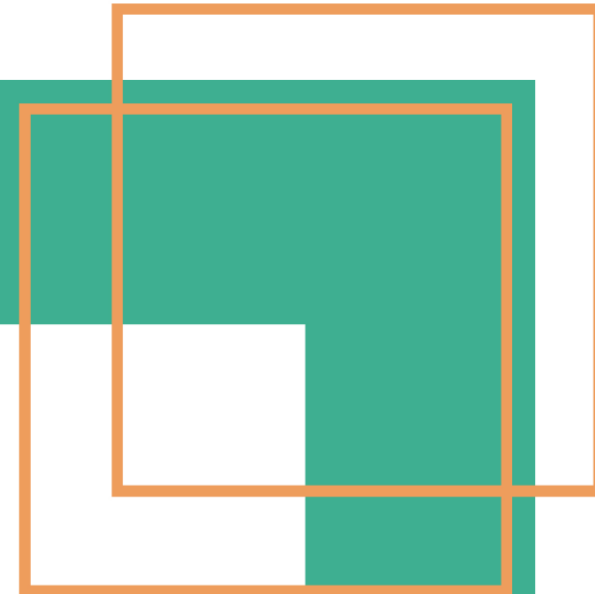




Mandate Assurance Report – Q1 Update

July 2021



About this document

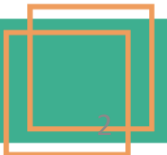


Introduction

This document provides an update on the performance of Manx Care during the Q1 (2021/22) reporting period, and forms a key part of the Mandate Assurance process between the DHSC and Manx Care.

The document is split into the following three sections:

1. DHSC Key Lines of Enquiry
2. Required Outcomes Framework – Manx Care Year 1 Priorities
3. West Midland Quality Review Service – Recommendations Update





1. DHSC Key Lines of Enquiry

KLOE - Quality

Ref	Specific Line of Enquiry	Response
Q001	Provide a breakdown of baseline waiting times across services and details of clinical plans for improvement. In addition to the COVID catch up plan, how does Manx Care plan to address backlogs of activity and ensure safe prioritisation methods for procedure waiting lists? What benchmarking has been done, or is planned, to assess safe target waiting times?	Manx Care has developed a business case for reduction of waiting times which has been approved by Treasury. 18 week support are being engaged to support the delivery of the waiting time reduction. The Business Case identifies key deliverables and priorities. A Deputy Director of Operations commences mid August to lead the programme.
Q002	Give details of all Serious Incidents, Never Events and 'Near Miss' events reported during the period. Do these show any recurring events or themes, inclusive of wider incident reporting?	<p>Community Health: Nil to report;</p> <p>Adult Social Care: Death in Noble's following fall in southlands is being investigated as a Coroner's inquest. Reports reviewed and submitted by risk management coordinator. Note resident was in Southlands due to increased frailty and falls risk.</p> <p>Mental Health: 5 deaths reviewed by Serious Incident Panel. 3x open to Drug & Alcohol Team, suspected drug-related; 1x open to Community Mental Health Service for Adults, suspected suicide; 1x open to Child and Adolescent Mental Health Service (17 y/o), traumatic cardiac injury, cause unknown at this stage. CMHSA death is subject to ongoing level 2 investigation, all are subject to ongoing Coroner's inquest proceedings.</p> <p>General Hospitals: 958 total incidents reported this quarter. Zero Never Events. 1 serious incident related to delay in ophthalmology referral, paper referral now electronic to reduce chances of lost /delayed paper referrals. 250 near miss incidents in this quarter. Themes include patient slip trip and falls and inability to isolate in side wards all patients requiring side wards. IFP&C risk managed through robust risk assessment process with advice and guidance from IFP&C team.</p>
Q003	How is Manx Care improving incident reporting, consistency and monitoring via the DATIX system across staff groups and services? What assurance approaches are Manx Care taking to ensure that incidents are reported, appropriately investigated with appropriate actions taken, and learning embedded?	<p>The Care Quality & Safety team have successfully appointed to the post of "Quality & Risk Management System Support Officer", an Executive Officer post which will provide support for Datix across Manx Care. The new post-holder commences on 2nd August, immediately followed by 3 days of formal training via Datix themselves. This will ensure a consistent point of contact, plus monitoring and system administration, working in conjunction with existing system support staff who cover multiple software.</p> <p>Since June 2020, the Mental Health Service has followed a Standard Operating Procedure for the review of serious incidents, whereby a panel is convened to review incidents and, where appropriate, agree on investigation level, terms of reference etc. A Manx Care SOP "Managing & Investigating Serious Incidents" has been developed and will soon be ratified, building on the work already undertaken within the Mental Health Service and applying across the organisation. Action plans are developed following incident investigation & review, which are then taken to Care Quality & Safety committees.</p>
Q004	Describe actions being taken to reduce sources of harm (such as medication errors, pressure ulcers and falls) and how is progress tracked.	

