

HSCC Member Annual Reports 2020-2021

AUDIT
<p>New Developments</p> <ul style="list-style-type: none"> • Inaugural meeting 28 Sept 2020 to provide assurance to DHSC and Exec team regarding risk management and internal control. • Clearly identified review areas and committee membership. • Reporting in from different areas on the audit process e.g. community care and hospital.
<p>Evidence of good practice</p> <ul style="list-style-type: none"> • Early recognition of required culture shift from blame to ownership, sharing and learning. • Key committee members well prepared for report presentation and their related interrogation. • Flow of work to include two way working with IRB, HSCC, Mental Health Commission respectively, Internal Audit Reports (issued by Treasury), External Audit reports and Regulatory work. • Treasury representative committee membership from Jan 2021 supports management of the audit programme. • Draft Service Level Agreements for 3rd party contracts for Manx Care, background work on audit planning and corporate risk log were in place from February 2021. • Clarity was achieved with how the action log would move operationally to Manx Care.
<p>Issues causing concern</p> <ul style="list-style-type: none"> • Cancelled meetings between Sept and Dec 2020 led to loss of momentum. Issues were created through missing actions. Meeting time was lost through the need for recap for understanding. • Absence of a consistent system for serious incident reporting, risk scoring and prioritisation right across the department. • Inconsistent reporting, analysis and review of escalated risks. • Lack of good predictive data. • Clinical audit officer post has no mechanism for deputisation leading to single point of failure within hospital audit.
<p>2020 - 2021 Recommendations</p> <ol style="list-style-type: none"> 1. Essential cultural change regarding agreed audit methods be fully implemented in order to improve patient safety, e.g. all stakeholders committing to consistently using a system for serious incident reporting, risk scoring and prioritisation. 2. Urgent priority must be given to securing a risk scoring and management mechanism with systematic capture of accurate data to ensure effective reporting, analysis and review of escalated risks, in line with IHR recommendations 3 and 24.
<p>2019 - 2020 Recommendation</p> <ol style="list-style-type: none"> 1. None as this is a new committee for the 2020 - 21 reporting period.

CANCER
<p>New Developments</p> <ul style="list-style-type: none"> • From 1 April 2021, Manx Care will lead Cancer Services as specified in The Mandate. • Structural changes in the management of Cancer Services anticipated. Work in progress. • Cancer is one of seven key areas for development via Pathfinder projects. • COVID-19 restrictions have accelerated repatriation of appropriate cancer services back to IOM. • New Clatterbridge Cancer Hospital opened near Liverpool Royal treating IOM Cancer patients. • New scanners CT (2) and MRI (1) installed and operational in refurbished radiology department. • COVID-19 restrictions both in UK and IOM have caused numerous issues.
<p>Evidence of good practice</p> <ul style="list-style-type: none"> • TPMO surveys and workshops to inform IOM Cancer Services and evidence based strategy. • Oncology Ward 5 for day cancer treatment fully operational, with prescribing linked to UK. • IOM Cancer patients able to travel during lockdown to UK for consultations, treatment and specialist attention. COVID restriction have not made it easy. Some consultations by video. • Patient 2WW standards, 31 & 62 day, all monitored by Macmillan Cancer Management Team. • Overall 2WW compliance 84% in March 2021 compared with year low in Sept 2020 of 58%. • New Cancer Strategy and Pathways evidence based and informed by UK Cheshire & Merseyside Cancer Alliance, and best practice. UK representatives are part of the CSCG meetings. • Updated CSCG TOR Membership much more focused on strategy. • HSCC had 5 update meetings with Cancer Management team, face to face when possible. • HSCC attended 2 Cancer Strategy meetings (2 were cancelled) becoming more strategy focused.
<p>Issues causing concern</p> <ul style="list-style-type: none"> • CSCG Cancer Services Co-ordination Group leadership unstable leading to lack of clear direction. • Single point failure particularly for breast cancer and lack of approved funding, e.g. Radiology. • World class radiology equipment but requires adequate staff to operate effectively as a team. • Breast Cancer 2WW referral 21% in January 2021 against target of 93%, due to lack of staff. • Reason behind poor breast cancer wait times are known and being addressed, but not solved. • SLAs for off Island providers not yet in place. Ongoing current discussions by both parties. • Lead Cancer Clinician and Lead Cancer Nurse position remain unclear. • IOM Cancer data has improved. Remains weak on "staging" and "long term issues after 5 years". • Having timely agenda & working papers for the CSCG quarterly meetings an ongoing issue. • Cancer Management Team in Farmhouse do a fine job but are under resourced. • Cancer appointments & treatment schedules – heavily impacted by COVID-19
<p>2020 - 2021 Recommendations</p> <ol style="list-style-type: none"> 1. Adequate on Island cancer staffing is ensured to meet demand and quality standards. 2. Manx Care to implement new Cancer Strategy and Pathways 3. Manx Care to finalise agreements and SLAs with UK Cheshire & Merseyside Cancer Alliance
<p>2019 - 2020 Recommendations</p> <ol style="list-style-type: none"> 1. Complete the New Cancer Strategy PART MET 2. Finalise agreements, pathways and SLAs with UK Cheshire & Merseyside Cancer Alliance NOT MET 3. Be clear on the role of The Transformation Team in Cancer Management MET

