
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:

Sue Waddecar – Representing the Director of Nursing (SW)
Doreen Wilkinson – MCALS (DW)

Apologies:

Paul Moore – Director of Nursing

GOVERNANCE

Item

Action

125.21 Welcome and apologies

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

126.21 Declarations of Interest

There were no declarations of interest.

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127.21 Minutes of the meeting – 27 July 2021

There were no amendments required to the previous Minutes.

The minutes of the meeting held on 27th July 2021 were ACCEPTED as an accurate record.

128.21 Matters Arising

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

129.21 Notification of any other items of business

There were no other items of business requested.

130.21 Service User / Staff Story - MCALS

The Chair introduced Doreen Wilson, lead at MCALS, who had been invited to attend and present a service user/staff story to the Board.

DW stated that MCALS had launched on 2nd August and had experienced good service demand and positive feedback to date. She provided an overview of the purpose and function of MCALS and progress to date noting that it was an identifiable service which was open to all MxC users. The aim was to provide timely solutions when queries and concerns were raised and facilitate resolution. Since inception responses had typically been provided within twenty four hours. At the close of business on 27 September 451 contacts had been made and DW presented a graph detailing the method of communication and the nature of the query / concern. DW was of the opinion that the data collated proved that there was an undeniable need to for the service which she hoped would be made permanent. She thanked TC and SW for their support since the service had launched.

The Chairman queried whether there were any plans to extend the operating hours of the service. DW replied that the demand was clear so the service could be extended from 9.30am-4.30pm Monday to Friday. She continued that there should also be a core hub located in a central location, possibly Nobles hospital, but that the service should also be available in the hubs so users could have face to face contact. The use of volunteers to assist with operating the service could also be considered.

KK queried whether the service should seek to improve its visibility. DW concurred that communications could be improved and she hoped that there would be a stronger launch in November. The reason that there had not been a more comprehensive communication strategy was because the service was provided as a pilot project for six months and there was uncertainty as to whether it would become permanent. TC stated that the broader scope of MCALS needed to be understood

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and that she and JL would discuss the future operating model and make a recommendation to the November Board meeting. VW added that MCALS would add value to patient stories and would strongly support the continuation of the service.

NW observed that the decision making process required some finessing particularly where there was manifest evidence to support a project and all stakeholders were in agreement.

UPDATES

131.21 Chairs Report

The Chair gave his report to the Board and referred to a meeting held with the Department of Health and Social Care the previous day. He acknowledged that whilst there was still a huge amount of work for MxC to do, there had been some significant achievements already made. MCALS being an example of this.

132.21 Chief Executive's Report and Horizon Scan

A copy of the report was tabled, which summarised the activities conducted by TC during late August and September and was supplemented by the Horizon Scan which detailed 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.

The number of covid positive cases within the community and admitted to Nobles Hospital had continued to decline during September and MxC has stepped down to Level 1 Business Continuity and Escalation. There had been a recent increase in community infection rates and five people remained in hospital with the virus.

The recently appointed Director of Nursing had undertaken a high-level review of the nurse staffing challenges and flagged to the Quality, Safety and Experience Committee his concern regarding the volatility of staffing levels and a lack of resilience in rotas, which has necessitated interventions to support safer care. It was essential to ensure that the correct staffing establishment was present at ward level and the possibility of utilising registered professionals from other areas was being considered.

The Theatre Improvement Programme remained on track and was RAG rated Green. The Association for Perioperative Practice (AFPP) accreditation audit had been held during September. The report and recommendations would be available within the next two to three week however initial feedback had been positive. TC commented that it was important the momentum for the improvement programme was maintained.

Culture Workshops had continued through September and planning for Phase 2 of the programme was being finalised between Develop Consulting and the Chief Executive.

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As at 17th September 2021, 128,914 Covid-19 vaccinations had been delivered on the Isle of Man, with 97% of those who have been vaccinated receiving both doses.

Final preparations were underway to start delivering a single vaccination to all 12-15 year olds, as well as delivering the booster programme for all 50 year olds and above and those in clinically vulnerable or high risk categories.

