BOARD OF DIRECTORS MEETING IN PUBLIC
Tuesday 27 July 2021
Medical Education Centre – Scott Foundation Room
10.00am – 12.30pm

manx care
Kiarail Vannin

Present:

Andrew Foster – Chair (AF)
Andy Guy – Non Executive Director (AG)
Katie Kapernaros – Non Executive Director (KK)
Sarah Pinch – (Vice Chair) Non Executive Director (SP)
Vanessa Walker – Non Executive Director
Nigel Wood – Non Executive Director (NW)
Teresa Cope – Chief Executive (TC)
Sally Shaw – Executive Director of Social Care (SS)
Richard Wild – Chief Information Officer (RW)
Jackie Lawless – Finance Director (JL)
Oliver Radford – Director of Operations (OR)
Barbara Scott – Director of Infrastructure (BS)
Ann Corkill – Director of HR Business (AC)
Sree Andole – Medical Director (SA)
John Middleton – Board Secretary (JM)

In attendance:

Sandie Dakin – Secretarial Support (SD)
Heidi Morris – Neurology Nurse Specialist (Item 79.21) (HM)
Jo Robert – CATS (JR)
Christine Wright – CATS (CW)

Apologies:

Paul Moore – Director of Nursing

Item	**Action**

73.21 Welcome and apologies

AF welcomed everyone to the meeting.
Apologies had been received from Paul Moore, Director of Nursing.

74.21 Declarations of Interest

There were no declarations of interest.

Abbreviations:
BI – Business Intelligence
DHSC – IoM Dep't of Health and Social Care
MCALS – Manx Care Advice & Liaison Service
OD – Organisational Development
MxC – Manx Care

75.21 Minutes of the meeting – 25 May 2021

There were no amendments required to the previous Minutes.

The minutes of the meeting held on 25th May 2021 were ACCEPTED as an accurate record.

76.21 Matters Arising

There were no separate matters arising, not covered by the Agenda.

77.21 Notification of any other items of business

There were no other items of business requested.

78.21 Corporate Risk Register and Board Assurance Framework Update

JM confirmed that following discussion with the various Board committees the Corporate Risk Register will now be taken to the next Audit Committee in September for further refinement, with the intention of producing an organisational wide Risk Register which will form part of the Board Assurance Framework for Manx Care.

The Chair advised that the Corporate Risk would form part of future meeting papers.

79.21 Service User/Staff Story – The Neurology Team

The Chair introduced Heidi Morris, Jo Robert and Christine Wright, members of the Neurology team, who had been invited to attend and present a service user/staff story to the Board.

The team gave a slide presentation on one particular case where it was felt that additional resources could have made a difference ultimately to the individual's independence and whilst details are substantially accurate, some details have been changed to protect patient confidentiality. The presentation concluded by highlighting key areas which HM, CR & JR believe could make a difference to their patients, namely no availability on island for planned respite care, patient access to medication available in England, the ability to work more closely with other specialties and the use of effective technology and that a Business Case has been put together for additional resources.

Teresa Cope, Chief Executive, thanked the Neurology team for their presentation which resonates, advising that it is inappropriate for a patient to have to come into Hospital to get the right package, when a slight uplift in the care package could have

made a difference and ultimately maintained the patients' independence. TC advised that a programme of work has been established, and that this offers the opportunity to improve multi-disciplinary working and to build a care planning approach involving all professionals and that MxC as an integrated care organisation should be able to do this well without the need for additional resource. TC confirmed that MxC are actively working with NICE, the DHSC and the Government and some progress is being made in this regard and that our internal approach to working and delivering NICE approved medications will shortly be brought before the Management Executive team.
As far as using effective technology is concerned, TC , advised that MxC would need to look at opportunities in the Digital plan for the amount of assisted technology that is available which would assist our patients and ultimately support their independence. Overall TC believes that MxC can make progress in the key areas highlighted and that a progress report be made to the Board in a few months' time.

Sally Shaw advised that she was aware of the case in question, this having been presented at the Quality Safety and Engagement Committee which has given rise to an action on her to look at the case, piece by piece. As it is a whole system approach that is not working and that whilst she understands the need for additional resources there is a need to look at what we already have and how these could be used differently. There are many differing factors which give cause for concern, such as the delay in the provision of a ramp, possible young carers support and assistive technology which should be scaled up quickly in all areas of health and social care.

Sree Andole believes that the pandemic has disadvantaged the group of patients who needed more physical and occupational therapy. At present there is much research into the remote delivery of such therapy and that this could assist our patients and that more of this type of technology will be available in the future.

Katie Kapernaros questioned whether one person was responsible for the management of this individuals' case. The team confirmed that there is no single contact point, but that there is now a longer term conditions co-ordinator in post, which the service user in question now has access to. Sally Shaw advised that Wellbeing Partnerships are being established and will be rolled out in the next 12/18 months and these will be able to support that complex need within our communities.

Andy Guy has asked for this to be raised in the private session of the Board due to the confidentiality issues and believes that this case demonstrates the historical lack of joined-up working between Departments and that whilst Manx Care have been required to use these services, we are currently undertaking the setting up of Service Level Agreements with those groups, some of which are not working and that these need to be revisited and resolved.