CARE QUALITY

New Developments

- Incorporation into agendas of quarterly Health and Safety meetings. Subsequent plan to merge with Public and Patient User Engagement Committee (PPUE) from February '21.
- Establishment of key reports such as dashboard quarterly reports from Hospitals and Community Care Directorates as standing agenda items.
- Regular reporting by Chair and written notes to SMT, including critical issues.

Evidence of good practice

- Willingness to report to SMT examples of systemic failures that prevent this group from discharging its duty to assure quality and safety standards to DHSC.
- Continuity of actions such as the application of some IRB recommendations that resulted in safer patient practices provided evidence of strongly strategic approach.
- Timely application of improved control measures is secured through the operation of a detailed, actively reviewed risk register.
- Excellent executive leadership resulted in proactive committee members and meaningful reports/discussions/actions.
- Evidenced progress with both mandatory training and its recording.
- Recognition of the required cultural shift from blame to learning. Acknowledgement of the scale and difficulty of the challenge.

Issues causing concern

- It has not been possible to prepare the promised dashboard, quoted as the 'inability within DATIX'.
- Hiatus during political chair period during Autumn '20 resulted in loss of follow up for some critical actions, e.g. critical incident actions October 2020.
- Divided opinions about the consequences of combining CQSC with PPUE in February 2021. CQSC has been inward facing to professionals; PPUE outward facing to the public.
- Continued lack of a single core data set frustrates and hinders the work of this committee.
- The committee ceased meeting during early period of lockdown (but the importance of continuity was recognised and steps were taken to correct this).
- It is essential that the newly recruited EO for DATIX management be given time and resource to make DATIX fulfil its potential AND to manage the transfer to Cloud based on upgrade.

2020 - 2021 Recommendations

1. Any cultural, organisational and resource barriers to care quality and safety are removed, e.g. full uptake of required essential training through effective messaging and more convenient access.
2. Secure the committee's effectiveness by retaining high levels of expertise and appropriate experience.
3. Expedite development of a core data set whilst maximising potential of existing data sources.