133.21 Committee chairs reports (September –QSE, People, FP&C, Digital)

QSE Committee – VW stated that, whilst she was not pleased to hear the report findings, she was encouraged that the Director of Nursing felt enabled to speak candidly and frankly to the Committee regarding the review he had undertaken of the nurse staffing challenges. This had enabled the matter to be escalated to the Board without delay and a full discussion on the issues raised was an agenda item for later in the meeting. With regard to Incident Reporting, Investigating and Learning, the policy had been approved but VW would like to see a more robust approach to learning. VW echoed a comment that she had made earlier in the meeting about the importance of receiving patient stories notwithstanding whether they were complaints or compliments.

People Committee – SP expressed her disappointment that a staff story had not been presented to the committee and emphasised the importance of hearing these stories. A proposal had been made for a staff recognition scheme and the importance of progressing this quickly was acknowledged. A workforce and culture update had been provided for work done in August. It was noted that a methodology for workforce modelling was in development and a number of staff engagement actions had taken place including work with Laundry Services and Theatres and feedback to Care group leads on the results of staff surveys. It was clear that the programme was gaining momentum however staffing levels remained an issue.

Digital and Informatics Committee – KK commented that it was essential that there was good visibility on how IT was supporting MxC. A Clinical Informatics Steering Group (CISG) has been established, comprising representatives from Manx Care’s Care Groups. It was hoped that the group would form the stakeholder perspective path into the D&I committee. KK had reviewed high-level Terms of Reference which were comprehensive. A steering group was being established to direct the MxC Records. The group would include the Information Commissioner and it was hoped that this would facilitate improved relationships. Clinical Coding bids had been received and were being considered. The existing team had completed 90% of the work assigned to them and a quality audit would take place to ensure the work was of a sufficient standard. With regard to business intelligence, the first iteration of the automatically produced IPR was due at the end of September. Red rated projects were discussed (Paging and Rostering). These two projects were red due to the programme issues, rather than representing any patient safety or quality risk. Enforcement

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notices had been served in relation to SAR non-compliance. The issue was discussed, and assurances received that steps were being put in place to prevent a re-occurrence, including a weekly report to the CEO. It was also agreed to produce trend data.

FP& C – NW informed the meeting that extensive work had been undertaken to prepare the 2022 budget during the summer months. Management Accounts had revealed a slight overrun at the end of July. Reporting could be improved upon by the production of monthly accounts which would provide data to forecast more accurately. This would assist with managing expectations and also to fully understand the relationship between opening baseline position, controllable and non-controllable costs and what could be done immediately to assist the outcome. There was an opportunity to further manage costs and a cost improvement plan was underway. The high costs associated with agency and locum costs could be lessened with a successful recruitment programme. NW observed that the teams were fatigued and their goodwill to bridge staffing gaps could not be relied upon forever. He echoed his earlier observation regarding the speed of decision making where there was clear agreement on matters that should be stopped or continued as decisions were taking too long. Comprehensive reports on Contract compliance, Restoration and Dashboard digital report progress had been received.

MHAL – AG confirmed that a meeting had taken place the previous day. The main business of the meeting was to receive the report from the Mental Health Commission on one of the MxC facilities. The review had been very positive which was encouraging and the Chairman of the Mental Health Commission had offered pointers for further review to help continued improvement of the facility. Training from the Royal College of Psychiatrists had been secured for the on Island psychiatrists. The request was being processed by commissioning but as it was mandatory, there shouldn't be an issue. The mental health service team were working with the Mental Health Act tribunal as their guidance documents required updating. Once the updates were complete, they would be circulated to stakeholders for review.

PRIORITY ONE – IMPROVING PATIENT SAFETY

134.21 Integrated Performance Report & Executive Overview

A copy of the report had been circulated in advance. OR confirmed that the report was being refined to provide more meaningful data. He highlighted that the data in the report was from July and during that month, covid protocols had been re-introduced which had resulted in significant impact on the cancellation of elective surgery, especially regarding orthopaedic procedures. Length of stay had also increased due to the wider impact of covid on the provision of social care. There had been a month on month reduction in ED visits. The target of being attended too within four hours was 79.3% in July and 80% in August which was very encouraging given the UK NHS average was 77%. There had been a significant increase in calls to the ambulance service which had seen an increase of 34.5% from July 2020 to July 2021 and an increase of 18% from June 2021 to July 2021. The mental health case load remained stable and there had been a significant reduction in the length of stay

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at Mananan court and 90% of patients had been followed up on within three days of discharge.