KLOE - Quality

Ref	Specific Line of Enquiry	Response
Q005	Share baseline waiting times data, the service gap analysis and improvement plans for cancer diagnostics.	Full baseline waiting times, capacity and demand, gap analysis, and individual. Tumour site by tumour site reviews are planned as part of the Transformation programme due to commence during Q2.
Q006	Explain how Manx Care will be able to respond to the needs of the Island's population at any point in time where increased pressures will be placed on it (such as Covid 19 outbreaks, winter pressures or large scale events);	Manx Care Covid Escalation Plan has been updated in June 2021 to reflect and align to the Government Outbreak Plan. A full Capacity Protocol and Escalation Framework for Nobles Hospital has been developed and signed off by the Manx Care Executive Management Committee at the end of June and further work is planned during Q2 to expand this work out across Manx Care Services.
Q007	Provide an update on job planning for medical workforce;	<p>Manx Care are following a 3 stage approach in the completion of the job planning process, as follows:</p> <ol style="list-style-type: none"> 1. Recording the activity 2. Aligning the activity to service and individual needs 3. Signing off the Job plans as compliant and fit for purpose – signing off again is 3 step process – 3 level sign offs (clinical lead, clinical director and job planning committee/medical director) <p>We have completed stage 1 of the process.</p>
Q008	Describe how the recommendations of previous and existing commissioned external reviews are collated and monitored, to ensure an action plan is in place and regularly updated. Is Manx care able to identify any key themes and trends emerging from these reviews?	<p>Social Care and Social Work: There is currently no robust action planning and monitoring of progress. This situation was alerted to the Care, Safety and Engagement Committee on 12 July 2021. An 'amnesty' has been instigated to identify all reports / investigations or other process that has led to recommendations and learning identified in order that we can ensure, going forward, this and new learning is applied in practice.</p> <p>Healthcare: Manx Care has commenced work to review and provide assurance that previous recommendations from reviews have been addressed. Manx Care has initiated the Theatre Improvements Programme during Q1, which arose from previous work undertaken in 2019 and an End of Life Oversight Group has been established to ensure the recommendations of the external review published in Feb 2021 are delivered.</p>

KLOE - Quality

Ref	Specific Line of Enquiry	Response
Q009	List the statutory inspections and internal audit reviews completed since 1st April 2021, the key findings and associated actions undertaken including all prior actions from previous reports already underway.	<p>Social Care and Social Work: None</p> <p>Healthcare: To be completed by 30 July 21</p>
Q010	How do Care Groups and Divisions identify and manage their own risks, and how are these shared within Manx Care to ensure cross-referencing?	<p>The process for dealing with risk registers at a Care Group, Committee and Board level is under review to ensure that an organisation wide view of risk is taken.</p> <p>During Q1 all Care Groups have reviewed their risk registers and ensure these are updated. This has been reported back to the Executive Team via Care Group Performance and Accountability reviews. Risks across the Care Groups are reported up through the Care Quality Group and Clinical Quality Group through to the Quality Safety and Engagement Sub-committee to the Board. A weekly Quality and Safety briefing to the Executive Leadership Team identifies new 'red' risks added to the register.</p>
Q011	Describe how Manx Care assesses the safety of staffing across hospitals and community care. Are there any identified staffing gaps and if so, how does Manx Care plan to fill these?	<p>Community Health: Prison healthcare staffing of concern, escalated to risk register and monitored monthly.</p> <p>Mental Health: DAT and CAMHS staffing has been on risk register for some time and is monitored monthly. Recruitment in DAT should reduce risk but CAMHS continues to have extremely long waiting times. Community Wellbeing Service recently granted additional funding through transformation to employ staff thus reduce waiting times via links to primary care.</p> <p>Adult Social Care: Nil on risk register.</p> <p>General Hospitals: Nurse staffing monitored three times per day through patient flow/capacity meetings. Staff redistributed as necessary and Rotas are in place. Contingencies include: Local redeployment, Bank and Agency.</p> <p>We are using professional judgement.</p> <p>Programme in place to recruit small cohorts of nurses from the Philippines due to well established Filipino community on the IOM. Educational and pastoral programme in place to help support them to register with the UK's NMC. First five nurses passed their exams 1st time and commenced as registrants early July 2021. Three more Filipino nurses in train. Potential opportunities being explored to look at international recruits from other countries.</p>
Q012	In what ways does Manx Care work with Clinicians, Nurses and Managers in a triumvirate to jointly review performance information and to take responsibility for ongoing performance management? How is this information used to shape future service delivery?	<p>Regular Performance and Accountability Review with each of the Care Groups takes place with the full Executive Team in addition to the established Manx Care Governance framework.</p>

KLOE – Finance and Use of Resources

Ref	Specific Line of Enquiry	Response
F001	Provide returns which detail care group income, expenditure and net revenue during the period;	See Appendix A – Tab ‘F001’
F003	Provide reporting of employee costs, including agency staff spend, broken down by care group area;	See Appendix A – Tab ‘F003’
F004	Provide a status update and action plan for the Cost Improvement Programme (CIP), including progress towards the 1% target, risks and mitigations to achieving;	See Appendix B
F005	Provide a status update and action plan for the Capital Programme;	The Capital Programme has remained under the ownership of the DHSC, the latest status report for which is attached (Appendix C) as requested.