2019 - 2020 Recommendation

1. Sufficient trained strategic support is available to provide CQSC members with timely data, narratives and information to enable assurance to the DHSC Board that patients are safe. **PART MET**

COMMUNICATIONS

New Developments

- Two high profile developments had major impact on internal and external DHSC Communications.
- Communications issued to inform and educate Tynwald, DHSC staff and the public about Manx Care.
- Launch and regular updates re Transformation requirements. Progress for the change to Manx Care.
- Management of the global pandemic COVID-19 on the Isle of Man.
- The COVID-19 pandemic has dominated Health Care communications on the Isle of Man.
- Ways of working, interruption of Medical Services, travel restrictions, household rules and lockdowns with potentially serious consequences all demanded understanding and careful handling.
- Government, Cabinet Office, Public Health and DHSC have worked well in producing communications.
- Business as usual has continued, but with many changes requiring clear and concise communications.
- A wide variety of communication methods have been used, adapting with changing circumstances.

Evidence of good practice

- ICEO DHSC and CEO Manx Care sent regular on-line motivational information bulletins to all DHSC Staff. Under the logo "CARE". Chairman Designate Manx Care used similar "blogs". Feedback was encouraged.
- On-line Q&A sessions with ICEO DHSC & CEO MC with written follow up notes.
- Dedicated Transformation web site including monthly bulletins to keep staff and public informed of progress for Manx Care and the Pathfinders projects. Transformation have also used interactive sessions.
- Over 660 articles published in Manx newspapers 20-21 (300 19-20) reflecting public interest & concerns.
- Corporate Communications Division based in Cabinet Office continued to deliver IOMG & DHSC Public Relations messages and updates to the public via a variety of media.
- Throughout the year Manx Radio COVID-19 updates by Health Minister, Public Health Director, Chief Minister "et al" often daily. Continuing. Sometimes with live Q&A sessions.
- Manx Care Directorate organogram includes Communications Executive – detail unknown.
- 2019/20 DHSC Annual Report issued (previous year missed) – good to see but a difficult read.

Issues causing concern

- Despite increased communications it remains unclear whether there is simple plan defining how DHSC's and Manx Care's internal operational and external communications are structured with accountable executives. This will be the remit of the Communications Executive within the Manx Care structure.

2020 - 2021 Recommendation

1. The opportunity is taken to effectively embed operational communications across the health estate.

2019 - 2020 Recommendation

1. The Healthcare Transformation Programme is the ideal opportunity to up the game in DHSC and Health Care Communications and Systems – **MET**
2. Clarity and transparency on who is accountable for each aspect of Health Care Communication whether operational communications within DHSC or PR. **PART MET**
3. The success of Transformation and Manx Care depend on communication. **PART MET**

FINANCE, PERFORMANCE AND COMMISSIONING
New Developments
<ul style="list-style-type: none"> • CCPC TOR's indicate recognition of performance review being essential. • Transitional committee that has had a seamless move from FCC. It is 1 of only 3 Governance meetings to consistently meet re Governance structure devised April 2016. • Political lead for Transitional Committees since September 2020. • Performance scorecards (dashboards) reintroduced in October 2020. • Private Patient unit reopens on a limited in-house basis November 2020. • Clatterbridge proposal finally returned to DHSC in late December 2020. • Finance TGC disbanded in January 2020 so retitled FCCPC. • Cost Improvement Programme plans re-established by incoming Finance Director.
Evidence of good practice
<ul style="list-style-type: none"> • Quality and teamwork of the existing Commissioning staff is evident though insufficiently resourced to ensure the contract catalogue is completed. • Review of the Grants system including 3rd party letters issued. • Quarterly review of the Capital Projects schemes. • 2 financial deep dives carried out into Pathology and Tertiary areas.
Issues causing concern
<ul style="list-style-type: none"> • A further procurement for Patient transport must be run after an effective challenge by the unsuccessful applicant. The 6 month temporary arrangement will need extension. • Performance scorecards lack standardisation and good narrative. Rarely challenged. • Another year of inadequate resource for Contracting & BI has had inevitable outcomes. • The merger of Finance with Commissioning after 4 months should avoid a replication of 2017 when Finance ceased to have any significant agenda standing items once merged. • Health services cannot currently staff PPU to carry out procedures. The medium-term approach will be to provide facilities which people rent.
2020 - 2021 Recommendation
<ol style="list-style-type: none"> 1. There should be limited use of FD8 waiver fallback. Existing contracts under FD8 Waiver should be subject to competition where possible 6 months prior to the current contract term.
2019 - 2020 Recommendation
<ol style="list-style-type: none"> 1. The Executive Steering group continues work to identify different future commissioning roles for DHSC and Manx Care and also Public Health's commissioning role. MET