AF thanked OR for his report but queried why the July figures were being reported upon when it would be much more meaningful to have the previous month included. RW stated that the automation process was making good progress and that phase one would be complete at the end of the week with phase two being delivered in six to seven months. RW outlined the process and confirmed that when automation was complete, year on year figures, previous month data, benchmarking and trend reporting would all be available.

TC queried why the 'did not attend' figures remained high and what actions were being taken to remediate this. OR explained that the current process to book clinics was the main factor. Clinics were booked up to a year in advance which meant that many patients simply forgot their appointments. Going forward the UK model of issuing appointments six weeks in advance would be adopted. This would also ensure the availability of consultants and reduce the incidents of cancelling clinics. OR was also looking at ways to improve SMS opt-in so that patients would be reminded of their appointments via SMS. TC welcomed the proposed changes and observed that patients should also be able to easily re-arrange appointments if they were unable to attend.

VW indicated that the report had been discussed at the Quality Committee and she considered that some of the data included in the report didn't provide the reader with meaningful information. She cited p.23 of the report which detailed the geographical spread of calls made to the ambulance service. She sought clarification as to the increase in re-referral rates for children and adult safeguarding rates. SS concurred that the re-referral rate was a concern and an audit was underway to ascertain whether the cause was a child not being assessed when they ought to have been or the assessment being closed down too soon. With regard to adult safeguarding SS explained that the police often raised a significant concern which was different to a referral and she explained the difference between the two. There was focussed work ongoing to improve the provision of adult safeguarding which was presently not at the standard it needed to be.

AG requested an explanation as to why Integrated Primary and Community Care had missed all of its referral targets. OR explained that CATs was currently in the process of transferring between Care Groups, and as a service it no longer sat within Integrated Primary and Community Care. CAT's resource had been adversely affected by covid and personnel retiring. Two people had been recruited and some areas had been reconfigured to focus on domiciliary provision. It was noted that the service prior to covid had always been on target and OR was confident that once the backlog was cleared, referral targets would be met.

NW commented that the non-execs had received a very useful presentation from IT regarding IPR reporting. He emphasised the importance of expediting reporting so that senior leaders could analyse the data to provide the real story around the statistics. SA highlighted that there were several levels of targets, and whilst these

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were useful, other metrics should also be considered. It was also important to note the care that was actually being provided and the improvements that were being made.

KK queried how the backlog of elective surgeries would be remediated and whether OR was confident that the service providers that were to be engaged, could provide the resource required. OR stated that 18 Weeks were a very well respected provider within the NHS and their model was to utilise weekend resource. They had assured OR that they could meet the resource needs. Medefer provided consultants that would provide services during their down time. A portal was used so that the consultant could access the relevant record and this was currently with the ICO for approval. OR had made clear to both providers that Recovery and Restoration project would complete on 31 March 2022 and the remediation must be complete by then.

135.21 Breast Services Update

OR outlined the actions that were being take to address the underperformance issues relating to provision of breast cancer care. The standards for cancer care were to receive an appointment within two weeks of referral from a GP, there should be no more than two months between the date the hospital received an urgent referral for suspected cancer and the start of treatment and no more than one month wait between the meeting at which a treatment plan is agreed and the start of treatment Performance against these standards was monitored on a weekly basis at a Cancer Tracking Meeting, where access to all cancer services were reviewed and necessary operational changes made in order to manage where standards were being breached. OR explained that the pandemic had a particularly negative impact on the ability to deliver the two weeks standard for patients referred for review for suspected breast cancer which was mainly due to workforce challenges, which the team have struggled to mitigate due to lack of locum cover being available from the UK. As a result, it has not been possible to meet the target of 93% of patients seen within two weeks. Since mid-2020 the average performance has been 36.9% of patients being seen within two weeks with the lowest performance reported in January 2021 where on 21.5% of patients seen within two weeks which would be the equivalent of a nine week wait to be seen which was clearly unacceptable. Since April 2021, the Breast Multidisciplinary Team (including Surgeons, Radiologists, Breast Care Nurses, Histopathologists and Mammographers) had been working on a plan to increase capacity in order to be able to work through the backlog of patients so that the two week access standard could be achieved. Actions included, extension of the existing 'triple assessment' breast clinic on a Wednesday to increase the number of appointments available and the introduction of an additional Friday morning triple assessment clinic and an additional bi-weekly Saturday morning double assessment clinic for patients under forty.