Vanessa Walker commented that she understood the frustrations of the team in trying to find resources to deliver the best care possible and confirmed that the MxC Board have a responsibility to staff as well as patients and service users and believes that whilst the story highlights just one particular case, this story is illustrative of more than just one case and that the wider picture of integration should be considered and

that the whole situation should feel seamless, but that she is confident that this can be achieved.

Andy Guy agrees that integrated care should make a difference, with the Wellbeing Centres co-ordinating care however as those pathways are not yet in existence and are largely untested, this group of patients potentially need to be looked at immediately and may have to carry out an analysis of this pathway and use it as a test case for full integration.

Richard Wild noted that the team had spoken of their inability to see notes from other care groups and that this case has illustrated the importance of being able to do this. The 7th Caldicott principle is the duty to share, and with the way that the system is currently configured makes it very difficult to fulfil this duty, which requires that registered and regulated health or social care professionals need to be able to share information about the care of a patient with whom they have a legitimate relationship. RW confirmed that the implementation of system support for this is some time out, as it is a very large piece of work, but when in place it will be transformational, but in the short term we need to consider what can be done to facilitate the sharing of information.

The Chair thanked the team for their presentation which has put together a story of a service which needs considerable improvement, frustrating for the staff and where there are issues of resource, technology and co-ordination and the Business Case which has been put together for the improvements in that service will be considered by the Executive Team.

The Chair advised that a progress report will be brought back to the Board in a few months' time.

80.21 Chairs Report

The Chair gave his report to the Board and referred to the difficulties surrounding the Coronavirus which had already been referred to in discussing the arrangements MxC have had to put in place to manage a public meeting. The Chair also confirmed that some of the Board are based off-Island and that whilst he had been appointed to the role in September 2020, he had only been able to visit the island last month, but had been impressed by the people, the place and the facilities.

81.21 Chief Executive's Report and Horizon Scan

A copy of the report had been circulated in advance, which summarised the activities conducted by her during late June and July and was supplemented by the Horizon Scan which details the actions being undertaken by each of the operational care groups, together with a summary of TC's visits and meetings with service teams over the course of the month. TC confirmed that both herself and all other Executives place

a high importance on visibility and have been out meeting teams and supporting them as much as possible. TC gave an update on the Covid situation which she confirmed to be moving rapidly with the number of cases in the community increasing significantly during July, to the point that Manx Care, with effect from 19 July will be introducing visitor restrictions across a number of Health and Care settings. TC also advised that the command structure has been stood up, with the Bronze Command meeting 3 times a week and feeding into the Silver and Gold Command meetings. TC advised that the Vaccine programme is increasingly successful in that the rise in case numbers, unlike previous outbreaks, has not resulted in high numbers of admissions. TC advised that there are currently 7 hospitalised with Covid, 1 patient in Critical care and added that she is impressed with the way staff are responding to the situation. TC stated that it is important to note that in terms of community transmission, there are now in excess of 2,000 cases due to this particular pandemic which exceeds the numbers experienced in the previous 3 outbreaks going back to last March and that with numbers not translating into high hospital admissions, this clearly demonstrates the success of the Vaccination programme.

TC drew the Boards attention to the commencement of the Manx Care Advice and Liaison Service (MCALS) which is due to go live next week and offers a confidential telephone and email service accessible to patients, service users, carers and their families and which mirrors the PAL service, which many will be familiar with from the UK. TC confirmed this to be a very important part of the Communications and Engagement Strategy and MxC interface work with patients and service users. The service will be operational from 2nd August and will initially operate Monday-Friday, between the hours of 10am – 3pm. TC confirmed that the effectiveness of the service will be evaluated and then progress to building out from there. TC advised that Executives are in the process of signing off the Standard Operating Policy, for how this service will operate. TC invited questions from the Board.

AG enquired whether MxC were confident that the "catch up" programme could be complete by the end of the financial year, or whether there would be a need to manage DHSE and the Government's expectation that some of the funding would need to be carried over into the next financial year. TC advised at this stage, it was too early to predict that need, but confirmed that the Business Case was initially written with the expectation that all funds would be utilised within the current financial year, with a clear programme of delivery but obviously all heavily caveated by Covid, which will have an impact on our ability to deliver. TC advised that there are certain elements which are fixed and do not rely on hospital based capacity, so the opportunity to work with Medefer and 18 Week Support should be unaffected, although the ability to deliver the programme within the timescale will be closely monitored and that as part of the Integrated Performance Report, a monthly update will be provided and at that point will also track financial expenditure, and if it does appear that we will need move funds across, this will allow us to send an early signal across to DHSE and Treasury.

OR confirmed that weekly meetings are being held with suppliers Medefer and 18 Week Support and is still confident that the programme can be delivered by 31st March. OR advised that we are looking to increase our capacity with the purchase of

Abbreviations:
BI – Business Intelligence DHSC – IoM Dep't of Health and Social Care
MCALS – Manx Care Advice & Liaison Service
OD – Organisational Development MxC – Manx Care

1250 Cataract operations from 18 Week Support, to be delivered on Island using spare capacity in our Theatres, by freeing up one theatre for use on Friday, Saturday and Sunday. OR confirmed that there are 3 rooms available at the weekend to conduct Endoscopy procedures, which would give sufficient capacity for the programme of 1250 procedures to be completed by the year end, but that if staffing levels were adversely impacted by Covid, this would affect delivery by year end.