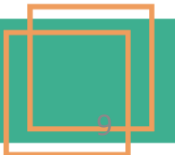
KLOE – Finance and Use of Resources

Ref	Specific Line of Enquiry	Response
F006	Detail any currently known significant capital and revenue bid proposals for financial year 2022-23;	Capital – We are currently in the process of consolidating these requests, and a summary of which will be submitted to the DHSC in due course. Revenue - See Appendix D
F007	Provide details of any income pressures (such as PPU) and actions taken to mitigate;	See Appendix A – Tab ‘F007 F008’
F008	Explain any concerns or pressures relating to expenditure and actions taken to mitigate;	See Appendix A – Tab ‘F007 F008’
F009	Provide an update on the use of the tertiary budget, explaining how Manx Care ensures it is working within the allocated budget lines;	See Appendix A – Tab ‘F009’



2. Required Outcomes Framework – Manx Care Year 1 Priorities

(An update on mandated objectives to be presented separately)



Year 1 Priorities



Introduction

The Required Outcomes Framework sets out Manx Care's ambitions for 2021/22, in what is its first year operating independently from the Department of Health and Social Care. It seeks to address many of the key risks to the organisation, whilst documenting a clear baseline from which improvements can be monitored and delivered.

A formal reporting framework has been established to provide the requisite oversight to the delivery of the ambitions / priorities that were identified whilst Manx Care was in shadow form. This document identifies how these priorities align to the focus areas and strategic goals of Manx Care.

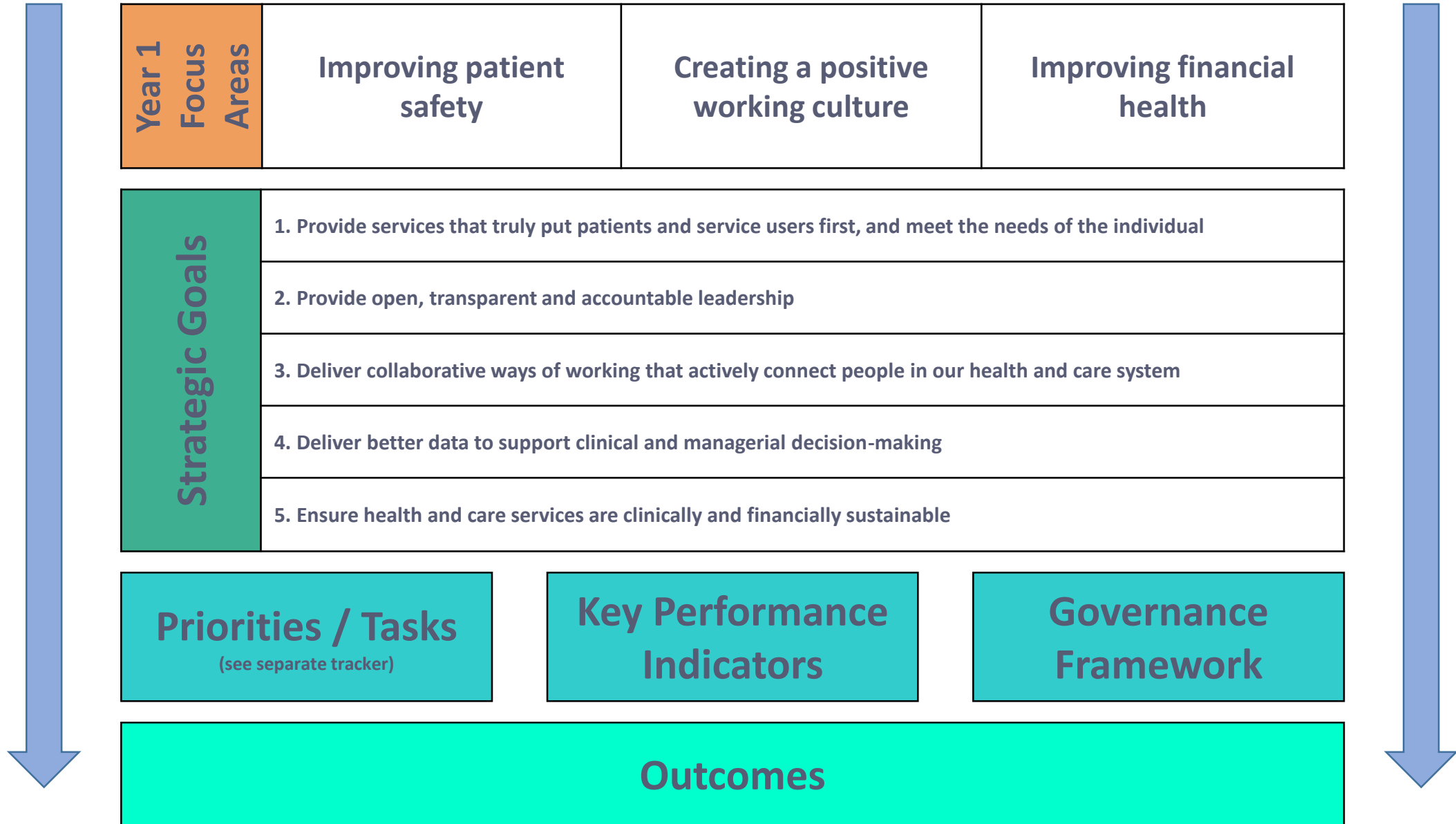
Q1 Update

This is the first quarterly report against these priorities, and it is anticipated that the structure of the reporting will likely be refined in future reporting periods. The report is split into the following sections as per Manx Care's Year 1 focus areas:

1. Improving Patient Safety
2. Creating a positive working culture
3. Improving financial health

As outlined within the Required Outcomes Framework there is much work to do on improving safety across our services, and accordingly the majority of existing priorities relate to this.