INFORMATICS
New Developments
<ul style="list-style-type: none"> • Development of review and assessment role with a focus on monitoring/managing risk via the IQC risk register. • Development of the process to receive and recommend business case decisions. • Forthcoming introduction of Change Portfolio Board, CPB, to receive informatics development proposals from Change Portfolio working group. Note that, potentially, this seems to duplicate parts of the Informatics remit. • Strenuous behind scenes engagement with all aspects of pandemic informatics, especially testing, tracing and vaccination.
Evidence of good practice
<ul style="list-style-type: none"> • Executive lead well informed and detailed when explaining actions and projects. • Good continuity of action reporting via action log. • Regular review of risk register and adjustment of risk levels as required. • Detailed narratives provided for critical risk reduction actions e.g. Pager replacement project.
Issues causing concern
<ul style="list-style-type: none"> • Since 9/20, unclear meeting purpose, with disconnect between political chair expectations and those of existing members. New TOR did not match meeting content and actions. • Highly operational content, with actions from other groups being cascaded for interest but sometimes without obvious purpose. • Lack of clarity about the future function of this committee. TOR and membership should reflect operational focus. Relationship with CPB requires clarity. • No progress with single record solution (Manx Care Record) despite much appetite from operational leadership and clinicians.
2020 - 2021 Recommendation(s)
<ol style="list-style-type: none"> 1. The IQC continues to use its knowledge and expertise to argue for urgent progression of both the Manx Care Record and a core data set. 2. TOR should be reviewed to ensure that this committee is suitably constituted, has a clearly defined purpose and that there are clear inward and outward reporting lines.
2019 - 2020 Recommendation
<ol style="list-style-type: none"> 1. Capacity is released to enable the application of existing approved software updates by ensuring that hardware capability is always sufficient, appropriate and ready to run them. PART MET