VW asked if the Palliative Care End of Life Oversight group could be invited to give a presentation on what they are achieving at a future meeting of the Quality Safety and Engagement Committee, as she would be interested to know whether staff are being able to recognise patients who are nearing End of Life, in non-Cancer specialties, and able to offer them help and support

The Chair asked that this be added as a Quality Safety and Engagement Committee Agenda item.

VW also enquired whether the new MCALS service would be clearly advertised so that patients, service users, carers and their families would know of its existence and how to make contact. TC confirmed that she is in the process of signing off press communications and brochures which will support this service. TC confirmed that currently it is a small discreet service, with its own unique telephone number and email address, but believes that there is an opportunity to strengthen this relationship with the geographical hubs across the Island and to connect it in with hub working and the voluntary and community sector work, so it will become more integrated. TC advised that each day, MxC have a high volume of enquiries on the Manx Care Enquiries line and that it is the responsibility of MxC to help patients and service users navigate our system and need to ensure that these enquiries are dealt with promptly by the right people. TC advised that there is scope to develop this service by integrating it into the geographical hubs and can build out from this model

KK thanked TC for the Covid update, but enquired whether Manx Care are involved in an advisory capacity to the Government on such issues as the need to wear masks in the community. TC confirmed that the "Silver Command" participate in the Clinical Working Group, meeting weekly and discussing a wide range of issues such as social distancing, the approach to the using of masks, lateral flow tests and testing strategies which has been very active since as an island we are moving from an elimination and mitigation strategy, to a living with Covid strategy and that this is fed up to "Gold Command". TC was keen to stress however that whilst Manx Care are implementing restrictions to reduce the spread of infection, this only applies to Manx Care. TC confirmed that in summary, Manx Care do have the opportunity to influence, a session is being held tomorrow to look at activity over the last 3 weeks and to determine if the current Outbreak Plan, which Manx Care contributed to, remains current and relevant. TC confirmed that plans have been put in place detailing a new way for the optimum use of hospital beds and that there are red and white areas for Covid positive and negative cases, however the biggest potential impact will be the numbers of staff absent rising and this will drive the continuity arrangement which, although hospital admissions show as being low, will ultimately

mean that the ability to operate service levels at standard rates could be compromised, a position which is understood by Government .

82.21 Committee chairs reports
(July –QSE, People, FP&C)
(June – MHAL)

The Chair confirmed that there are 7 separate Committees of the Board, which look at matters in greater detail following which a summary is completed. There are 4 such summaries which have been circulated with Board papers.
QSE Committee – VW advised that the QSE meeting is the first in the monthly cycle and that it has set a new theme for the other committees in terms of governance and administration, as it is useful for Non Executives to receive Board papers in advance, allowing them sufficient time to read all documents. VW advised that the Neurology team had also presented their patient story at the QSE Committee. VW advised that the IPR Dashboard is a document that continues to develop and whilst much improved, still has a way to go. VW commented that the Criminal Exploitation of Children & Vulnerable Adults is a well written and has raised awareness. Finally VW confirmed that although there is a new Executive team in post, she would like to congratulate them on their willingness, their support and transparency and that there is a tangible feel that improvements are being made.

People Committee – SP confirmed that at their last meeting, there had been a presentation on the setting up of the vaccination hubs from a staff member who was involved in the programme, which was not without its challenged, but that it had been a very powerful example of cross working and that she is delighted at the number of vaccinations that have been delivered. SP would like to congratulate colleagues, led by the Director of Human Resources for the development of the People Dashboard. SP confirmed that it is vitally important to say thank you to staff in the form of a “Team of the Month” and that whilst this does not have to be a big award ceremony event, it should celebrate staff who have gone the “extra mile” and have taken on additional work. SP confirmed that she met with AF yesterday and is encouraged by the speed with which this is happening and that the next step is to take it to the Executive Committee for signing off, returning to the People Committee ahead of being taken back to the Board. SP also echoed the comments made by VW and stated that it is a pleasure to sit on this Board, with the support and transparency offered.

FP& C – NW advised that papers arising from the last Committee meeting had been circulated in advance of the Board meeting. NW again echoed previous comments and confirmed that he welcomed the openness and transparency in communication. NW confirmed that the next meeting of the FP&C will take place with the full Board to discuss next year’s budget. NW advised that the FP&C are introducing 3 new concepts, the difference between a budget, projection and performance. NW confirmed that improvements have been made to the presentation of the Management Accounts and that the IPR is evolving well and improving drastically. NW confirmed that had spoken with the manager of the Cost Improvement programme (CIP), a major service provider, about how support could be given to the Executive

team and Board as the process evolves. NW confirmed that Manx Care have a statutory duty around the issue of renewable energy and sustainability and feels that this should be part of the Board Agenda. NW advised that the individual Committees are challenging and purposeful and provide an opportunity for Executives and Non Executives to interact and draw on each other's expertise.

MHAL – AG advised that this was the first time that the Committee had met and that there were 3 key areas discussed, namely compliance with the existing Act, where it is felt that outdated legislation is hampering a dedicated team of individuals; the need to develop policies around some compliance issues and to take a role in shaping an argument for updated legislation. NW confirmed that discussion had centred around Section 115 of the Act and the aftercare, an often complicated and expensive area where there is no true policy about how those expenses should be contained or indeed clarity for individuals about what should be available. NW confirmed that they are looking to address this further and it is the intention to report back to the Board shortly giving a higher level of assurance.