ROF Components



Improving Patient Safety

Task Ref	Task Description	Expected Start Date	Expected End Date	Status	Update
1.1	Develop and Implement Patient, Service User and Carer experience framework	01/04/2021	30/08/2021	In progress	Draft framework has been developed and is currently awaiting input from the new Director of Nursing during July. Initial scoping activity undertaken regarding the introduction of a Manx Care Advice Liaison Service, which will commence from 02/08/21.
1.2	Address all gaps across key policies and procedures	01/03/2021	31/03/2022	In progress	Work is ongoing to identify key policies across the organisation, where the gaps are and what can be done to address these, and some of these policies are listed as distinct priorities (for example 1.3, 1.8 & 1.10) within this document. New controls are being established to ensure that key personnel from each area will be taking responsibility for ensuring that policies are updated within specified time periods, which is to be supported by the use of automated reminders. This work is limited to the Transformation Programme.
1.3	Implement Revised Serious Incident Investigation Framework and Policy	01/05/2021	31/07/2021	In progress	Draft Serious Incident Policy has been circulated to all Care Groups, Care Group CQS Committees, Police & Coroner's Office for comment. Final policy due to be submitted by 06/07/21 for the attention of the July Quality & Engagement Committee for ratification.
1.4	Develop and Implement a Clinical Effectiveness Framework (including use of GIRFT)	01/04/2021	31/03/2022	In progress	There are more than 25 specialties that have GIRFT report published. There is a scoping and benchmarking exercise that has commenced and specialty leads are meeting in July to discuss the outcomes and next steps. Expected timescales to be confirmed at this point.
1.5	Theatre Improvement Programme (Response to external review 2018) supported by Develop Consulting	01/04/2021	31/07/2021	In progress	The Programme has commenced and a safety audit has been undertaken using the Association for Perioperative Practice (AFPP) framework, and detailed planning is now being undertaken in relation to the actions from this. The results of ongoing audits are now being shared with the teams to improve visibility and awareness of performance. Although activity is now progressing to plan, the status is Amber rated to reflect previous delays.
1.6	Undertake Tumour Site Pathway Reviews as part of Transformation Pathfinder Cancer activity	01/07/2021	30/09/2021	To be commenced	To commence once external team in place. Work continues internally with the cancer team.
1.7	Deliver Improvements to the Breast Screening Service as per the Internal Audit Recommendations 2020	01/04/2021	31/12/2021	In progress	An additional radiologist post has been approved and is in the process of recruitment. This post will include the Director of Breast screening role. Imaging equipment is in the process of being purchased. Mammographer succession plan in place and recruitment underway.
1.8	Develop and Implement an Access Policy incorporating use of an agreed approach to Clinical Prioritisation, Clinical Validation and Administrative Validation	01/07/2021	31/09/2021	To be commenced	Baseline work has been completed, and currently awaiting further clarity regarding next steps from the Health and Care Transformation Programme. Planned care expertise from 18 week support mobilised from mid August with a programme in place for remainder of 2021/22.

Improving Patient Safety

Task Ref	Task Description	Expected Start Date	Expected End Date	Status	Update
1.9	Develop Plans to reduce zero and 1 day Length of Stay using Same Day Emergency Care Pathways	01/04/2021	31/07/2021	In progress	We continue to work closely with the Health and Care Transformation Programme Care Pathways and Service Delivery Project. The Business Case for the implementation of an Urgent and Emergency Integrated Care Service for the Isle of Man is due to be submitted to the H&CTP Boards imminently. If approved this will see a phased implementation of services designed to reduce hospital admissions and deliver care and treatment as close to the patient's home as possible. This will be done utilising a community crisis response/intermediate care team, mental health crisis response and a fully integrated out-of-hours service, whilst also allowing for the delivery of Same Day Emergency Care/Ambulatory Care in a hospital setting.
1.10	Develop and embed Escalation Plan and Full Capacity Protocol for Nobles Hospital	01/03/2021	30/09/2021	In progress	Policy documentation was approved at June's EMC. Consideration now being given to what escalation looks like across Manx Care, development of action cards and the cascade of the same to all staff.
1.11	Implementation of SAFER Care Bundle across Nobles Hospital	01/07/2021	TBC	To be commenced	Detailed planning to commence once recruitment of Head of Patient Flow complete.
1.12	Development of Escalation and Choice Framework to support reduction in Delayed Transfer of Care	01/07/2021	TBC	To be commenced	Detailed planning to commence once recruitment of Head of Patient Flow complete.
1.13	Implement the Dental Strategy	01/01/2021	31/03/2023	In progress	Although this is a 5 year strategy, Year 1 and 2 activity is focused on the establishment of contracts with appropriate Key Performance Indicators, and this is on track.
1.14	Deliver against plan for Learning Disability Services	04/01/2021	31/12/21	In progress	In November 2020 the 3rd 5 year Learning Disability Strategy was launched with the aim of building on the two previous strategies. A draft implementation plan has been developed to support delivery against the new strategy and service model policies and operational processes are under review to ensure access to services is fair, equitable and transparent. Staff training policy is under review to reflect the variety of service user needs identified in the Tiered Care and Support Model within the strategy.