In addition to the increase in on island capacity support was also secured from Spire Murrayfield, an independent hospital based in the Wirral. All patients awaiting an appointment at the Manx Breast Unit were offered the opportunity to be seen at Spire Murrayfield, as an alternative to on Island treatment as well as new referrals coming

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in where the wait to be seen was more than two weeks. In total twenty seven patients had taken the opportunity to be seen at Spire and feedback on the assessment at Spire as well as the transfer arrangements had been overwhelmingly positive. The Breast Team were now reporting a position where all referrals received were seen within the two weeks access standard without the need for additional clinics or continued use of Spire. However arrangements were still in place to activate the additional capacity on island should referrals exceed capacity in any given week which could result in someone exceeding the two week waiting time. In order to ensure long term sustainability of the service without the need to rely on ad-hoc clinic capacity, MxC had funded an additional Consultant Breast Radiologist to work alongside the existing substantive Consultant to provide additional capacity and resilience to the service. Surgical establishment provision was also being reviewed to provide additional consultant level resilience particularly within the oncoplastic (reconstructive) field. Funding was being secured to provide an additional Breast Care Nurse and an advertisement for an additional Mammographer would be released shortly. These additional posts working within the service would mean that the capacity of the service could increase overall, meaning that there should not be a position where demand significantly outstripped supply again and the commitments to patients referred into the service with suspected breast cancer could be reliably satisfied.

DW provided some feedback from MCALS that some patients had delayed cancer treatment as they did not want to travel off Island for various reasons such as covid, and queried whether there were any measures that could be put in place to alleviate such concerns. TC stated that MxC was committed to providing breast cancer facilities on Island and it was hoped that due to the increased resource there would be no requirement for breast cancer patients to travel to the UK going forward. The importance of emphasising the message that if a patient was placed on a two week pathway they should not delay receiving treatment for any reason was noted. TC suggested that GP's and other care providers should communicate the message very clearly to patients.

AG queried whether there was a business case for funding for the additional resource. JL confirmed that funding had been allocated previously.

The meeting adjourned at 11.10 and reconvened at 11.30

136.21 Restoration and Recovery Update

OR outlined the steps that were being taken to address the legacy elective waiting list backlogs held by MxC which had been caused by the pandemic. The requirement to scale down elective inpatient services to create dedicated wards to care for patients with Covid-19 had a significant impact on inpatient waiting lists. The requirement to implement social distancing within waiting rooms reduced outpatient capacity, particularly for new patient referrals who require a face to face consultation.

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To increase elective capacity MxC had engaged with 18 Weeks to undertake endoscopy and cataract procedures which would largely be carried out during weekend sessions. This would clear the wait list for all routine endoscopy and cataract procedures, including second eye procedures, and would be complete by 31 March 2022. A second provider, Medefer, had been engaged to undertake new outpatient virtual first appointments and the resultant virtual follow-up outpatient appointments across seven specialities.

Going forward improvements in productivity and efficiency, particularly with regard to 'did not attend' would be a priority. There would be a focus on outpatient clinics to increase the number of referrals and decrease the number of follow up appointments. A clinical and administrative validation exercise would be undertaken to verify that all those on the waiting list for a new patient appointment still required an appointment. The 'All Access' policy had been drafted and would be presented to the Executive Committee for approval at the end of October. Once approved that would govern how the outpatient function was managed.