SA confirmed that there is no Mental Health Capacity Act on island and that enabling an Act to mirror UK provisions would involve a huge amount of cross working, as it would not exclusively be for Manx Care to implement, but must involve the DHSC and others.

83.21 Mandate Assurance Q1 Update

The Chair advised that Manx Care was established on 1st April 2021 and every year is given a Mandate on what is expected to achieve and invited TC to report on Q1 update.

TC advised that as well as the Mandate, MxC also published a Required Outcomes Framework (ROF) which sets out its priorities and which mirrors the requirements of the Mandate and that to supplement that document, MxC also felt it pertinent to revisit the recommendations of the West Midlands Quality Review which took place some 3 years ago, but where relevant recommendations were made. The papers circulated provide an update at the end of Q1, in these key areas – Mandate, Key Lines of Enquiry, and the recommendations of the West Midlands Quality Review. TC is looking for the Board to approve the Q1 Update report, so that it can be submitted for discussion with DHSC at the Mandate Assurance meeting scheduled for 11 August. TC confirmed that an update report will be provided to the Board at the end of every quarter. TC highlighted 2 areas where some progress has stalled, part of the Wider Transformation Programme led by the Cabinet Office, responding to the 26 recommendations in the Sir Jonathan Michael reports – Improving Patient Safety and the work that needs to be done to ensure that MxC have all appropriate policies and procedures in place; the Review of all Tumour Sites, and the Access Policy. TC confirmed that these are all pieces of work being led in conjunction with the Wider Transformation Programme and she confirmed that the Cabinet Office are in the process of moving over to KPMG, their new Transformation Partners, which has resulted in a small amount of slippage. TC confirmed however that a significant

amount of work has been done.in this quarter. She confirmed that the Theatre Improvement Programme is progressing well. The former Director of Nursing and the Medical Director have made significant progress with the Serious Incident Management Framework and Investigation Policy ensuring that MxC are a learning organisation and learn from the incident thus ensuring as far as possible that they do not reoccur. TC advised that a lot of progress has been made around creating a positive work culture, working with the Workforce and Culture teams setting that delivery framework. TC confirmed that MxC have a highly visible Executive team who have undertaken many staff engagement and listening events and are starting to put that into action. TC advised that there is now a Cost Improvement Programme (CIP) in place and that CIPs are now going through impact assessments. She advised that there has been a lot of work involved with historical business cases, identifying which are priorities from a MxC perspective and agree a funding stream for those, with the Business Case Review Group meeting weekly during this quarter which gives MxC a clear baseline from which we are able to manage the remainder of the year. TC invited questions from the Board.

KK confirmed she was happy with the progress made to date, however would draw attention to a blank cell within the report which should be completed before submission to the Department. Similarly JL, commented that the appendices referred to would also need to be incorporated prior to submission.

VW and asked for clarity regarding Serious Incident reviews and asked who investigated the incidents, how well trained they were, the robustness of the investigation undertaken and whether they were shared. TC advised that the Operational Policy sits around the Incident Management Policy and this document covers all of these points, but agreed that MxC should be able to give assurance to its Board and its committees, and to patients and their families that MxC do operate with a degree of independence, that our investigators are all trained to a good standard and that is all within the policy framework going to the QSE committee for final sign off this month. SA accepted that MxC do need to improve the timeframe of investigations, but that all other aspects of the procedure is reviewed and developed constantly.

AG confirmed he is happy to support the report, but would offer one comment under the KLOE from colleagues in the DHSC Question 008 which is described by the recommendations of previous existing commission of external reviews are collated and monitored is disingenuous considering these should already have been given to MxC as part of the history which is why there are so many WQRMS recommendations outstanding. AF advised that this is one of the points of the Sir Jonathan Michael's report in that there had been many previous reports and investigations whose recommendations had not been implemented and this is what MxC are looking to change, but there is a huge catch up.

AF referred to the Mandate Assurance meeting scheduled for 11 August where our performance will be measured against the Mandate and asked TC whether MxC could provide a form of self-assessment in the form of a RAG rating, which is already done against the Required Outcomes Framework and he feels that it would be useful to do

the same for KLOES. TC agreed and would be happy to include this. TC also believes that a covering letter which identifies building on the base line that we presented before going live and some additional learning and updating of that base line that we have found subsequently during Q1, but to offer up, in the interests of transparency, the lack of progress in some areas.

VW asked what the vision is and the level of commitment for the Clatterbridge/Nobles delivery model. TC confirmed that piece of work is going well, with the clinical and operational teams meeting weekly with Clatterbridge and that is well defined within the contractual position with a very clear commitment to ensure that the quality of provision, the clinical pathways and operational procedures that are in use in Clatterbridge will transfer across and be used in Nobles and it will be a mirrored service where MxC will be able to give assurance to IOM residents that they will receive the same standard of care at Nobles, that they would if they were being treated at Clatterbridge. Our clinicians are linked into the governance systems around clinical support using the same standard operating procedures and TC believes this is one area where excellent progress has been made and is a strong model for future service delivery and is part of our Strategic Partnership Model to replicate and use clinical networks in the North West in order to ensure we are delivering clinically and financially sustainable services on island. TC confirmed that this will form part of the forthcoming Lets Connect session.