LEGISLATION AND POLITICAL ACTIVITY	MENTAL HEALTH
New Developments	New Developments
<ul style="list-style-type: none"> • April 2020 - Public Health moved to CABO. • HSCC Annual Report laid before Tynwald. • PAC scrutiny of decision making, risk and exiting the emergency. • H&SC Transformation 1st annual report laid before Tynwald July 2020. • Manx Care Bill passed and MC into statute on time. • Continued use of emergency powers and legislation for management of Coronavirus pandemic. 	<ul style="list-style-type: none"> • Recruitment of MHS Clinical Director in Q4 and MHS Matron in Q1, completing Triumvirate for MHS. • Funding secured to recruit an additional 9 FTE Primary Care talking therapy posts in 2021. • Clinical Management Forum – established as a result of a recommendation in a serious incident review. The forum is designed for senior clinicians to independently review complex cases. • DICES Risk Assessment & Management System – the majority of registered health & social care professionals working in the MHS are now trained in the mandatory use of DICES. • Review of CAMHS and Drug and Alcohol delivery model being undertaken with a view to ensuring consistency with best practice, current/forecasted demand and the transformation agenda. • All MH areas now systematically benchmarked against Royal College of Psychiatry best practice. • Review of all existing Clinical Pathways ensuring that they remain consistent with NICE guidance.
Evidence of good practice	Evidence of good practice
<ul style="list-style-type: none"> • Political agreement on pandemic management resulted in clear steer to the public and demonstrable local elimination twice at date of report. Agility in introducing and modifying emergency regulations as needed resulted in enacted legislation keeping pace with a rapidly developing situation 'on the ground'. • Wide range of questions in both houses, with full and substantiated answers generally provided. • Management of constituents' concerns appears to be improving through better channelling of queries and complaints. 	<ul style="list-style-type: none"> • CQS / MHS Triumvirate monthly meetings established to ensure adequate oversight of governance. • Serious Incident Review Panel – process ensures serious incidents are reviewed and investigated. • Action Plan process to ensure tracking/implementation (with incidents, complaints, external reviews). • CBT training offered locally – MHS have worked collaboratively with DESC and the University of Chester to develop an accredited CBT training Programme. 9 members of Mental Health Staff will be seconded from the existing roles 3 days a week to undertake the training, commencing in second quarter of 2021. • MHS outcomes developed and included within the Required Outcomes Framework for Manx Care. • MHS continue to be very well represented within all of the Transformation Pathfinder projects.
Issues causing concern	Issues causing concern
<ul style="list-style-type: none"> • Over 12 month delay for the National Health and Social Care Bill indicated within the Transformation Programme 1st Annual Report. Current (March 21) forecast estimated June 2023. • Reactive approach to pressure through HoK and Tynwald questions could detract from planned strategic progress. • Manx Care Mandate 1st draft started in September 2020 but was only published 'last minute' so little time to absorb and prepare. • Indicative budgets for which Manx Care will be fully accountable were unknown until just before legislation was enacted. • Some Transitional Governance committee political leads from September 2020 led to reductions in efficacy and sometimes great confusion over current and future terms of reference. 	<ul style="list-style-type: none"> • Reduction in clinical psychologist numbers over 10 years has put additional strain on the service. • With MH now within Manx Care, will it be supported with appropriate resources and staffing? • Recent miscommunications regarding suicide figures. Lacked accurate documentation & action. • What is the Department's commitment to suicide prevention? Is enough done to support the mental health professionals supporting the Island's population when tragedies occur? • There are serious staffing issues with gaps being filled where possible. Covid 19 has compounded this with border control cutting off support and staff supply. More Island-based training is needed. Could funding identify island-based staff to create a pool of qualified local specialists? • CAMHS appears to be a weak point in a service under increasing demand. What is being done to future proof this service learning from the stresses placed on it by COVID 19 in the past year? • With COVID 19 placing strain on all MH services, what is in place to understand lessons learnt and ensure that MH services can cope with future stresses on its services?
2020 - 2021 Recommendations	2020 - 2021 Recommendations
<ol style="list-style-type: none"> 1. The DHSC Minister's and Department's political members should support the arms-length operation of Manx Care, ensuring that a sustainable model is developed and enabled by appropriate and timely legislation. 2. Urgently prioritise preparation and introduction of the National Health and Social Care Bill. 3. Establish an independent external quality regulator in line so that the operation of Manx Care can be independently assessed and steered from the start. 	<ol style="list-style-type: none"> 1. The Department should ring fence financial support for the Crisis Referral Team to meet COVID based increases in demand. 2. Better support in the suites of Manannan Court to ensure the safety of patients and staff.
2019 - 2020 Recommendation	2019 - 2020 Recommendation
<ol style="list-style-type: none"> 1. The Manx Care Regulations and the long awaited H&SC Bill be prioritised so that legislation can be passed during 2020; PARTIALLY MET (not H&SC Bill) 2. Arrangements for the creation of the Independent Health and Social Care Regulator be a priority consideration within the legislative programme. NOT MET 	<ol style="list-style-type: none"> 1. Further efforts are made with cross department initiatives to eliminate silo working and put the patient at the centre of the process. PART MET