AF queried how clinical prioritisation worked in practice. SA replied that the Isle of Man had manoeuvrability so it could be dynamic to respond to changing priorities. He would discuss with colleagues in Liverpool as there was lots of debate as to the best way to manage prioritisation. VW suggested that there could be some self-challenge of the validity of follow up appointments as some may not be necessary. SA concurred and stated that the 'Outpatient Transformation Programme' was analysing alternative options such as patient initiated follow up and virtual follow up. NW encouraged the use of technology solutions where practicable as most people had been forced to upskill their technological knowledge during the pandemic. An example would be for validation and follow up appointments these could be carried out via Zoom, Teams or over the telephone. OR confirmed that these forms of communication had been utilised where possible during the pandemic and these have continued where possible such as diabetes care. Some 'telemedicine' was being carried out particularly in oncology and patients could either do this from home or from the hospital. This was also being addressed through the Digital Transformation Programme. AG echoed NW's comments and cited the report produced by Alan Wilson regarding sustaining elective performance whereby algorithms could be utilised to create efficiencies. He encouraged transformation change instead of simply recruiting more people. OR concurred and stated that the management of waiting lists needed to be improved upon and existing administrative staff would be redeployed. As discussed earlier in the meeting, now that assurance had been provided by the Association for Perioperative Practice accreditation, the focus would be on improving productivity. This would be improved by planning theatres six weeks in advance based on consultants availability. Theatreman software had been operating in theatres for five years and the data recorded detailed how long each elective procedure took. This would be used to plan theatre lists more effectively and was part of the Develop Consulting project. TC commented that the significance of the 'Access Policy' should not be underestimated as such a policy had not been in existence previously. The policy would set out the access rights for all patients and MxC would be accountable to the standards within the policy. She observed that there were many changes linked into

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the Access Policy and a communication strategy would be necessary both internally and externally to ensure the policy could be delivered effectively. SA reminded the meeting of the five principles that had been put in place prior to the Restoration and Recovery programme and confirmed that the five principles were being delivered and were embedded with the Access Policy.

141.21 RN Staffing Report

A report had been circulated in advance of the meeting which had been prepared by the Director of Nursing. The purpose of the report was to alert the Board of Directors for MxC to a specific concern regarding registered nurse staffing across Nobles and Ramsey Cottage Hospitals. At the earliest opportunity (September 2021) the Director of Nursing has flagged to the Quality, Safety and Experience Committee his concern in respect of a sustained period of staffing volatility which led to several instances of extremely low levels of registered nurse staffing in some clinical areas which, had these events not been successfully mitigated through the efforts of senior leaders and goodwill of registered nurses, could have compromised patient safety. The report expanded upon the difficulty for Members of the Board and outlined how the risk is currently being mitigated in the immediate term; alongside intentions to improve staffing levels over the medium and longer term subject to necessary approvals and supply

AF invited SW to guide the meeting through the report. SW stated that the report had been compiled following analysis of bed meetings, rotas during September, the numbers of emergency and planned admissions and nursing establishments across Nobles and Ramsey Cottage Hospitals. SW explained that nursing establishments were the number of registered nurses and healthcare professionals that made up the workforce for any given area. There were variations in 'uplift' which is the term used to describe the amount of staff necessary to cover for planned and unplanned absence. Where staff had reduced hours either permanently or temporarily over the years, those hours had disappeared which had eroded the establishment. This had resulted in significant amounts of time being spent diverting resource at short notice to provide minimum safe levels of care. This was compounded by the rota's which were poorly planned. Staffing levels which appeared to the Director of Nursing as unsafe had been 'normalised' to the extent that not all colleagues recognised the risk or felt powerless to raise the risk. The planning of annual leave and preparation of rotas at least six weeks in advance varied across MxC. Nursing (and many other) colleagues across MxC had reported being exhausted and appeared to be at the point of having no further discretionary effort to give. Current nursing establishments did not give confidence of being sufficiently informed by acuity and dependency analysis thus raising a concern that establishments might not reflect current care needs for acutely ill patients receiving inpatient care. There was insufficient line of sight of registered nurse vacancy position. Estimates of vacancies were not consistent meaning that it was not clear what the actual vacancy position was. The vacancy position must be based on establishments and if establishments were not sufficiently informed and adapted by acuity and dependency analyses from the outset then the vacancy rate, once verified, may also be unreliable for assurance

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purposes. The struggle with recruitment continued to be an issue and there were only around twelve nurses being trained on Island each year. Coupled with an aging workforce 28% of nurses could retire now and that would rise to 47% in 2026. He had set out immediate, short term and long term actions to mitigate the risks. The acceleration of international recruitment was paramount as well as utilising registered nurses that were non ward based and increase training on Island.

AF queried what SW considered to be the biggest risk to patient safety. SW replied that in her opinion the risk was greatest on the acute and general medical wards which worsened at night as there were lower numbers of staff. AF queried whether short term suggestions in the paper would be sufficient to solve the immediate issues. SW stated it would address the imperative issues however the existing issues would also be compounded with winter approaching.