VW referred to the West Midlands Quality Review and asked for confirmation that we are not signing up to something which we are being prescribed to and not tailored to us. TC confirmed that it is important to revisit some of these recommendations to see if they are still appropriate and it is for MxC to decide which ones need to be implemented and which have been superseded.

The Board agreed the Q1 Mandate Assurance Report.

REFRESHMENT BREAK 11.10 – 11.20

84.21 Integrated Performance Report & Executive Overview

A copy of the report had been circulated in advance. OR highlighted and addressed some of the areas of poor performance. OR advised that a successful business case had been made and funding achieved from the Treasury of £1.86m to increase our capacity and reduce the backlog accrued during the lockdown period and will be used to fund both Cataract andEndoscopy procedures with the assistance of 18 Week Support. Medefer have been commissioned to provide 10,000 virtual outpatient consultations across a number of areas with the highest waiting lists and Isle Listen/Minds Matter, a 3rd sector island based organisation will work with Mental Health to provide CBT and counselling, where there is currently an 18 month waiting list for CBT. OR confirmed that Cancer is another area where MxC performance has been impacted by Covid, and there has been an increase in demand following the lifting of restrictions, with the Breast Cancer service causing the most concern. OR

confirmed that agreement has been reached with the Spire Hospital in the Wirral to purchase 80 clinical appointments and that they will undertake the whole pathway, but ensure they are involved in our MDT. OR advised that as far as diagnostics is concerned between 800 and 1000 Covid tests are being undertaken each day through our Pathology lab and that the team are working long hours to ensure that the test results are processed within 24 hours. This pressure could be alleviated by the decision made in Tynwald regarding the use of lateral flow tests, which are proving as effective. Finally OR advised that recent reports suggest that many members of the public are having difficulty in contacting their GPs during this period which is having a knock on effect on both A&E and MEDS. OR confirmed that MxC are working with GPs to introduce winter pressure funding so that additional capacity can be made available for weekdays, evenings and weekends, so that emergency appointments can be given for the same or following day which will obviate the need to attend A & E.

AF thanked OR for his report and although improvements in the format have been made, there is still a need for this to be continually developed so that trends can be seen and allow the benchmarking against comparable organisations elsewhere and highlights stand out for themselves, rather than the need for a verbal report. TC asked RW to comment on the huge amount of work needed for this report to be automated and to get it in the format, it is expected that this will be completed by the end of September which agrees the datasets for Mental Health, for Integrated Community and Primary Care for Hospital based services Diagnostics but that should track through which means we will have more of a format that we would originally like to have seen in the outset. RW confirmed that the report seen today has been produced by the manual extraction of data, but the work undertaken by Business Intelligence team under the auspices of the Health and Social Care Transformation Programme has seen the creation of an initial core data set, which will continually evolve and the automated report will be available for the October board meeting.

KK confirmed that progress of this has been monitored at the Data and Informatics Committee.

AG would like to see the availability of a mortality rate as it is a good early-warning sign and should be the first item in the report. AF confirmed that as soon as we have properly embedded historic clinical coding then MxC should get a proprietary mortality report, which gives a sophisticated benchmarking, as this is a deficit in knowledge. SA confirmed a crude mortality rate can be provided for the next few Board meetings.

VW commented that she understood the difficulty in getting the right format, as this data pertains to an integrated care service and therefore she is not overly critical of the current report. VW commented that from a Non-Executive perspective, she needs information that shows a clarity of vision, the right standards and which measures current performance against required outcomes.

NW commented that following 5 presentations given by care group leaders to Non Executives yesterday, he feels that there is a clear understanding of the data required and a desire to produce this, as well as great alignment with the leadership team.

85.21 Breast Services Update

TC confirmed that there have been challenges in meeting the 2 week waiting standard and has been the case for at least 12/18 months. TC confirmed MxC commitment to delivering sustainable breast services on island and have already invested in additional workforce and have already approved the appointment of an additional Consultant Breast Radiologist, additional Breast Radiographers and are looking to appoint a substantive Breast Surgeon and are committed to providing clinically and financially sustainable breast services on island. TC advised that the failure to comply with the 2 week wait is not acceptable, but have not been able to put in place sufficient capacity from available workforce, due partly to the lockdowns and the increase in demand. TC confirmed that it is important to maintain the triple assessment one-stop-clinic approach and that to differ would not be best practice. TC confirmed that a decision has been taken to outsource some of MxC breast services and agreement has been reached with the Spire Murrayfield for the triple assessment and any required surgery commissioned for August/September and that this should see MxC return to trajectory, which is a short-term, interim solution to achieving additional capacity and referrals under the 2 week wait are being offered a choice of treatment locations, which has seen around 20% uptake, which will help capacity. TC confirmed that MxC had also worked with breast cancer charities during this period. TC advised that interviews for the Consultant Breast Radiologist will be undertaken in September.

AF confirmed this will offer a great improvement and invited questions. .

SP commented that she was pleased to see the joint working with charities, but was disappointed with the uptake and wondered if it was what was expected, and if there is anything that can be done to encourage the acceptance of this opportunity. TC confirmed it was slightly disappointing, but many women prefer to stay on Island, which is why a choice has been offered. TC confirmed additional flights have been secured so that appointments can be done in one day and does not require an overnight stay, but she believes it is early days and that choice should be continued to be offered.