NURSING AND MIDWIFERY
New Developments
<ul style="list-style-type: none"> • Four Matrons (Hospital, Community, Mental Health and Women & Children) have been appointed. • A business case has been submitted for funding on Island training for midwives. • New PDP/Appraisal System is being implemented. It is being reviewed by OHR. Well received. • Postgraduate Diploma in Cognitive Behavioural Therapy planned if supervisors are available. • Nursing Leadership Development / Academy to start in September 2021 (delayed due to COVID). • 16 adult and 8 Mental Health students commenced training in September 2020. • 8 adult and 5 mental health students completed their training and registered with the NMC. • Year of the Nurse & Midwife celebrated despite COVID restrictions. Range of events and media. • Recruitment of specialist lecturer. 3 District Nurses, 3 Health Visitor and 3 School Nurses in training. • New financial incentive offered to encourage increased number of student nurse applications. • Nurse Apprenticeships will not go ahead due to cost. • 41 applications received for adult pre-registration course and 24 applications for Mental Health. • New Head of Faculty appointed.
Evidence of Good Practice
<ul style="list-style-type: none"> • Non-Medical Prescribing course (V300) has 19 students This course needs to be run annually. • Return to Practice – two students commenced the programme in September 2020. • Recruitment – 8 nurses were being recruited from Philippines (4 year trial). • Twice yearly review of safer staffing levels has commenced. DHSC use to inform workforce planning. • Isle of Man Nursing & Midwifery posts advertised on NHS Jobs enabling a better reach across UK. • Public Health lead for Health Visiting and School Nursing appointed. • Quality Dashboards are being developed across the DHSC, measuring patient safety and experience. • Midwife clinics in Peel Wellbeing Centre and more involved with the Southern Wellbeing project. • Director of Nursing attends North West Directors Meetings. • Access to nursing course available at the UCM; RCN Leadership programme in place. • Regulated Qualification Framework (RQF) is now in place. • Nurse Education is moving to Manx Care from the DESC on the 1st May 2021.
Issues Causing Concern
<ul style="list-style-type: none"> • GP Placements for student nurses initiative has been postponed due to changes within Primary Care. • MSc Advanced practice – the dissertation group reduced in number by half. • NMC Endorsements postponed from December 2020 to 30-31st March 2021. • Funding must be made available to support development of creative ways to strengthen the workforce.
2020-2021 HSCC Annual Report Recommendations
<ol style="list-style-type: none"> 1. Greater numbers of suitable applicants are attracted through student bursaries, financial staffing incentives and funding for enhanced Health Care Assistant roles. 2. Non-medical prescribing course V300 to be offered annually. 3. Midwifery training to be offered on Island.
2019-2020 HSCC Annual Report Recommendations
<ol style="list-style-type: none"> 1. The Department should urgently review Nurse Education to ensure it has the influence it requires as the accountable Department for Nurse Higher Education. PART MET 1. The Department must ensure the Keyll Darree library is fully funded in order to comply with the contractual agreement with General Medical Council. MET

OFFICE OF HUMAN RESOURCES
New Developments
<ul style="list-style-type: none"> • OHR one of seven new DHSC Transitional Governance Committees formed in September 2020. Initially a political member as OHR Chair. From 1 April OHR Chair is a Manx Care Non-Exec Director. • Delayed start until 5 Nov. Held 3rd Dec '20 face to face, and 7th Jan '21 remote by MS Teams, Feb and March 2021 cancelled. • Human Resources Committee Terms of Reference and List of Members approved January 2021. • OHR Committee starting to focus on Governance and Strategy; formerly operational in content.
Evidence of Good Practice
<ul style="list-style-type: none"> • TPMP involved in Staff transfer from DHSC to Manx Care with scripted implementation. • TPMP Workforce and Culture Project – in progress. • OHR Committee plan to identify key topics of good governance as standing agenda items. • DHSC Staff Absence figures provided in November 2020 – detailed but lacking context and targets. • Good clear index of all HR Policies on the OHR website. • More focus on CARE Qualities Framework. • OHR heavily involved in legal transfer of DHSC staff 2500 FTE over to Manx Care entity. • Staff Bulletins issued weekly to all Manx Care & DHSC staff with feedback links.
Issues Causing Concern
<ul style="list-style-type: none"> • No evidence of records of Mandatory Training. Related eLearn Vannin and care quality concerns. • No evidence of OHR Dash-Board. • CARE framework but no evidence of implementation, with corresponding personal development plans, staff annual reviews, training needs, leadership development.
2020 - 2021 Recommendations
<ol style="list-style-type: none"> 1. DHSC ensure that Manx Care have structured and agreed OHR support from their OHR partners. 2. Manx Care must implement The Mandated OHR requirements – particularly objective 11 on page 10, and reference to OHR shared services on page 24. 3. The Required Outcomes Framework 3.1.4, 3.1.5 and section 5 Workforce provide detail.
2019 - 2020 Recommendations
<ol style="list-style-type: none"> 1. Attendance at mandatory and developmental training events, in particular mandatory training, must improve to enable the Department to fulfil regulatory and CPD requirements. NOT MET 2. The OHR QC has been regularly cancelled during the year due to member non availability. This has resulted in lack of progress on fundamentals such as standing agenda items. Members must either attend in person or appoint a deputy to attend as required so that regular meetings can go ahead for decisions and actions to progress. NOT MET