KK queried whether an open visiting policy was in place as family and friends could assist with tasks such as helping patients to get out of bed. SW stated that whilst carers and relatives have a part to play, the report focussed on duties that could only be performed by a registered nurse. Currently visiting remained restricted but this would be discussed at a meeting to be held the following day.

SP acknowledged the challenge with recruitment suggested that the Head of Communications should devise a campaign focussed on the different experience of working for MxC in a supportive and collaborative environment and also the benefits of living on the Isle of Man. SP requested that a roadmap be presented to a future meeting.

TC

AG queried how the number of nurses that needed to be trained on Island would be determined. SW stated that the director of nursing was discussing with colleagues at Keyll Darree and it was likely that the number would need to be trebled notwithstanding that on its own, this would not solve the recruitment issue.

TC confirmed that the work surrounding establishment and acquity would be carried out immediately although it was inevitable that the outcome would confirm that more registered and un-registered nurses would be required. A significant workforce planning exercise would need to be undertaken which in itself would produces some invariables as not every person who commences nursing training will complete it. With regard to overseas recruitment it was necessary to have approval of the DHSC and support from the Treasury and the Executive was working with both to secure the approvals. The un-registered workforce, particularly bands 4-5 could be upskilled to provide support. The requirement to move at pace to mitigate the risks was acknowledged and a further update would be presented to the next meeting. VW encouraged the Executive to relax the rules on visiting as it would hopefully alleviate some pressures of nursing staff and improve the wellbeing of patients. She also requested that the use of volunteer visitors be considered. SW would provide a response via e-mail to VW as to whether visiting time rules could be relaxed and the use of volunteers.

PRIORITY TWO – CREATING A POSITIVE WORKFORCE CULTURE

137.21 Workforce and Culture – Staff Absence Report

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The absence report had been circulated prior to the meeting. There had been a rise in absence due to respiratory conditions, muscular and skeletal and mental health issues. AC stated that in response to the impact of covid on health care workers, various measures had been implemented for mitigation purposes. Mental health first aid training had been provided to managers, the 'HeadSpace' app had been made available to all care staff, a dedicated helpline to support GP's mental health had been provided, a stress awareness month had been held in April and mindfulness sessions were being held. AC emphasised the importance of employees being permitted sufficient time to take up these initiatives. HR were working with managers to make early intervention in sickness absence as this was the most effective way to ensure the absence did not become long term.

AF had met with the Executive team and senior managers and there had been an observation that the provision of crèche services may improve sickness absence. BS replied that the provision of crèche facilities had been looked at several times in recent years however the consensus was that employees wanted facilities in their locale, not at the hospital and that the main pressure was for care for under 2 year olds. BS would revisit whether there was a current need for crèche provision.

BS

PRIORITY THREE – IMPROVING FINANCIAL HEALTH

138.21 Finance Report – July 2021

JL stated that the July result had significantly changed the actual YTD overspend to (£1.9m) and the full year forecast, which was now expected to be (£5.0m) over budget. The movement in actuals from the prior month was (£1.5m) with the main change being the increase in tertiary services associated with Restoration and Recovery in the UK. Costs had increased by (£1.2m) which was an overspend of (£0.9m) in the month for the service. The remaining movement was across the other Care Group. Analysis was being undertaken to determine whether the uplift trend in tertiary activity was likely to continue. There had been an increase in drug costs which was a global issue and one that MxC could not control. Prescribing habits and wastage were being looked at as potential mitigation. There had been an increased cost for PPE, swabs, testing equipment etc. due to covid. There was also costs that were due to covid but not as obvious as PPE such as agency and temporary staff costs due to staff absence and an exercise was currently being undertaken to capture any further expected costs relating to covid in order to help frame the recovery of the expenditure. There had been further covid expenditure of £1.1m relating to testing and the vaccination programme. Business cases for these have been previously approved to be recovered from a central contingency fund held by Treasury. The closure of the Private Patients ward had also had an adverse impact on income. The Cost Improvement Plan 'CIP' target for year one had been set at £2.7m. Following the development of the action plan, the project was now in an accelerated delivery phase where intense work was underway to begin driving savings in the second half of the year. JL was confident that the target would be met and other opportunities were being looked at outside the initial five work streams. The off-Island patient transfer service was also being analysed to see if costs savings could be made. JL echoed

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comments made earlier in the meeting when referring to the need to make better use of resource to achieve greater efficiency and prioritisation in general, to do more with what was currently in place. A 'Back to Balance' plan was being devised to determine what actions would be necessary to get back in line by year end.