Improving Patient Safety

Task Ref	Task Description	Expected Start Date	Expected End Date	Status	Update
1.15	Develop a costed Improvement Plan for Screening Services for consideration by the DHSC and Public Health	01/06/2021	31/12/2021	In progress	Initial meeting with various stakeholders planned for 22/07/21 to discuss the way forward in population screening; to include governance and reporting structures, contract and budget management, and actions from screening gap analysis and breast screening internal audit. Clear action and development plans for service improvement will be drawn up and these will also inform improvements to SLAs with those we commission to support our screening services. A costed improvement plan will be brought forward for each of bowel, breast and cervical screening and will also include actions for bringing up to date any backlogs caused by COVID-19. The action plan will be developed and agreed by each Care Group in conjunction with the Screening Services Programme Board.
1.16	Develop costed Improvement Plans to eradicate 52 week waits within the next 3 years	01/04/2021	31/07/2021	In progress	Action was replaced by the development of the Restoration and Recovery of Services Business Case. This has been approved by Manx Care and the DHSC, and is currently with Treasury for consideration / approval.
1.17	Adoption of 2020 Royal College of Surgeons guidelines to aid clinical prioritisation of patients who require surgery, and implementation of the same across all specialties.	01/05/2021	31/03/2022	In progress	Initial scoping activity has been progressed which highlighted the scale of activity required, and detailed planning activity is now to be progressed. This activity will inform likely implementation dates.

Improving Patient Safety

Task Ref	Task Description	Expected Start Date	Expected End Date	Status	Update
1.18	Implement agreed Social Care Structure	22/04/2021	30/06/2021	In progress	The evaluation of Job Descriptions and Personal Specifications (including the Senior post) is continuing. The original implementation date will not be achieved due to the delays in progressing this activity, however discussions are continuing with OHR in order to agree a revised road map, and to agree the HR support required throughout implementation, which has not been formalised as of yet. The RAG status is therefore Amber, but will be updated once a revised plan and completion date have been agreed with colleagues from OHR.
1.19	Development of Intermediate Tier responses across a range of services	01/06/2021	TBC	In progress	Project planning currently progressing as is formation of underlying workstreams. Timelines to be confirmed as part of this activity. Awaiting funding to support the new model of service delivery, which is subject to approval of the Urgent and Emergency Care transformation business case.
1.20	Framework Proposal for Clinical Input into the Joint Services Control Room.	01/07/2021	30/09/2021	To be commenced	To be informed by recent incident, with underlying activity to form part of the Urgent and Emergency Care Transformation activity, the Business Case for which is due to be submitted for approval by early July.
1.21	Progress Primary Care At Scale and PC@S Strategy	01/04/2021	TBC	In progress	Strategy document is in draft, and an independent GP has been appointed to support this work. Progress is currently limited due to resource changes within the Transformation Programme, but this is expected to be resolved shortly when this work will be supported once more, at which point revised implementation dates will be confirmed.
1.22	Implement Clatterbridge@ Nobles Model of delivery	01/04/2021	TBC	In progress	Go live for the Oncology Day Unit using the Clatterbridge Cancer Centre's (CCC) Meditech system was at the end of January 2021 - this was the first major step to a closer operational relationship between the two organisation. Joint operational meetings continuing on fortnightly basis to oversee activity, including: data reporting for Oncology Day Unit, automated output from Meditech to reduce administration, MDT cover arrangements, access for Clatterbridge Clinicians to IOM system, staff training and peer support, horizon scanning for new treatments and improving operational communications.
1.23	Establish North Wellbeing Hub and progress the operational model for the wellbeing partnerships	01/01/2021	30/06/2021	In progress	A 'soft' launch is planned for 7th July 2021. Referrals from GP's planned to start being accepted from August due to need to resolve some data protection issues and provide coaching. Premises proving to be a delaying factor (provision of reception area in The Rosien) but moving forward. Stakeholder consultation and engagement for Northern Partnership scheduled to take place over the Summer, starting with staff and partner agency workshops in July.

Improving Patient Safety

Task Ref	Task Description	Expected Start Date	Expected End Date	Status	Update
1.24	Implement Clinical Coding. Implement Pilot phase, Procurement Process and full Implementation post award	01/03/2021	31/12/2021	In progress	Pilot Phase complete with contract signed and 3 temporary coders now in place and actively coding. Phase 2 relates to the procurement of a Consultancy service to develop strategic coding policy and procedures, and the procurement of an outsourced coding function that adheres to the policy and procedures. Both of these elements are now on the procurement portal and an evaluation team has been selected and await evaluation stage.
1.25	Integrated Performance Report Implemented	01/04/2021	31/08/2021 (Phase 1)	In progress	This is a phased project being delivered using an agile methodology. The first version of the report, which is expected to replace much of the manual processing, is expected to be available by the end of August 2021.