PATIENT SAFETY QUALITY COMMITTEE
New Developments
<ul style="list-style-type: none"> • Structural changes - rationalisation of membership and participation - envisaged. • Establishment of permanent chair arrangement for committee. • Adjustment to deal with new order due to Covid 19 restrictions • Endorsement of clinical lead with oversight of all areas of operation and co-ordination of same. • Awareness of need for greater involvement and participation of patient/service user. • Direct liaison with Director of Nursing for assessment targets in quality delivery.
Evidence of good practice
<ul style="list-style-type: none"> • Effective and operational tracking of patients' complaints; prioritising same as area of important liaison with Manx Care. • Closure of several historic open incidents; weekly track to be kept of those ongoing with a view to reduction in number. • A realisation of need to liaise with IRBs to co-ordinate approach to complaints and avoid problems of overlap in function. • Active pursuit, analysis and implementation of recommendations of West Midlands Report. • Awareness of need to perceive and deal with patient safety issues wider than main hospital. • Positive nurse and carer recruitment protocols, from point of view that greater patient safety implementation and control can only be advanced with effective staffing numbers. • Improvement in availability and circulation of minutes and action points from meetings and 80% of time good ratio of attendance by members. • Proactive involvement in securing funding for Equality Service Manager with awareness of role in patient safety. • Vaccination protocols in place and awareness for need of resuscitation equipment at centres.
Issues causing concern
<ul style="list-style-type: none"> • Despite a clear annual work plan, there has been an absence of expected reports from committee members, compounded by inconsistent verbal reporting of issues. • Unclear focus on the number of members/participants required on committee; broad scope with large membership can be cumbersome, so streamlining is required. • 18-month clinical coding backlog, and no reporting, due to staffing issues. • No timescale for training implementation on bed management (eLearn Vannin issues). • Inability to identify problems with IT systems. Lack of clarity on where responsibility lies for drawing up plan/strategy on way forward. • Stalling on progress on strategy on ophthalmology reporting and implantation. • Under resourcing due to recruitment difficulties caused by Covid pandemic. • Lack of progress on Risk Register reporting in Women and Children areas of service. • The need to keep the impetus going, with quality dashboards, over several disciplines
2020 - 2021 Recommendations
<ol style="list-style-type: none"> 1. Patient Safety impact is made more prominent, and is given more weight in business case submissions to Treasury. 2. Integration and involvement with Manx Care. 3. Finalisation of chair, membership and reporting functions of committee ongoing.
2019 - 2020 Recommendation
<ol style="list-style-type: none"> 1. Faster pathways to asset replacement are found. Current 3 - 5yr year timeframe via FD8 waivers, system breakdowns and business case refusals, that discount impact assessments, is a concern. PART MET