SA queried whether there was a resilience fund within treasury that MxC could leverage, particularly considering the report into nursing resource. JL replied that there was not and business cases would have to be submitted to Treasury for any additional funding requirements. The best approach would be to include a range of interventions in a single strategic business case rather than making several applications to Treasury. It would also be essential that improved efficiencies could be demonstrated prior to making an application for additional funding as it was not desirable to request additional funding.

AG observed that notwithstanding the covid costs which were beyond MxC control and must be recouped, the emphasis must be to manage within budget and be good financial citizens. JL concurred and stated that prioritisation was key rather than continually seeking additional funding. TC added that it was important for the Treasury to view MxC separately from the DHSC and that there perhaps should be some transparency of the DHSC financial position through the papers presented to the Board. TC continued that it was necessary to link the budget back to transformation as the baseline may not have been where it was determined to be originally. There appeared to be a blurred line between business as usual and transformation.

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.

Mr Simon Mann (SM)

Question 1: Why don't GP's undertake training outside of the normal working week?

Response: There was no expectation that any training should be undertaken in any persons own time although GP's often do. The GP Education session is a necessity and this sessions will become more essential and more often as services move from primary to secondary care.

Question 2: In what circumstances, with exception of annual leave and sickness, is a GP able to be absent from work during the working week? It had been noted that a GP had been absent from work for a day to provide support to a candidate standing in the recent general election.

Response: GP's are not employees of MxC. It is likely that the GP either took annual leave or it was their day off. Without knowing the identity of the individual it was impossible to confirm and AF requested that SM provide additional detail.

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Question 3: Why is the UK Consultant Pension Scheme not transferable to the Isle of Man as it impedes recruitment of key staff and what steps is MxC taking to address this?

Response: The Consultant Pension Scheme is only available for employees of the UK NHS. The accrued pension value could be transferred from the UK scheme into the Isle of Man Government Unified Scheme. The Isle of Man NHS Scheme closed in 2012.

Question 4: What steps have been taken since the last Board meeting to make substantive improvements to services at Ramsey GP practise and Ramsey Cottage Hospital?

Response: The GP facilities are GP owned and no shortfalls had been identified. With regard to Ramsey Cottage Hospital the planned maintenance programme was ongoing. A new generator to support critical infrastructure and an uninterrupted power supply had been installed. Reviews regarding the various buildings were ongoing and a long term plan would be considered in due course.

Questions from CAMS

Question 1: Often with integrated care pathways finances do not keep track. How will MxC ensure that this does not occur and that finances will flex with developing care pathways?

Response: MxC can move money around its services so there it should follow the redesigned pathway and patient. CAMS service model, 'I Thrive' is very different as it focusses more on making patients less reliant on CAMS by providing the appropriate early intervention, treatment and support which is often done in conjunction with other bodies such as the Department for Education, Sport and Culture. In such cases funding may be pooled for delivery of that service. A core CAMS model would also be configured in which would be in conjunction with the DHSC and it was hoped that spending could be reduced on inpatient provision with other more effective solutions being utilised.

Questions from SM

Question 1: The triage system provided by GP's is failing particularly with regard to emergency mental health provision and people are unable to access urgent mental health services quickly enough.

Response: TC confirmed that there was a dedicated mental health crisis line which was available 24/7. This may benefit from more comprehensive advertising so people are aware they do not have to go via their GP.

Question 2: Due to several factors such as covid, lack of nursing staff and consultants Nobles hospital was at crisis point and the Government must be made aware that urgent funding was required to address the situation.

Response: AF stated that whilst Nobles hospital was experiencing some pressure, he did not consider that the situation to be at crisis level. TC concurred. She continued that the transformation plan was underway and feedback had been received from all services and care groups. The Executive team and senior manager do regular walk-around so they are aware of the pressure points across

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the whole suit of services provided by MxC. MxC was aware of the priorities for investment were in regular discussions with Treasury and DHSC regarding funding.

The Chairman thanked all for attending and the meeting closed

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