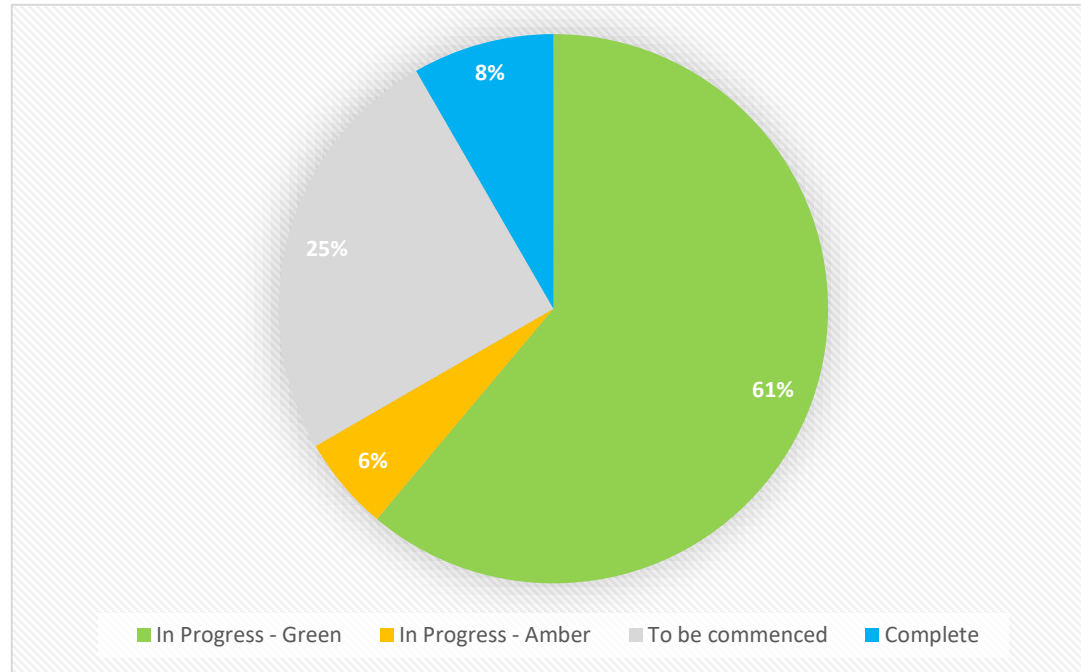
Creating a positive working culture

Task Ref	Task Description	Expected Start Date	Expected End Date	Status	Update
2.1	Completion of All Manx Care Executive Team appointments	01/01/2021	30/03/2021	COMPLETE	All Manx Care Executive appointments complete by the March with start dates confirmed for all.
2.2	Confirmation of Operational Delivery Structure	01/01/2021	30/03/2021	COMPLETE	In place from 01/04/2021.
2.3	Manx Care Board to Service Line Governance Structure agreed and in place	01/01/2021	30/03/2021	COMPLETE	Whilst in "Shadow Form" Manx Care appointed all of its Board Members and established a robust 'Board to service line' Governance Framework operational from 1st April Care Board whose Terms of Reference and annual work plans have 2021. Manx Care has established six sub-committees of the Manx been signed off by the Manx Care Board. Operationally, an Executive Management Committee has been established from April 2021 with 6 subgroup covering Clinical Quality, Care Quality, Infrastructure, Performance, Workforce, and Finance and Commissioning. Each of the newly established Care Groups will have regular Performance and Accountability Review with the Executive Team.
2.4	Manx Care Risk and Governance Framework in place	01/05/2021	31/10/2021	In progress	An early version of the Board Assurance Framework was shared at the May Board and is being considered at the September Audit Committee.
2.5	Scope opportunities for Recovery College activities as part of Wellbeing Agenda for staff and patients	01/04/2021	TBC	In Progress	The MHS are currently collaborating with Implementing Recovery through Organisational Change (ImROC), who are recognised leaders in supporting organisations in developing a culture of recovery and recovery focussed practice. ImROC are supporting the MHS in the formulation of a recovery strategy, a significant component of which will be the realisation of a recovery college.
2.6	Manx Care will undertake a co-produced programme of work with our people to agree out Visions and Values, and refine our strategic goals	TBC	30/03/2022	To be commenced	
2.7	During Service Year 2021-22 Manx Care will prepare its Strategy for 2022-2027 utilising a service based, bottom up approach.	TBC	30/03/2022	To be commenced	

Improving Financial Health

Task Ref	Task Description	Expected Start Date	Expected End Date	Status	Update
3.1	CIP Plan in place	01/03/2021	30/06/2021	In progress	Plan has been developed with support from Merseyside Internal Audit Agency, and is due to be signed-off at June's Executive Management Committee. Ongoing governance requirements and the timeline for implementation of these will then be agreed.
3.2	All CIP Quality Impact Assessed	01/07/2021	30/09/2021	To be commenced	This will be an ongoing process through the Quality and Safety forums once the CIP Plan has been approved.
3.3	Review of all Business Cases not submitted to Treasury	01/04/2021	30/06/2021	In progress	The Business Case Review Group has been meeting on a regular basis and has now reviewed 90-95% of historic business cases at least once. Review of remaining cases remains on track.
3.4	Optimise Theatre Efficiency - Phase 2	01/08/2021	TBC	To be commenced	Separate Action Plan for Phase 2 to commence upon completion of phase 1.