PATIENT STAKEHOLDER USER ENGAGEMENT
New Developments
<ul style="list-style-type: none"> • PPSUEC was one of seven new DHSC Transitional Governance Committees, with an initial MLC political Chair. From 1 April Chair will be Manx Care Non-Exec Director. • First meeting of PPSUEC 28 September launched this Board level committee. • Initial scoping meeting, all ideas welcome, understanding what is already out there. • Patient and Service User Engagement has high priority in IHR recommendations and Mandate. • There will be two User Representative groups – one for Manx Care (8 people), one for DHSC (2). • PPSUEC will now become part of Care Quality and Safety Committee with a MHK as political chair.
Evidence of good practice
<ul style="list-style-type: none"> • TOR and Member list tabled at first meeting – solid discussion input. • Agreed 4 area groups of 2 persons North, South, East, West. • Identified and agreed need for training. • Role profiles developed and agreed. • Flexibility of thinking into where PPSUE sits – now within CQSC. • Flexibility of Thinking – now 2 separate sets of representatives: for DHSC (2) and Manx Care (8). • DHSC Patient, Public and Service User Representatives (2) Job Description advertised March 2021. • Some of the reps to sit on Manx Care Board and DHSC Board.
Issues causing concern
<ul style="list-style-type: none"> • Lack of clarity on how DHSC and Manx Care relate to each other. • Need to understand the differences between the DHSC and Manx Care representatives and expectations. Presumably the TOR will clarify this. • DHSC will recruit and appoint 2 reps: and Manx Care will recruit and appoint 8 reps. • Over heavy requirements of recruitment what are lay members (now toned down). • Good Communication (and role advertising) and selection are essential. • Uncertain what similar groups have existed before and any useful learnings.
2020 - 2021 Recommendation(s)
<ol style="list-style-type: none"> 1. Patient engagement forums are actioned and implemented with realistic patient representative role profiles, structured training and the remit to make a measurable impact. 2. Manx Care and DHSC Reps groups are not duplicating or in conflict. 3. Criteria for effectiveness are identified and transferred to the relevant governance structures.
2019 - 2020 Recommendation
<ol style="list-style-type: none"> 1. None as this is a new committee for 20-21 reporting period

QUALITY STANDARDS - WMQRS REPORTING

New Developments

- Overriding responsibility assumed for monitoring developments by PSQC. Updates are requested from individual care departments.

Evidence of good practice

- Reporting on radiology, acute medicine stroke and renal services undertaken twice since February 2020. Recommendations not always followed up due to pandemic restrictions.
- Emergency departments, theatres and anaesthetic services report July 2020 - clear policy formation but failure to resolve high dependency staffing issues, which impacts on urgent referrals and treatment.
- Women's and Children's Services report Mar 2021 - identification of issues and appointment of paediatric consultant. Waiting list length not yet resolved.
- Positive liaison re Royal Liverpool Hospital and Clatterbridge contracts. Inevitable delays due to pandemic.

Issues causing concern

- Unclear progress on clinical governance - no clarity with expected responsibilities in preparation for Manx Care.
- Adult community nursing teams - staffing succession, planning/recruitment concerns. Additional pressures due to pandemic.
- Mental health Services - pressures due to under-resourcing causing long waiting times - and likelihood of added pressures due to restrictions during pandemic period with no resourced plan of how to engage with a wider client base.
- No reports re development of musculoskeletal services, acute or intermediate care and facility services; frail older person pathway not developed.
- Severe staff shortages in Renal IT.
- Loss of development and scope of psychology and occupational services.
- Lack of attendance by surgeons from Liverpool due to pandemic.

2020 - 2021 Recommendation(s)

1. The annual WMQRS update report which identifies the priority areas for action, including outstanding recommendations from the original reporting, should continue to be implemented.
2. Re-establish effective clinical governance structures.

2019 - 2020 Recommendation

1. Re establishment of WMQRC Report to Tynwald re meeting achievable standards **NOT MET**
2. Sustainability of priority areas **PART MET**
3. Effective sustainable governance **PART MET**