86.21 Criminal Exploitation of Children & Vulnerable Adults

Sally Shaw advised that Social Care have been working closely with colleagues in multi agencies, including the Police, in respect of increased concern regarding the criminal exploitation of young people and vulnerable adults on the island. SS advised that a report was initially taken to the Quality Safety and Engagement Committee earlier this year and is tabled for discussion at the private session of the board this afternoon. SS confirmed that the paper tabled to go into the private session is for a report that provides an overview of multi-agency working and

planning to date and seeks to sight the Board on key issues in respect of the exploitation, the impact of that exploitation and the service needs and the responses to date.

SS advised that the issue is a concern for all agencies involved and the raising of this in brief in this public session is to offer and provide some assurance that this matter is high on everyone's agenda and has been fully escalated within the Manx Care Board.

The Chair thanked SS for her report and advised that the further discussions planned for the private session are as a result of confidentiality issues.

87.21 Workforce and Culture Update

A report had been circulated in advance of the meeting. AC advised that this piece of work feeds into the Required Outcome of Creating a Positive Working Culture and that this was not done in isolation, but with staff, management and other experts within Human Resources and has been the subject of discussion at some of the Consultative Committees. AC advised that it should be recognised that there is a strong desire from some staff representatives to be involved in this and AC advised that this is an area that she needs to progress.

The Chair thanked AC for her report and confirmed that routine updates will be provided at future Board meetings. **AC**

88.21 Draft Budget 2022/23 Update

AF invited JL to provide a verbal update report on the 22/23 budget. JL advised that formal notification has now been received from Treasury this week which confirmed assumptions that the budget submissions for the 22/23 financial year will need to be submitted to Treasury by the 27th August. JL advised that this presents a number of challenges in that the Manx Care organisation still in its infancy, understanding exactly what is in the baseline and what our services look like, with DHSC continuing to work through what they want the service to be in 22/23. JL confirmed that as discussed previously with the Board and in conjunction with colleagues at the DHSC, a pragmatic approach is being adopted in that we are continuing with what we are doing with no projected major changes to service delivery unless fully articulated by DHSC. JL advised that MxC continue to work closely with DHSC colleagues to formulate the budget, meeting weekly and confirmed that there are a number of Business Cases being reviewed at present, where additional funding is being sought. JL advised that work is on track, although challenging to pull this together for the 27 August deadline. JL confirmed that whilst this is scheduled for further discussion at this afternoon's private session, the Board are to meet again on 16 August specifically to discuss the draft budget.

89.21 Finance Report – May 2021 (M2)
JL advised that particular financial pressure continues to be experienced and that this is expected to continue for the year. JL advised that the Management Accounts do contain some Covid spend where no formal approval for Treasury funding has yet been given, and whilst work is underway to get this signed off, JL confirmed that until that time, these figures must be maintained as actuals. JL highlighted that the Private Patients Unit has not opened, as was forecast this year and has resulted in a loss of income. JL advised that whilst there are plans to mitigate this loss, these are limited in that the Private Patients Unit does form part of the Covid Escalation/Outbreak process and that JL and OR are working closely to manage this. JL confirmed that there are also pressures around the use of locum/bank staff and whilst this will be discussed in more detail under the Cost Improvement Programme, essentially attempts are being made to fill vacancies from substantive staff rather than using bank/locum staff, which should reduce the pressure.

TC commented that the report raises a couple of areas that the Board/FPC may wish to look at in more detail, the first being the income line in the Accounts for the Private Patients Unit. TC advised that if the Unit had opened, expenditure would have been incurred and enquired whether the netted off figure for this was known. JL confirmed that this would have netted out at £0.8 m. TC also commented on the previous Business Cases which had been written around Covid response, and that as MxC are clearly now undertaking far more testing and swabbing, these would need resetting. TC also commented that another area of particular pressure is that of annual leave entitlement, which is much higher this year with staff having carried forward the previous years' leave and that filling this need with costly agency/locum staff would drive that operational cost pressure. JL confirmed that some additional funding for this has been received from Treasury which is being released monthly and whilst may not match that being taken out, would mitigate the loss, although there are challenges around measuring this factor.

JL advised that Covid response funding was agreed with Treasury at the beginning of this year, but that is now virtually exhausted. JL confirmed that she is working with the Director of Operations to prepare fund requests to ensure this funding is sustained for as long as is needed.

AF advised that as the report pertains to M2, whether in future there is the possibility of bringing the previous months report to the Board, rather than one for 2 months previous. JL confirmed that the team are working to bring forward that reporting, but there are challenges around the shared services function provided by Treasury in terms of timing. JL advised that they are also trying to build into the process time for active discussions with budget holders, something that has not been done previously, so that they understand what is happening rather than just reporting numbers. JL hoped that more up to date reporting could be achieved before the end of the financial year.

NW asked if JL could expand on the possibility of building in contingency funds/reserves, in addition to the CIP, highlighting the example of high cost

treatments where some good modelling has been undertaken. JL confirmed that we do have a contingency built into the figures, this has already been fully allocated against known funding requirements so there is no free contingency, however at the half year point, JL confirmed that a review would be undertaken to determine if these were still required or if allocated funds could be released and reassigned. JL advised that part of our forecast does include known high cost treatment, but as this can have an impact on our funding, some modelling has been undertaken to determine if we can generate some way of funding this on an on-going basis, by feeding into a "pot" over time and which can be accessed when needed, as the timing in these cases is invariably very difficult to predict and to mitigate for.
NW commented that this would represent a significant change, as whilst historically Business Cases have been written for additional funding, this is part of the MxC ethos to be good financial citizens and not keep returning with additional funding requests.