Priorities - Status Summary





3. West Midlands Quality Review Service - Recommendations Update

Note – The specific wording of a number of Actions listed in this section does not align to the recommendation recognised by Manx Care. In such instances efforts have been made to provide an update, and where this has not been possible the response has been listed as ‘ No update this quarter’.

Manx Care is committed to resolving this for future reporting periods, and will work alongside colleagues from the DHSC in order to clarify future reporting requirements.

WMQRS Actions Update – Quality & Finance

Ref	Action	Status	Associated Actions / Update
1.1	(JN-597) Discharge Guidelines from i) Diabetic Service ii) COPD iii) Neuro;	In progress To start TBC	Diabetes: Programme of discharge of people with non complex Type 2 diabetes back to GP care with direct access for GPs to specialist service for advice and guidance currently in progress. COPD: There has been no progress in establishing a COPD pathway, and there is no substantive consultant in post. This will be considered as and when Respiratory is subject to a Transformation Programme Service review. Neuro: No update this quarter
1.2	(JN-601) Local Pathway- i) Diabetes ii) COPD iii) Parkinson's /Epilepsy;	In progress To start Complete	Diabetes: Currently being addressed as part of the Transformation Programme Pathfinder for Diabetes and Endocrinology. COPD: There has been no progress in establishing a COPD pathway despite completion of a multi discipline business case. The Respiratory team are I believe being considered for inclusion on the next pathfinders / Transformation programme. We still do not have a substantive consultant in post. Parkinson's / Epilepsy: The Consultant for this service has confirmed that this was completed by the CNS at the time of the review.
1.3	(JN-601) Comprehensive operational policy for ED;	Complete	Presumably this should be reference (AE-601). If so, a Standard Operating Procedure (SOP) was developed in April 2019 to support the Unscheduled Care Recovery Plan to optimise effective patient flow and achieve the 4 hour Emergency Standard. This is being rewritten as the Emergency Department is moving away from 4 hour target.
1.4	(AF-509) Common presentation Guidelines – Abdominal pain & Limb ischaemia;	TBC	No update this quarter
1.5	(AF-513) Clinical Guidelines - Sedation & Acute confusional state;	Complete	Pathway has now been established and available on Medway for use by clinical staff.
1.6	Review echocardiogram criteria and establish process/SLA with LHCH if required;	In progress	The department now has 3 British Society of Echocardiology (BSE) fully accredited sonographers providing 2.4 WTE cover, increasing capacity and thereby access to echo. Referral criteria is aligned with BSE recommendations. The anticipated appointment of a consultant cardiologist with an interest in cardiac imaging is expected to further strengthen this area of service.
1.7	Establish travel guideline for patients returning to the island following radioactive iodine therapy;	TBC	No update this quarter
1.8	Establish measures to assess & reduce time taken to process clinical letters following appointment or treatment;	TBC	No update this quarter
1.9	Development of shared care arrangements between GPs and anticoagulation service;	In progress	GPs would need to agree new contract to establish shared care agreements, which was not discussed at their last contract review. Ongoing Transformation activity supports this way of working, but will ultimately be dependent upon availability of financial resources.

WMQRS Actions Update – Quality & Finance

Ref	Action	Status	Associated Actions / Update
1.10	Establish a hospital Thrombosis Committee;	In progress	To be successful this needs a Senior clinician to chair and be involved. The need for this is recognised, however we do not have a haematologist on island, which of course we do not need for this role only we do need a body of professionals to work together from across all disciplines. We endeavoured to establish an MDT for supporting our nurse led service with Liverpool Thrombosis Centre last year, which regrettably wasn't successful. Consideration is therefore being given to establishing a local committee on island who then have an external MDT for advice/support from the UK team.
2.1	Establish a process of detailed feedback to staff submitting Business Cases, particularly where they are rejected;	In progress	The Business Case Review Group has spent much of Q1 reviewing historic Business Cases, and is working with the staff that submitted them in order to assist with their progression or to provide clear rationale as to why they may be delayed due to competing priorities and limited available budget, or simply not progressed / rejected where appropriate. Formal communication regarding the revised process for Business Case approval, and supporting documentation / guidance is currently being produced and will be available to all staff during Q2.

