregor Peden Richard Wild

Appendix G: 2020-21

Alphabetical List of Acronyms	
5-YR (STRATEGY)	5- YEAR STRATEGY
ADRT	Advance Decision to Refuse Treatment – often referred to as a Living Will
ALB	Arms-Length Body
ALO / ALMO	Arms-Length Management Operation
AMU	Acute Medical Unit
AO	Administrative Officer
BAU	Business as Usual
BC	Business Case
BI	Business Intelligence / Information – (BI Unit/Dept)
CABO	Cabinet Office
CAMHS	Child and Adolescent Mental Health Service
CAN	Clinical Assessment and Noting
CARE	Committed, Appreciative, Respectful, Excellent
CATS	Clinical Assessment and Treatment Service
CBT	Cognitive Behavioural Therapy
CCD	Community Care Directorate
CCD	Clinical Care Directorate
CCPC	Commissioning Contracts Performance Committee
CD	Clinical Director
CGB	Clinical Governance Board
CHR	Clinical Harm Review
CHS	Community Health Service
CHSET (now defunct)	Community Health Service Executive Team

CIPs	Cost Improvement Plans
CNS	Community Nursing Services
COG	Chief Officers Group
COO	Chief Operating Officer
COPD	Chronic Obstructive Pulmonary Disease
CPA	Care Programme Approach
CPB	Change Portfolio Board (Informatics)
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
DICES	Describe, Identify, Choose, Explain, Share (in risk assessment)
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
DTOC	Delayed Transfer of Care
ED	Emergency Department
EF	Engagement Forum
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
ESJCR or JESCR	Emergency Services Joint Control Room
ETM	Executive Team Meeting
FCC	Finance and Commissioning Committee
FCCPC	Finance, Commissioning and Contract Performance 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
GIRFT	Getting It Right First Time
GTS	Government Technology Services
H&CPB	Health and Care Partnership Board
HES	Hospital Episode Statistics
HIF	Health Improvement Fund
HPA	Health Protection Agency (UK)
HPC	Health Protection Committee
HRQC	Human Resources Quality Committee
H&SC	Health and Social Care as in H&SC Bill Tynwald
HSCC	Health Services Consultative Committee
IAPT	Improving Access to Psychological Therapies
ICPB	Integrated Care Partnership Board
ICPB	Integrated Care Programme Board
ICEO	Interim Chief Executive Officer
ICR	Integrated Care Record
ICS	Integrated Community Services
ICT	Information Communications Technology
IDCR	Integrated Digital Care Record
IGSC	Information Governance Steering Group
IHR	Independent Health Review
IMS	Information Management Strategy
IPMF	Integrated Performance Management Framework
IQC	Informatics Quality Committee
IRB	Independent Review Board

JSNA	Joint Strategic Needs Assessment
KM&T	Health Consultancy
KPI	Key Performance Indicator
LAC	Local Area Coordinator – Integrated Care
LPC	Legislation and Policy Committee
LEaD	Learning, Education and Development
LOS	Length of Stay (in Hospital)
LREC	Local Research Ethics Committee
LSA	Local Supervising Authority (UK)
MAM	Mandate Assurance Meeting
MAR	Member Annual Report
MC	Manx Care
MDT	Multi-Disciplinary Team
MECC	Make Every Event Count
MECS	Minor Eye Conditions Scheme
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
NED	Non-Executive Director
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
PALS	Patient Advice and Liaison Service
PC	Primary Care
PDR	Personal Development Record
PDP	Personal Development Plan
PEIs	Patient Experience Indicators
PH	Public Health
PHSM	Public Health Staff meeting
PIC	Patient Information Centre (at Noble's)
PID	Programme Initiation Document
PIN	Prior Information Notice
PiP	People Information Programme

PMO	Programme Management Office (was Change Programme Board CPB)
PPU	Private Patients Unit
PPSUEC	Patient, Public and Service User Engagement Committee (initials vary – merge with Care Quality)
PPSUR	Patient, Public and Service User Representative
PRN	Peer Review Network
PS	Patient Safety
PSF	Patient Safety Forum
PS&QC (PSQC)	Patient Safety and 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
QSC	Quality and Safety Committee
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
RIF	Regulatory Improvement Forum
R+I	Registration & Inspection – Social Services
RiO	Electronic Patient Record System (software due update: Nov 20 to V7.10)
ROF	Required Outcomes Framework

RQF	Regulated Qualification Framework
RR	Risk Register
RSST	Resource Scrutiny Sub Team HSCC
SAPRC	Social Affairs Policy Review Committee
SARC	Sexual Assault Referral Centre
SCAG	Senior Clinical Advisory Group
SCPHN	Specialist Community Public Health Nursing
SCR	Somerset Cancer Register
SDEC	Same Day Emergency Care pathways
SDP	Service Delivery Plan
SDPA	Service Delivery Plan Actions
SDPP	Service Delivery Plan Priorities
SEQC	Stakeholder Engagement Quality Committee
SLA	Service Level Agreement
SMI	Severe Mental Illness
SMLT	Senior Medical Leadership Team
SMT	Senior Management Team
SNAP	System for drug calculations by nurses
SPAG	Strategic Professionals Advisory Group
SPCC	Social Policy Consultative Committee
SSRR	Suspected Suicide Rapid Response Group
STOM	System Target Operating Model
SCC	Strategy and Commissioning Committee
TC	Tertiary Care
TGC	Transition Governance Committee
TPMO	Transformation Programme Management Office

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
V300	Prescribing Course – non medical
VFM	Value for Money
W&C	Workforce and Culture (OHR Replacement)
W&C	Women & Children
WMQRS	West Midlands Quality Review Service