90.21 CIP Update

JL advised the Board that the Cost Improvement Programme represents a huge part of our ability to deliver our financial target in this year. JL advised that we are progressing through this, the initial stage has been completed and the main report from MIAA, Consultants completed, she confirmed that the intensive operationalization and acceleration of delivery phase of the programme had now commenced with "kick-off" meetings held with each of the areas identified. JL advised that as part of the initial discussions many areas had been identified, some would be achieved quickly, others were longer term and some required structural change, but it was decided to concentrate on those easier targets in Year 1 as it was only a partial year, focussing on the more difficult areas in Years 2 and 3. JL confirmed that currently a review is underway to determine what is actually achievable and putting in governance around that and targeted operational hands-on support to allow that programme to get going, a different approach to previous CIP programmes.
JL confirmed that MIAA have been engaged to provide that support for each one of the workstreams and she advised that all bar one of the initial meetings have already been held and has been surprised by the enthusiasm for the programme and the recognition of the amount of work that needs to be done. JL advised that the Management Accounts are not forecasting actual cash savings from this programme until the second half of the year, to allow the governance and the structure around this to take place. JL commented that this is not a one-off exercise but embedding a way of working and using our resources more efficiently and if further savings are made in addition to the CIP, these will be reinvested. JL confirmed that the CIP is not just finance driven but putting in efficiency and using our resources more wisely and that we are only looking at things that can be sustained and that promote quality and equality of access.

KK commented that throughout the presentations given to Non Executive Directors on the preceding day, the enthusiasm for the CIP programme had been very evident.

VW applauded the approach taken to implementing the CIP but commented that although the key areas at present do not promote the fear factor, she will monitor this in forthcoming years. VW did ask for clarification on the Stoma Appliances and the unresolved clinical issues. JL confirmed that the issue is never to remove an item for the patient to be advised that they cannot be given it, so if

the patient requires it they are prescribed it. VW confirmed she would seek further clarification away from the meeting with SA.

AG thanked JL for the report and commented that approximately 1/3 of the overall cost savings were targeted at Pharmacy and that if investment is not made first, then savings cannot be released. AG advised that as far as the Primary Care Medicines are concerned with GP prescribing, some resistance may be met to some of the changes and we should therefore be cautious about achieving this saving. As far as Secondary Care Medicines are concerned, AG commented that we should be cautious about restricting some of the drug choices in Secondary Care and feels that the estimated saving may be slightly over-egged and that we should monitor progress.

JL confirmed that we have been conservative with all our estimates. Rather than removing drugs from the Pharmacy team, they are keen to put in place policies about the prescribing of a drug when it is appropriate to use only, rather than removal. SA commented that this is Medicines Optimisation rather than CIP and it should be seen as giving the right care to the patient, it is about quality and not about the savings.

JL commented that the CIP is not as mature as it could have been but we are looking to achieve long term financial sustainability, underpinned by good clinical engagement.

91.21 Any Other Business with Prior Agreement of the Chair

There was no further business to consider, the Chairman invited questions from members of the public commencing with those already submitted.

Daniel Feldman - Pfizer. NICE published new guidance on atrial fibrillation, NG196 on 27th April which includes the following recommendation. "For people that are already established and stable on the Vitamin K antagonist, the Committee agreed that the benefits of changing to a direct acting anti-coagulant need to be discussed, therefore the risks and benefits of changing medication, the persons time in therapeutic range and the persons preferences should be explored at their next routine appointment.

Question 1 – Does MxC have a general process to ensure that applicable NICE guidance is implemented?
Question 2 – Can you give an assurance that the above recommendation will be carried out?

SA confirmed that since that question has come in, discussions have taken place with primary and secondary care clinicians concerning the new NICE guidelines and is happy to report that the NICE guidelines underpin the care that our residents on the Isle of Man are already receiving and that he is unable to comment on specific drug usage in this public forum bearing in mind the question has been posed by a representative of a particular drug manufacturer.

Mr Simon Mann (SM) – Question 1 – I notice that MxC Board does have some Committees, but I cannot see a Committee for Property and Project Development. Given that it can take sometimes many years for consultation, planning , procurement, construction and commissioning all future projects should already be in Committee discussion and moving to consultation. There is no apparent sign of this and valuable time is being wasted. I would like to see this position subject to a

question at a forthcoming meeting. I fully appreciate funding is not there, but the strategic property assessment is not there either. I also note that there has apparently been no strategic evaluation over property ownership of the entire Manx Care estate particularly where existing Trusts Leases and Freeholds are concerned. This is crucial to any future development.

BS confirmed that a review is presently being undertaken by Ernst & Young for all property throughout Government and the value and condition of that property. BC also confirmed that as far as strategic direction is concerned and the future developments they are already in train and are listed in the pink book with the planned capital investment for the future. BS confirmed all property remains the property of the Department of Health and Social Care. AF confirmed we did have to go through a thorough list of the leases, freeholds and assets when MxC was created so that we were clear what they all were so they were scrutinised at the time.