WMQRS Actions Update - People

Ref	Action	Status	Associated Actions / Update
3.1	(Point of Care AE-216) Staff using PoC Testing equipment require competency assessment	Complete	Trainee doctors doing POC test have competencies assessed through their ARCP annual review.
3.2	(Resus – AE-210) Nursing – completion of Critical Care Pathways;	TBC	No update this quarter. Please note that AE210 relates to Nurses working through Critical Care Competencies, not Pathways.
3.3	(XX-203 Endocrinology) Competencies and Training plan for staff;	In progress	No resources identified to support training to date. Has been identified as resource requirement as part of the Transformation Programme Pathfinder for Diabetes and Endocrinology.
3.4	(BN-704) Minimum procedures per Surgeon;	In progress	To be considered as part of the job planning process, which is currently being undertaken.
3.5	Establish mechanism of communication of general news and progress to all staff, rather than just Nobles;	Complete	Baseline Operating Rhythm for communication delivery has been established to cover all colleagues working across Manx Care, with delivery via email from a dedicated 'Manx Care Communications' inbox. As a baseline, this includes a weekly CEO or guest Blog, a fortnightly Chairman's Blog, a fortnightly all-colleague call for which playback details are shared post-event, and a monthly Transformation Programme bulletin provided by TPMO. This is supplemented by almost daily operational, strategic and campaign communications. Communications are shared with a senior management group working across Manx Care in order to ensure that these are cascaded appropriately across all colleague segments including those who don't readily have access to email.
3.6	Establish consistent reporting for compliance with mandatory training;	In progress	There has been a recent proposal for mandatory training, which is currently being reviewed & reported by the practice development team.
3.7	Expand remit of Mandatory Training Policy outside RN and Midwives;	Complete	There is a policy in place for Mandatory training for all staff. Policy was reviewed in 2020 and is due to be reviewed again in 2022.
3.8	Review succession planning for senior clinical staff across Nobles;	In progress	Process of consultation with Clinical Directors has commenced, but this complex work needs BMA and finance representatives to agree. Job plans for majority are now on PREP and appraisals for majority are complaint. Next steps include renegotiating job plans that is aligned with business planning and clinical strategy.
3.9	Review overall staffing in cardiology speciality;	Complete	A cardiology consultant has recently been recruited and service is fully established with only 1 vacancy, any further assessment of staffing requirements will be considered as part of the Transformation Programme Pathfinder review of this service.
3.10	Review appointment of an Endocrine Specialist Nurse;	In progress	Has been identified as resource requirement as part of the Transformation Programme Pathfinder for Diabetes and Endocrinology. Proposal currently being formulated for business case review group.
3.11	Robust training and education programme for hospital staff around NG fed patients;	Complete	There is an established programme of work around NG training.
3.12	Review administrative provision to Specialist Nurses;	In progress	Currently in the process of looking at clinic administration provision and support, but not all administration for specialist nurses. Results pending as to need.

WMQRS Actions Update – Patient Focus

Ref	Action	Status	Associated Actions / Update
5.1	AHP (AE-209) Physio & OT (available 11am 8pm every day inc.w/e);	TBC	No update this quarter
5.2	(AF-203) AMU consultant available at all times in hours and on call	Complete	AMU Consultant now provide in-reach and are available from 8am and 8pm Monday to Friday. This will be increased to 10pm when all 3 consultants are recruited. AMU consultants also are part of the general medical on call rota in 1 in 8.
5.3	(Integrated Social Care AE-599) Comprehensive suite of guidelines to cover full range of vulnerable adults;	TBC	No update this quarter
5.4	(AF-513) Notification to GPs of any OOH consultation by 8am;	TBC	No update this quarter. Presumably this should be reference number (AA-605)?
5.5	Improve active dissemination of learning to staff following incident reporting – specifically and more widely;	Complete	Procurement of the Datix risk management system three years ago means there is now an automatic feedback loop to staff who report and investigate individual incidents. The Hospital's Directorate 6 weekly Patient Safety Forum has been extended to be Manx Care wide and acts as a forum for staff to share learning from incidents and complaints. Patient and Staff stories are heard at Board level. The governance structures have been revised with the development of a Manx Care Clinical Quality & Safety Committee which will receive regular reports on outcomes and learning from incidents and complaints.
5.6	(AB-502 Ambulance) Priority dispatch according to clinical need;	TBC	No update this quarter
5.7	Develop and publicise independent advocacy service;	In progress	Manx Care have recently commenced a scoping exercise, which along with determining in year requirements will assess how the service should be structured in the longer term. This scoping activity will also identify the additional funding required to establish a comprehensive advocacy service across appropriate services. It is anticipated that the future service model will include a mixture of staff and volunteers.
5.8	Patients receiving hospital outpatient care should be given a copy of their care plan, which details assessments, interventions, self-management and medication;	Complete	Information leaflets are provided with planned care. Copies of clinic letters with treatment plans sent to patients.
5.9	Establish arrangements for inpatient podiatry service;	Complete	We provide a limited 'in-reach' service due to current staffing issues / vacancies, which only sees the highest risk patients or if an existing patient has been hospitalised and their need for treatment is required to aid rehab etc.
5.10	Have accessible information available around the needs of Carers and advice for Carers;	TBC	No update this quarter
5.11	Pharmacist prescribers are integrated into relevant care pathways across the organisation, e.g. in accident and emergency, on admissions wards, in specialist clinics and outreach services	In progress	This is a work in progress, and a comprehensive plan is now in place to increase the number of Pharmacist Independent Prescribers.