SM commented that it would seem that in effect the new organisation has been left with a complete inability to progress if you cannot even plan what to do with one of your building and at this stage 4 months has already been lost. SM commented that this matter needed to be put back to the Department as they are clinging on to their assets, and not providing enough funding for the new organisation to be able to do the job in hand. SM advised that the situation on island is dire, highlighted by the patient story presented earlier, of which there are probably many similar cases across the island. SM advised that this should be seen as a wakeup call and an indication of the massive amount of work that needs to be done.

AF commented that MxC are not helpless in relation to property, but there are various hoops to go through to get things done. MxC are however able to create new investments or buy and sell land, but cannot do this themselves and need to go through Treasury and the DHS,C and with regard to the points raised regarding budgets, MxC are trying to save money initially to fund the developments we need. SM asked the Board to note that there are extreme difficulties in gaining access to GPs in the North although he appreciates that there is probably little MxC can do. AF confirmed that this is a separate issue and one that cannot readily be answered in this forum, but will certainly look into the specifics and frequency of occurrence.

Question 2 – At the end of the month, MxC will have cost the taxpayer an additional £1m in extra administration since it came into being. Can you please ensure that at the July meeting there is a clear summary of what has been delivered and any improvements made for that money. Mrs Cope and Mr Foster have indicated to me that they have not yet spent that money but the monthly costs of MxC breaks down to £250k per month for the first year, so possibly an up to date financial statement would be helpful for the meeting.

JL commented that she believes the funding referred to is the Transformation Fund of £1m that was to establish MxC. She advised that only about 1/3 has been spent, as not all posts have been filled.

AF advised that during the course of the Board meeting, the reports provided by the various Committees confirm what has been delivered.

Question 3 – Who has visited Ramsey Group Practice and Ramsey & District Cottage Hospital in the last 4 months ?

Abbreviations:

BI – Business Intelligence	DHSC – IoM Dep't of Health and Social Care
IoM – Isle of Man	MxC – Manx Care
MHKs- Member of the House of Keys	OD – Organisational Development

TC advised that visibility across all sites is extremely important to both herself and the Executive team and that she spends typically one day a week in Ramsey and meets GPs and staff there and can confirm that other members of the Executive do likewise and base themselves in Ramsey periodically.

VW advised that just yesterday she went to RDCH and took photos of the new signage there, but feels that such visits have been hampered by the Covid restrictions.

Question 4 – Similar to Question 3 above, but referred to visiting Nobles Hospital and other various outlying buildings.

TC confirmed that she has made a point of visiting all teams and service areas including Community teams and that both she and the Executive team are very cognisant of the need to get across all sites.

SM asked if it would be possible to arrange for the Executive Team to go on a fact finding trip and visit these places first hand. AF confirmed that was in hand and indeed the intention to do this as soon as possible.

Questions from Manx Care Patient

Question 1 -Why has Ward 12 been taken over for acute Medical admissions?
Question 2 – Are there more patients with life threatening conditions than those that require urgent surgery?
Question 3 - Why are there not areas allocated to carry out surgery for patients in constant pain and in need of surgery?
Question 4 – Why are operations not allowed on a reduced scale to ease the backlog?

OR advised that MxC have managed to keep the elective orthopaedic surgery programme going since April, when the last lockdown ended and that this had been done without any cancellations having to be made. However last weekend saw a significant rise in the level of Medical patients needing to be admitted and Ward 12 had to be used for medical admissions to accommodate that increase. Ward 12 is normally used for elective orthopaedic admissions, however as these patients are more prone to hospital based infections, if the ward is used for medical admissions, the elective orthopaedic programme has to be cancelled for a week after to avoid any risk of cross infection.
OR confirmed that due to the ongoing Covid issues, Ward 12 has had to be kept as a medical ward, meaning that 3 weeks have been lost from the elective orthopaedic programme.

OR confirmed that MxC have 79 beds allocated for medical patients, but currently have 125 medical patients.

OR advised there is also the need for emergency surgery to take priority and there have been issues with discharges to nursing homes being delayed following both the closure of the Corrin Home and reduced staffing levels due to Covid, however with the opening of the Silverdale Care Home in August, this should provide some additional capacity.

AF thanked OR for his response

SM commented that this was his first visit to the Board and that he had noticed that there was no legal officer and no legal issues Committee and felt that with the issues surrounding Mental Health and the raft of new legislation and contracts needing renewal, there would be a need for such a Committee. SM also raised an issue concerning the treatment of Isle of Man residents in the North West facilities and believed that this was leading to a rise in waiting times in that area.

JM confirmed that there is a Risk and Liability Committee which meets every 2 weeks to discuss such legal matters and comprises both MxC staff and representatives from the Attorney Generals Office. AF advised that there is also a Service Agreement in place with the Attorney General to provide such advice.

TC answered the point raised regarding treatment in the North West and advised that unless MxC have an issue, or the care required could only be provided in the North West, then patients would be treated on island. TC advised that this situation is closely monitored and it is done on clinical groudns, but that Liverpool is part of our network and it is important to maintain good relationships, as they provide specialist input, contribute to our workforce and by utilising them we contribute to their economy. TC

Feedback and Reflection on Meeting

The Chair advised that as this was the first public meeting held it would be reflected upon to see where improvements could be made and invited members of the public to address any issues they had. The issue of sound amplification was agreed and that it would be in place for the next meeting.

The Chairman thanked all for attending and the meeting closed